

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information

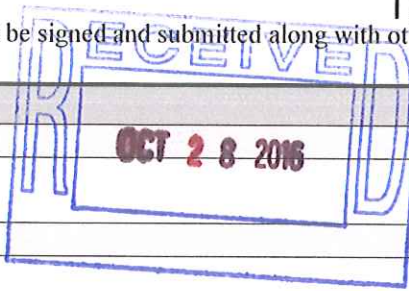
Amendment

☐

Yes

☒

No



## 1. Committee Information

### a. Full Name

COMMITTEE TO ELECT CHALMERS L. MCDOUGALD

### c. ID Number

KCE4J3

### b. Mailing Address (include City, State and Zip Code)

1826 EICHELBERGER DR  
FAYETTEVILLE, NC 28303

### d. Date Filed

10/28/2016

### e. Phone Number

910-488-4635

## 2. Report Year

2016

## 3. Period Start Date (mm/dd/yy)

07/01/2016

## 4. Period End Date (mm/dd/yy)

10/22/2016

## 5. Treasurer Full Name

ALVIN MARSHALL

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent  
☐ Expenditure  
☐ Legal Expense Fund

- ☐ Party  
☐ Referendum  
☐ Joint Fundraiser

## 7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund

☐ Other:

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☐ Thirty-five day  
  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
☐ Quarterly  
  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum  
  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 8. Number of Fundraisers this Report

## 10. Special Report Name

## 11. Account Information

### a. Financial Institution Full Name

CARTER BANK & TRUST

### b. Purpose

CAMPAIGN ACC  
FOR RECEIPTS  
AND  
EXPENDITURES

### c. Account Code

1

### d. Period Begin Balance

\$ 1,363.31

## 11. Account Information

### a. Financial Institution Full Name

### b. Purpose

### c. Account Code

### d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

ALVIN MARSHALL

Printed Name of Signer

Signature of Appointed Treasurer

10/28/2016

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment  
☐ Yes ☒ No

|   |  |  |  |                           |  |
|---|--|--|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>COMMITTEE TO ELECT CHALMERS L. McDOUGALD |  | 2. Type of Report<br>2016 3 <sup>rd</sup> Quarter-<br>Report |  | 3. ID Number<br>KCE 4J3   |  |
| Start of Election Cycle: January 1, 2016  |  | Total this Reporting Period                                  |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start  |  | \$ 1,571.73  |  | \$ 415.02                 |  |
| <b>RECEIPTS</b>   |  |  |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                                     |  | \$ 0   |  | \$ 1400.00                |  |
| 6) Contributions from Individuals (CRO-1210)  |  | \$ 0   |  | \$ 8365.00                |  |
| 7) Contributions from Political Party Committees (CRO-1220)                                 |  | \$ 0   |  | \$ 0                      |  |
| 8) Contributions from Other Political Committees (CRO-1230)                                 |  | \$ 0   |  | \$ 400.000                |  |
| 9) Loan Proceeds (CRO-1410)   |  | \$ 0   |  | \$ 0                      |  |
| 10) Refunds/Reimbursements To the Committee (CRO-1240)                                      |  | \$ 0   |  | \$ 0                      |  |
| 11) Other Receipt Sources   |  |  |  |                           |  |
| 11a) Interest on Bank Accounts (CRO-1250)   |  | \$ 0   |  | \$ 0                      |  |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250)                             |  | \$ 0   |  | \$ 0                      |  |
| 11c) Outside Sources of Income (CRO-1250)   |  | \$ 0   |  | \$ 0                      |  |
| 11d) Legal Expense Fund – Other Sources (CRO-1270)  |  | \$ 0   |  | \$ 0                      |  |
| 11 e) Exempt Purchase Price Sales (CRO-1265)  |  | \$ 0   |  | \$ 0                      |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)                |  | \$ 1,571.73  |  | \$ 10,580.02              |  |
| <b>EXPENDITURES</b>   |  |  |  |                           |  |
| 13) Disbursements   |  |  |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)  |  | \$ 387.61  |  | \$ 8,845.90               |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                            |  | \$ 0   |  | \$ 550.00                 |  |
| 13c) Coordinated Party Expenditures (CRO-1310)  |  | \$ 0   |  | \$ 0                      |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)  |  | \$ 0   |  | \$ 0                      |  |
| 15) Loan Repayments (CRO-1420)  |  | \$ 0   |  | \$ 0                      |  |
| 16) Refunds/Reimbursements From the Committee (CRO-1320)                                    |  | \$ 0   |  | \$ 0                      |  |
| 17) In-Kind Contributions (CRO-1510)  |  | \$ 0   |  | \$ 0                      |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)                         |  | \$ 387.61  |  | \$ 9395.90                |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)                |  | \$ 1,184.12  |  | \$ 1,184.12               |  |
| <b>ADDITIONAL INFORMATION</b>   |  |  |  |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                                 |  | \$ 0   |  |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)                          |  | \$ 0   |  |                           |  |
| 22) Debts and Obligations owed By the Committee (CRO-1610)                                  |  | \$ 0   |  |                           |  |
| 23) Debts and Obligations owed To the Committee (CRO-1620)                                  |  | \$ 0   |  |                           |  |
| 24) Account Transfers Within the Committee (CRO-1720)                                       |  | \$ 0   |  |                           |  |
| 25) Administrative Support (CRO-1710)   |  | \$ 0   |  | \$ 0                      |  |
| 26) Forgiven Loans (CRO-1440)   |  | \$ 0   |  | \$ 0                      |  |
| 27) 48-Hour Notice Reports Sum (CRO-2200)   |  | \$ 0   |  | \$ 0                      |  |
| 28) Contributions to be Refunded (CRO-1215)   |  | \$ 0   |  | \$ 0                      |  |



# Disbursements

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|   |                           |                        |  |                  |  |  |
|---|---------------------------|------------------------|--|------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>COMMITTEE TO ELECT CHALMERS L. MCDOUGALD  |                           |                        |  |                  | <b>2. ID Number</b><br>KCE4J3              |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>   |                           |                        |  |                  |  |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |  |                  |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>STAMPS.COM<br>855-608-2677  |                           |                        | <b>b. Coordinated Committee Name</b><br><br>   |                  | <b>d. Comments</b><br><br>                 |  |
|   |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b><br>\$ 31.98 |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>                 |  |
| 1   | DEBIT CARD                | I                      | 07/11/2016   | \$31.98          | US POSTAGE STAMPS                          |  |
|   |                           |                        |  | \$               |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>EUTAW POST OFFICE<br>816 ELM ST<br>FAYETTEVILLE, NC 28303<br>(800) 275-8777   |                           |                        | <b>b. Coordinated Committee Name</b><br><br>   |                  | <b>d. Comments</b><br><br>                 |  |
|   |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b><br>\$ 9.35  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>                 |  |
| 1   | DEBIT CARD                | I                      | 08/05/2016   | \$9.35           | POSTAL FEE FOR MAIL                        |  |
| 1   | DEBIT CARD                | I                      |  | \$               |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>VISTAPRINT<br>HUDSONWEG 8<br>VENLO, THE NETHERLANDS<br>5928LW   |                           |                        | <b>b. Coordinated Committee Name</b><br><br>   |                  | <b>d. Comments</b><br><br>                 |  |
|   |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b><br>\$ 96.28 |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b> | <b>k. Required Remarks</b>                 |  |
| 1   | DEBIT CARD                | O                      | 10/21/2016   | \$96.28          | CAR MAGNETS                                |  |
|   |                           |                        |  | \$               |  |  |
| <b>5. Total only this Page</b>  |                           |                        |  |                  | \$ 137.61                                  |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                  |  |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |  |                  | \$ 387.61                                  |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |  |                  |  |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other              |                           |                        |  |                  |  |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |  |                  |  |  |

# Disbursements

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                    |                 |  |                      |                         |                                     |
|--|--------------------|-----------------|--|----------------------|-------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                    |                 |  |                      | <b>2. ID Number</b>     |                                     |
| COMMITTEE TO ELECT CHALMERS L. MCDOUGALD   |                    |                 |  |                      | KCE4J3                  |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                    |                 |  |                      |                         |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |  |                      |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name  |                      | d. Comments             |                                     |
| NORTH CAROLINA<br>STATE BOARD OF ELECTION<br>P.O. BOX 27255<br>RALEIGH, NC 27611-7255<br>919-733-7173  |                    |                 |  |                      |                         |                                     |
|  |                    |                 | c. Level Registered (Specify)  |                      |                         |                                     |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date |                                     |
|  |                    |                 |  |                      | \$ 250.00               |                                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount            | k. Required Remarks     |                                     |
| 1  | CHECK 2008         | J               | 08/05/2016   | \$250.00             | NC Civil Penalty        |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name  |                      | d. Comments             |                                     |
|  |                    |                 |  |                      |                         |                                     |
|  |                    |                 | c. Level Registered (Specify)  |                      |                         |                                     |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date |                                     |
|  |                    |                 |  |                      | \$                      |                                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount            | k. Required Remarks     |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |  |                      |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name  |                      | d. Comments             |                                     |
|  |                    |                 |  |                      |                         |                                     |
|  |                    |                 | c. Level Registered (Specify)  |                      |                         |                                     |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date |                                     |
|  |                    |                 |  |                      | \$                      |                                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)   | j. Amount            | k. Required Remarks     |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
|  |                    |                 |  | \$                   |                         |                                     |
| <b>5. Total only this Page</b>   |                    |                 |  |                      |                         |                                     |
|  |                    |                 |  |                      | \$ 250.00               |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                    |                 |  |                      |                         |                                     |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |                    |                 |  |                      |                         |                                     |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |                    |                 |  |                      |                         |                                     |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |                    |                 |  |                      | \$ 387.61               |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                    |                 |  |                      |                         |                                     |
| A* - Media   |                    | B* - Printing   |  | C* - Fundraising     |                         | D - To Another Candidate            |
| E - Salaries   |                    | F* - Equipment  |  | G - Political Party  |                         | H* - Holding Public Office Expenses |
| I - Postage  |                    | J - Penalties   |  | K* - Office Expenses |                         | Q* - Donation to Legal Expense Fund |
| O* - Other   |                    |                 |  |                      |                         |                                     |
| * Codes require detailed explanation in required remarks field (k)   |                    |                 |  |                      |                         |                                     |