	eport Cover neral report and committee i n to update information	nformation, must be	signed and subi		mendment ] Yes 🔀 No r detailed forms.
1. Committee Infor	mation				
a. Full Name					c. ID Number
COMMITTEE TO	ELECT CHALMERS L. MO	CDOUGALD			KCE4J3
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
1826 EICHELBER					10/03/2017
FAYETTEVILLE,	NC 28303				
				-	e. Phone Number
					910-488-4635
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full N	ame
2017	06/31/2017	09/2	6/2017	ALVIN MARSHAI	L
6. Type of Commit	tee (Check One)	9. Type of Report	(check on	ly one type of report fr	om one category)
Candidate Camp	aign Party	Municipal	State/Co	ounty	Referendum
PAC	Referendum	Organizational		Organizational	Organizational Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	,   (	Quarterly	Pre-referendum
Legal Expense F	und			1.25	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual	.  ∐ ,	Fourth	Special
C Other		Mid Year Year End		Semi-annual Mid Year	10. Special Report Name
Other:		Final	' IH	Year End	10. Special Report Name
8. Number of Fund	Iraisers this Report	Special		Final	
o. Number of Fund				Special	
11. Account Inform	0		11. Account I		
a. Financial Institution	to the track to the same of th			itution Full Name	
CARTER BANK &			z mantai mon	on a un riume	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN ACC	9				

### CERTIFICATION

**EXPENDITURES** 

FOR RECEIPTS

AND

d. Period Begin Balance

\$ 37.68

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 MARSH			
Prii	nted Name of Signer	Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY		M. C	D.P. M.d. I
Date Received:	10/3/17	Employee: CELVED	Delivery Method Normal Mail
Date Postmarked:		Employee:	Registered Mail Hand Delivered
Date Scanned:		Employee: <b>0C7</b> ~ <u>3 2017</u>	☐ Electronically Filed ☐ Signer has not received
Date Data Entered:		Employee:	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.

d. Period Begin Balance

Amendment

Yes

No

 $\boxtimes$ 

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

1. Committee Full Name (and Fund if applicable)

2. Type of Report

Use this form to summarize all disclosure reporting forms and t	Type of Report	information.	3. ID Number
	017 THIRTY-FIV	/E	KCE4J3
	AY REPORT		
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 37.68	\$ 1,007.68
RECEIPTS		Ψ 57.00	Ψ 1,007,00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 980.00	\$ 980.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,650.00	\$ 4,650.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
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	s (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, 1	1d and 11e)	\$ 5,630.00	\$ 5,630.00
<b>EXPENDITURES</b>	,		
13) Disbursements			The second of th
13a) Operating Expenditures	(CRO-1310)	\$ 1,452.18	\$ 2,422.18
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$ 0	\$ 0
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, 1	16 and 17)	\$ 1,452.18	\$ 2,422.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 4,215.50	\$ 4,215.50
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)		\$ 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-2220)	\$ 0	\$ 0

## **Aggregated Contributions from Individuals**

Page

2 of 2

Amendment

Yes

No

Optional form used to report NC Contributions From Individuals of \$50 or less

. Coi	mmittee Full Na	2. II	2. ID Number			
СОМ	MITTEE TO E	LECT CHALN	MERS L. MCDOUGALD			KCE4J3
. Coi	ntributor Infor	mation				
. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
7	Add Remove	1	CASH		08/14/2017	\$ 25.00
	Add	1	CASH		08/14/2017	\$ 50.00
]	Add Add	- 1	CASH		08/14/2017	\$ 50.00
_	Remove Add				08/14/2017	\$ 25.00
	Remove	1	CHECK 873		08/14/2017	
	Add Remove	1	CHECK 3328		08/18/2017	\$ 50.00
]	Add Remove	- 1	CHECK 8483		08/19/2017	\$ 50.00
	Add	1	CHECK 3121		08/22/2017	\$ 50.00
=	Remove Add	1	CHECK 5270		08/22/2017	\$ 50.00
	Remove Add	1	CHECK 2390		08/30/2017	\$ 25.00
<u> </u>	Remove Add	1	CHECK 2158		08/31/2017	\$ 50.00
-	Remove Add				09/01/2017	\$ 25.00
	Remove Add	1	CHECK 655			
	Remove	1	CHECK 4014		09/01/2017	\$ 50.00
	Add Remove	1	CHECK 6718		09/02/2017	\$ 50.00
-	Add Remove	- 1	CHECK 10226		09/05/2017	\$ 50.00
	Add Remove	1	CHECK 1877		09/07/2017	\$ 25.00
=	Add Remove	1	CHECK 2852		09/08/2017	\$ 50.00
	Add Remove	1	CHECK 5154		09/14/2017	\$ 50.00
=	Add	1	CHECK 1599		09/20/2017	\$ 30.00
	Remove Add	1	CASH		09/21/2017	\$ 50.00
=	Remove Add	1	CASH		09/21/2017	\$ 50.00
-	Remove Add		CHECK 3342		09/21/2017	\$ 25.00
1	Remove Add					
1	Remove	1	CHECK 1072		09/23/17	
. T	otal only this	s Page			\$	

## Amendment

**Aggregated Contributions from Individuals** 

Page

<u>2</u> of <u>2</u>

Yes

 $\boxtimes$ 

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Co	mmittee Full N	Name (and Fun	d if applicable)			2. ID	Number
CON	иміттее то н	ELECT CHALM	MERS L. MCDOUGALD		4		КСЕ4Ј3
3. Co	ntributor Info	rmation	www.cest.com/www.com/s was a partner to				
a. Am		b. Account Code	c. Form of Payment	d.In-Kind Description	(e. Date (mm/dd/yyyy	y)	f. Amount
	Add	1	CHECK 2235		09/23/20	017	\$ 50.00
	Remove	11	OHEOR 2230				
	Add	<u> </u>	CHECK 9954		09/25/20	017	\$ 25.00
ᆜ	Remove				-		
ᆜ	Add						\$
H	Remove	-					
$\dashv$	Add						\$
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H	Remove			1			\$
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	otal of ALL		Pages				000 00
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		* 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				9	Amendment	
Contri	butions fron	n Individuals	ቀደሰ	Pg			☐ Yes	No.
		vidual contributions o		or contributions und	ier \$50 ii ioiiii CK	2. ID Nur		
		and Fund if applicab		1.6.52		2.10 1111		
		CHALMERS L. MCI					KCE4J3	
1 20 10 10 10 10 10 10 10 10 10 10 10 10 10	butor Informatio				emove	d. Commen	te	
	ne, Mailing Address &	2 Phone		b. Job Title/Profession PASTOR	1	d. Commen	13	
	city, state, & zip) DOUGALD	The state of the s		PASTOR				
	HELBERGER DE	2		c. Employer's Name/S	Specific Field	1		
	EVILLE, NC 283			SELF EMPLOYE				
910-488-						e. Election	Sum to Date	
						\$	1,125.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK 4763			07/14/2	2017	\$	100.00
	1	CHECK 4772			08/22/	2017	\$	1,025.00
							\$	
3. Contri	ibutor Informatio	on		Add Re	emove		<u> </u>	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commer	ıts	
	city, state, & zip)			RETIRED				
Carried Control (No. 2010)	L. GILCHRIST			c. Employer's Name/S	Spacific Field	-		
	GGLES CT	14 0053		C. Employer s Names	specific Field			
910-868-	EVILLE, NC 283	14-0933				e. Election	Sum to Date	
910-608-	6550					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK 6610			08/16/2	2017	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗌 R	emove			
	me, Mailing Address	The state of the s		b. Job Title/Profession	on	d. Comme	nts	
(include	city, state, & zip)			RETIRED				
San Color of State Office	ES BELL			D. I. I. N.	Cifia Field	-		
	WY27W			c. Employer's Name/	specific Field	-		
SANFO	RD, NC 27332					e. Election	Sum to Date	
				1		\$	100.00	
					1.5.7 (11)		I. Amount	

j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description g. Account Code h. Form of Payment f. Prior 100.00 08/17/2017 \$ 1 **CHECK 1297** \$ \$ \$ 1,325.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 4,650.00 (This line must be on line 6 of Detailed Summary Page CRO-1100) April 2007 NC State Board of Elections CRO-1210

									Amendment	57
Contril	outions from	Individuals			Pg	3 .	2 of	9 1205 is not	Yes	No No
se this fo	rm to report indiv	idual contributions ov	er \$50	or contr	ibutions un	der \$5	) if form CRC	2. ID Num	her	
		and Fund if applicab						Z. ID Ituli		A PARTICIPATION OF THE PARTIES.
COMMIT	TEE TO ELECT (	CHALMERS L. MCE	OUG	ALD				F-1-1-10 E-877	KCE4J3	· · · · · · · · · · · · · · · · · · ·
. Contrib	outor Information	n		Add		emove		1.0		
	e, Mailing Address &			CHIEROTOPIA DISPLAN	Title/Professio	n		d. Comments	K. 1997/1997/	HE IIVACE HE
	ity, state, & zip)			RETI	RED					
	G WILLIAMS			o Empl	loyer's Name/	Specific	Field			
	ERFALL CIR	7465		c. Empi	oyer s rame.	Special				
LITTLE F	LIVER, SC 29566	-/465						e. Election S	um to Date	
								\$	100.00	
	1t Code	h. Form of Payment	i. In-l	Kind Desc	ription	j.	Date (mm/dd/yy	yy)	k. Amount	
f. Prior	g. Account Code	CHECK7181					08/17/20	017	\$	100.00
ᆜ	1	CHECK/181		-					\$	
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	butor Informatio			ESSENCE 2	Title/Professi			d. Commen	ts	
	ie, Mailing Address &	& Phone		1.002 (1.502)	IRED	UII W				
	city, state, & zip)		Latine 114	- 1001	IKDD					
	DO O BRINKLEY KLEY HILL LN			c. Emp	ployer's Name	/Specif	c Field			
	ON, NC 28326-73	363							n / D./-	
CHINIDIC	011, 110 20-							e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In	-Kind Des	cription	j	. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK 2324					08/17/2	2017	\$	100.00
									\$	
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2 (2-14)	 ibutor Informati	on		Add		Remo	ve			
	me, Mailing Address			b. Jol	b Title/Profess	sion		d. Comme	nts	
	city, state, & zip)			RET	FIRED					
	TEVAN GODET	TE								
	TWOOD ROAD			c. En	iployer's Nam	ie/Speci	fic Field			
	TEVILLE,NC 283							e. Election	Sum to Date	
910-987	-9562							\$	100.00	
							L Data (mm/dd/		k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i, I	n-Kind De	escription		j. Date (mm/dd/ 08/21/		\$	100.0
	1	CHECK 4953	+				00/21/		\$	
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5. Total of ALL CRO-1210 Pages

4,650.00

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#### Amendment **Contributions from Individuals** Yes $\bowtie$ No 9 of Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) KCE4J3 COMMITTEE TO ELECT CHALMERS L. MCDOUGALD Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone **ADMINITRATOR** (include city, state, & zip) DIRECTOR DR. OTIS T. MCMILLAN c. Employer's Name/Specific Field 26 DURHAM CT. **AMEZION CHURCH** SPRING LAKE, NC 28390 e. Election Sum to Date 910-436-3782 100.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description g. Account Code f. Prior h. Form of Payment 100.00 08/21/2017 \$ **CHECK 9844** \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone RETIRED (include city, state, & zip) CHARLES J. KRAFT c. Employer's Name/Specific Field 2360 LUCAS RD. SPRING LAKE, NC 28390 e. Election Sum to Date 100.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment f. Prior 100.00 \$ 08/22/2017 **CHECK 2835** 1 \$ П \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone RETIRED (include city, state, & zip) JAMES A. MCLAUCHLIN c. Employer's Name/Specific Field 8208 ELLA DR. **FAYETTEVILLE, NC 28314** e. Election Sum to Date

200.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment f. Prior g. Account Code 200.00 \$ 08/23/2017 1 **CHECK 711** \$ \$ 400.00 \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 4,650.00 (This line must be on line 6 of Detailed Summary Page CRO-1100) April 2007 NC State Board of Elections

Amendment **Contributions from Individuals**  $\bowtie$ No Yes 9 Pg 4 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) KCE4J3 COMMITTEE TO ELECT CHALMERS L. MCDOUGALD Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone RETIRED (include city, state, & zip) JASPER L. MUSGRAVE c. Employer's Name/Specific Field 714 SARAZEN DR. FAYETTEVILLE, NC 28303 e. Election Sum to Date 910-822-3966 150.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment f. Prior 150.00 08/24/2017 **CHECK 7918** \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone SENATOR (include city, state, & zip) ROBERT B CLARK III c. Employer's Name/Specific Field 603 LAKE RIDGE RD. NORTH CAROLINA RAEFORD, NC 28376 e. Election Sum to Date 250.00 \$ j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description f. Prior g. Account Code h. Form of Payment 250.00 \$ 08/26/2017 **CHECK 1367** 1 \$ П \$ Remove П Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone **PASTOR** (include city, state, & zip) E. KENNETH WELLS c. Employer's Name/Specific Field **405 DEHAVILLAND DRIVE** SELF EMPLOYED FAYETTEVILLE, NC 28311 e. Election Sum to Date 910-864-3855 100.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 100.00 \$ 09/02 2301 1 **CHECK 5451** \$ 

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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4,650.00

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\$

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#### Amendment **Contributions from Individuals** Yes No $\bowtie$ Pg of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) KCE4J3 COMMITTEE TO ELECT CHALMERS L. MCDOUGALD Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone MINISTER (include city, state, & zip) **GALE-TALIAFERRO-DEWS** c. Employer's Name/Specific Field 460 EASTWOOD AVE SELF EMPLOYED FAYETTEVILLE, NC 28301-3883 e. Election Sum to Date 150.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description f. Prior g. Account Code h. Form of Payment 150.00 09/08/2017 \$ **CHECK 1250** 1 \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone **PREACHER** (include city, state, & zip) JOE L. YOUNG c. Employer's Name/Specific Field 7705 BORTHWICK DR. SELF EMPLOYED **FAYETTEVILLE, NC 28306** e. Election Sum to Date 200.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment f. Prior 200.00 \$ 09/05/2017 CC 134784 1 \$ П \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone RETIRED (include city, state, & zip) WILLIE C. BRINKLEY c. Employer's Name/Specific Field 85 BRINKLEY LN CAMERON, NC 28326 e. Election Sum to Date 910-497-0849

				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	l
	1	CHECH 1854		09/06/2017	\$	100.00
					\$	
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4. Tota	al only this Pag	ge		\$		450.00
	al of ALL CRO			\$		4 650 00

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Amendment **Contributions from Individuals** No Yes  $\boxtimes$ 9 Pg 6 of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) KCE4J3 COMMITTEE TO ELECT CHALMERS L. MCDOUGALD Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone MINISTER (include city, state, & zip) LAWRENCE A. MILLER c. Employer's Name/Specific Field 906 CANA ST SELF EMPLOYED DURHAM, NC 27707 e. Election Sum to Date 919-688-0662 200.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description h. Form of Payment g. Account Code f. Prior 200.00 09/06/2017 \$ **CHECK 5055** 1 \$ П \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone RETIRED (include city, state, & zip) EVELYN O. SHAW c. Employer's Name/Specific Field 3315 LAKE BEND DR. FAYETTEVILLE, NC 28311 e. Election Sum to Date \$ 200.00 k. Amount h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code \$ 200.00 09/08/2017 1 PMO 91967 \$ П \$ Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone MINISTER (include city, state, & zip) LARRY P. SHAW c. Employer's Name/Specific Field 1528 NICKLAUS DR. SELF-EMPLOYED FAYETTEVILLE, NC 28303 e. Election Sum to Date 100.00 \$ k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment g. Account Code f. Prior 09/08/2017 \$ 100.00 1 PMO 2002

## Amendment Contributions from Individuals Yes 🔀 Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		and Fund if applicabl		of contributions under		2. ID Number		
			KCE4J3					
COMMIT	TEE TO ELECT	CHALMERS L. MCD	OUGA	ALD				
3. Contri	butor Informatio	n		Add Remo	ove			
a. Full Nan	ie, Mailing Address &	: Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			AUDITOR				
WILLIA	M H. MCDOUGA	LD						
	NTRY CLUB DR			c. Employer's Name/Spec	eific Field			
	EVILLE, NC 2830					e. Election Su	w to Data	
910-488-					}	e, Election Su	III to Date	
						\$	100.00	
		t E CD	i In I	Kind Description	j. Date (mm/dd/yyy	(Y)	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	1, 111-1	Kind Description	09/13/20		\$	100.00
	1	CHECK 6232			09/13/20	)17	Ψ	100.00
							\$	
							\$	
3 Contr	ibutor Informatio	on .		Add Rem	ove			
	me, Mailing Address &			b. Job Title/Profession		d. Comments		
	city, state, & zip)	x I hone		INSURANCE AGE	NT			
BILLY I								
	IFIELD DR			c. Employer's Name/Spe	cific Field			
	TEVILLE; NC 283	11		SELF EMPLOYEE	D			
FAILL	IEVILLE, NC 203					e. Election St	ım to Date	
						\$	150.00	
c D .	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
f. Prior	g. Account Cour	CK 11546			09/12/	17	\$	150.00
							\$	
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Ш			$\vdash$	Add Ren	nove			
	ributor Informati		Ш	b. Job Title/Profession		d. Comment	S	
	me, Mailing Address	& Phone		RETIRED				
	e city, state, & zip)	-		- RETITED				
	ST CURRY			c. Employer's Name/Sp	ecific Field	1		
	ERTON PLACE	202						
FAYEI	TEVILLE, NC 28	303				e. Election S	um to Date	
						\$	250.00	
f. Prior	g, Account Code	h. Form of Payment	i. In	-Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CHECK 9816			9/19/2	017	\$	250.00
	1	CHECK 9010					\$	
			-				\$	
<u> </u>	al anhy thia Da	ge .				\$		500.00
	al only this Pagal of ALL CR					\$		4,650.0
(This I	in a must be on line 6 o	of Detailed Summary Page	CRO-1	(00)				

No

<b>C</b>	·1	Y 3!! 31-						Amendment	
		n Individuals vidual contributions o	wer \$50		Pg	8 of \$50 if form CP(	9 1205 is not	∐ Yes	⊠ No
The second secon	THE RESERVE OF THE PARTY OF THE	and Fund if applica		or contributions ar	idei	φ30 II IOIIII CIX	2. ID Num		
		CHALMERS L. MC		ALD				KCE4J3	
2 Control	ibutor Informatio		П	Add □ R	Remo			11 (1.500) (1.500)	
	ne, Mailing Address &			b. Job Title/Profession		ove .	d. Comments		
(2000)08/07/05(2000)	city, state, & zip)			RETIRED					
	MARSHALL								
	CHELBERGER DI EVILLE, NC 283			c. Employer's Name/	Speci	ific Field			
910-822-	120	U1:					e. Election St	ım to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	T	j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK 294				100.0	0	\$	100.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add  R	temo	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	on		d. Comments		
	city, state, & zip)			RETIRED					
The second second second second	L, GADDY CKHURST DR.			c. Employer's Name/	/Speci	ific Field			
INCOMESTICATION OF THE PROPERTY OF THE PROPERT	EVILLE, NC 283	06-9081			•				
910-423-	5072						e. Election Su	ım to Date	
							\$	125.00	
f. Prior	g. Account Code	h, Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	Î	CHECK 9231				09/22/20	017	\$	125.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add R	lemo	ve			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	on		d. Comments		
A	city, state, & zip)			ATTORNEY					
	B. ADAMS LIARD DRIVE			c, Employer's Name/	/Spec	ific Field			
1000 M	EVILLE, NC 283	ĨĨ.		SELF-EMPLOY	-				
910-822-		STATE				=	e. Election St	ım to Date	

COMMI	TTEE TO ELECT	CHALMERS L. MC	DOUG	ALD	KCE4J3			
3. Contri	ibutor Informatio	on		Add Rer				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	d. Comment	s		
(include	city, state, & zip)			RETIRED				
ALVIN N	MARSHALL							
1825 EIC	HELBERGER DI	₹.		e. Employer's Name/Sp	ecific Field			
FAYETT	EVILLE, NC 283	01						
910-822-	4479					e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK 294			100.0	0	\$	100.00
							\$	
					2111		\$	
3 Cont	huton Informatic	<u></u>	$\vdash$	Add \( \begin{array}{cccccccccccccccccccccccccccccccccccc	nove		Ι Ψ	Τ
_ A STATE OF THE S	butor Informatione, Mailing Address &	2000 C		b. Job Title/Profession	поле	d. Comment		
1	ie, Maning Address & city, state, & zip)	K I HOHE		RETIRED		a. Comment	3	
	L. GADDY			KETKED				
	CKHURST DR.			c. Employer's Name/Sp	ecific Field			
And the second second second	EVILLE, NC 283	06-9081		poyer or manual				
910-423-						e. Election Sum to Date		
					\$	125.00		
f. Prior	g. Account Code	h, Form of Payment	i, In-F	Lind Description	yy)	k. Amount		
				and Description		\$	125.00	
느ᆜ	1	CHECK 9231	-		09/22/2	017	200	123.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rer	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			ATTORNEY				
	B. ADAMS							
ACCUMANTAL TO THE PARTY OF THE	LIARD DRIVE	79		c. Employer's Name/Sp		-		
	EVILLE, NC 283	11		SELF-EMPLOYEI	ED	DI 41 0		
910-822-	4578					e. Election S	um to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK 8822			09/22/2	017	\$	250.00
							\$	
							\$	
4. Total	only this Page	e				\$	1	475.00
	of ALL CRO					\$		4,650.00
(TI.) Il	a must be on line 6 of	Detailed Summary Page C	KO-1100	y .				

		n Individuals			Pg	<u>9</u> of		Amendment  Yes	i No
		vidual contributions of		or contribution	s unde	r \$50 if form CF			
1. Comn	ittee Full Name (	and Fund if applica	ble)				2. ID Nun	nber	
COMMI	ГТЕЕ ТО ЕLЕСТ	CHALMERS L. MC		ALD				KCE4J3	
/// / / / / / / / / / / / / / / / / /	ibutor Informatio			Add	Rem	iove			
	ne, Mailing Address é	& Phone		b. Job Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			PASTOR					
	NO ANDERSON ROLL CIR.			c. Employer's Na	ame/Sne	cific Field	-		
550000000000000000000000000000000000000	Y VARINA, NC 2	7526		SELF-EMPL			-		
100011	1 77111177, 1102	7020					e. Election S	Sum to Date	
							\$	100.00	
f Delen	- Assessed Code	h. Form of Payment	i In I	Kind Description		j. Date (mm/dd/y		k. Amount	20
f. Prior	g. Account Code	577	1, 111-1	and Description	-	70. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	Angel Carlotte	7	100.00
	1	CHECK 5244				09/23/2	2017	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on		Add 🗌	Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			PASTOR					
A MORAL ROOM OF A COMPANY	NY J. DAVIS	T. 6		c. Employer's Na	oma/Cna	oific Field	-		
and the second s	SHWOOD CT AP RFIELD MO 630			SELF-EMPL			-		
CHESTE	KITELD MO 030	17-0303		SEEL ENTE	OILL	D	e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK 367				09/23/2	2017	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on		Add	Rem	iove	-		
	ne, Mailing Address &	& Phone		b. Job Title/Prof	fession		d. Commen	ts	
(include	city, state, & zip)			-					
				c. Employer's N	ame/Spe	ecific Field			
							e. Election S	Sum to Date	
							\$		
f. Prior	g Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/y	vvv)	k. Amount	

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 \$

 4. Total only this Page
 \$
 200.00

 5. Total of ALL CRO-1210 Pages
 \$
 4650.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

\$

Disburseme	ents		Pg	1 of 3	Amendment  Yes No				
		from the committe	ee for; operating expenses,						
	coordinated party ex		ee for, operating expenses,		and date point out				
	ull Name (and Fund				2. ID Number				
	TO ELECT CHALM		GALD		KCE4J3				
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each ty	O-1310 forms for each type of Disbursement.)					
Operating Ex		Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments				
(include city, state,									
BOARD OF EL	ECTIONS								
227 FOUNTAIN	NHEAD LANE		c. Level Registered (Specify)						
SUITE 101			Federal	County:					
FAYETTEVILI	LE,NC 28301		State 🖂	Municipality:	e. Election Sum to Date				
				\$ 24.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
Î	CHECK 2011	Н	07/11/2017	\$24.00	FILLING FEES				
				\$					
4. Payee Inform	ation		Add	Remove					
	ng Address & Phone	- To	b. Coordinated Committee Na	d. Comments					
(include city, state,									
	BBARD PHOTOGR	RAPHY							
3619 SYCAMO	RE DAIRY RD.		c. Level Registered (Specify)						
FAYETTEVILI	LE,NC 28303		Federal	County:					
910-487-4443			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 42.80				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	DEBIT CARD	O	08/30/17	\$42.80	PHOTOES FOR				
1	DEBIT CARD		00/30/17	ψτ2.00	CAMPAIGN				
				\$					
4. Payee Information			Add	Remove					
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	me	d. Comments				
(include city, state,	& zip)								

							\$ 24.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
Î	CHECK 2011	Н	07/11/2017		\$24.00	FILLING FEES		
						\$		
4. Payee Inform	ation		A	dd		Remove		
	ng Address & Phone		b.	Coordinated Commit	tee Na	ıme	d. Comments	
(include city, state,								
	BBARD PHOTOGI	RAPHY						
3619 SYCAMO	RE DAIRY RD.		c. Level Registered (Specify)					
FAYETTEVILI	LE,NC 28303			Federal		County:		
910-487-4443				State	$\boxtimes$	Municipality:	e. Election Sum to Date	
							\$ 42.80	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	)	j. Amount	k. Required Remarks	
	DEDIT CARD	0		09/20/17		642.90	PHOTOES FOR	
1	DEBIT CARD	О		08/30/17		\$42.80	CAMPAIGN	
						\$		
4. Payee Inform	ation		Add Remove			Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			ıme	d. Comments	
(include city, state,	& zip)							
MICROBIZ MA	ARKETING, LLC		L					
300 N. MAIN S	TREET		c. Level Registered (Specify)					
SPRING LAKE	, NC 28390-3822					County:		
910-221-7979			State Municipality:		Municipality:	e. Election Sum to Date		
							\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	)	j. Amount	k. Required Remarks	
1	DEBIT CARD	0		09/01/2017		\$150.00	CAMPAIGN ADVERTISEMENT	
						\$		
5. Total only th	is Page	L				•)	\$ 216.80	
	CRO-1310 Pages							
CORP. ST. CHESTANICS. LINES OF LABOR SACTOR	line 13a of Detailed Sun	ımary Page CRO-1100	0 if	Operating Expenses)			¢ 1.452.19	
(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)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media B* - Printing C* - Fund							other Candidate	
E - Salaries F* - Equipment G - Politic I - Postage J - Penalties K* - Offic			사용하는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는				ing Public Office Expenses tion to Legal Expense Fund	
I - Postage J - Penaltics K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other								
* Codes require detailed explanation in required remarks field (k)								
CRO-1310 NC State Board of Elections December 2009								

Amendment

 $\boxtimes$ 

No

Dis	h	man.	P22	0.00	40	
DIS	DU	rse	m	en	LS	

Pg <u>2</u> of <u>3</u> Yes

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

1. Committee Full Name (and Fund if applicable)  2. ID Number								
	TO ELECT CHALN	KCE4J3						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Ex		Contributions to Can	didates/Political Committees	Coo	rdinated Party Expenditures			
4. Payee Inform	ation		Add	Remove				
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments			
(include city, state,								
OFFICE DEPO	Γ							
505 CROSS CR			c. Level Registered (Specify)	200				
FAYETTEVILL	LE, NC 28303		Federal	County:				
910-487-0900			State 🖂	Municipality:	e. Election Sum to Date			
					\$ 48.14			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	DEBIT CARD	K	09/11/2017	\$48.14	PRINTER INK			
				\$				
4. Payee Inform			Add	Remove	10			
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments			
(include city, state,	& zip)							
NAACP	ONLDD		c. Level Registered (Specify)					
707 MURCHISO FAYETTEVILI			Federal Federal	County:	}			
910-484-6166	D, NC 20301		State	Municipality:	e. Election Sum to Date			
710 101 0100				E 55507 / -	\$ 100.00			
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
					CAMPAIGN			
1	CHECK 2012	В	09/12/2017	\$100.00	ADVERTISEMENT			
				\$				
4. Payee Inform	ation		Add $\square$	Remove				
	ng Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,	58							
SPEEDI PRINT								
201 FRANKLIN			c. Level Registered (Specify)					
FAYETTEVILI			Federal	County:				
<u> </u>			State 🖂	Municipality:	e. Election Sum to Date			
					\$ 1,047.24			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	DEBIT CARD	В	09/14/2017	\$1,047.24	ADVERTISEMENT			
-		100-000	especialistic un autorioristica (1945/1)		MAILER			
				\$				
5. Total only this Page \$ 1,195.38								
6. Total of ALL CRO-1310 Pages								
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  \$ 1,452.18								
(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)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media	B* - Printing	C* - Fund		D - To Anothe				
E - Salaries	F* - Equipment	G - Politic	cal Party H* - Holding		g Public Office Expenses			
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	to Legal Expense Fund			
O* - Other  * Codes require detailed explanation in required remarks field (k)								

Ame	ndment	
П	Voc	$\nabla$

No

# Disbursements Pg 3 of 3 Use this form to report expenditures from the committee for operating expenses contributions to candidate/politics

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

1. Committee Full Name (and Fund if applicable)  2. ID Number									
	COMMITTEE TO ELECT CHALMERS L. MCDOUGALD KCE4J3								
3. Type of Disb	ursement (Plea	se use separate C	RO-1	310 forms for e	each ty	pe of Disbursem	ent.)		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures									
4. Payee Inform	4. Payee Information Add Remove								
a. Full Name, Maili	b. Co	oordinated Comm	ittee Na	ıme	d. Co	mments			
(include city, state,									
	FACILITY RESERVATION								
267 BONANZA			c. Le	evel Registered (Sp	ecify)				
FAYETTEVILI			Federal County:						
910-433-1088	32, 110 20000		١Ħ	State	$\boxtimes$	Municipality:	e. Ele	ction Sum to Date	
710 155 1000			—	State			B40 0		
							\$ 4	0.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yyy	y)	j. Amount	k. Red	k. Required Remarks	
								FRIENDSHIP	
1	DEBIT CARD		1	09/14/2014		\$40.00	Company Company	HERING	
						Φ.			
						\$			
4. Payee Inform	ation		Add	I		Remove			
a. Full Name, Maili	ng Address & Phone		b. Co	oordinated Commi	ittee Na	me	d. Co	mments	
(include city, state,	. <del></del>								
			c. Le	evel Registered (Sp	ecify)				
			П	Federal	ΠÌ	County:			
	•		ΙĦ	State	П	Municipality:	e. Ele	ction Sum to Date	
							. v.		
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yyy	y)	j. Amount	k. Red	quired Remarks	
						ė.			
						\$			
						\$			
						Ф			
4. Payee Inform	ation		Add	1		Remove			
a. Full Name, Maili	ng Address & Phone		b. Co	oordinated Commi	ittee Na	me	d. Co	mments	
(include city, state,	& zip)							8	
			c. Le	vel Registered (Sp	ecify)				
			Federal County:						
			П	State	П	Municipality:	e. Ele	ction Sum to Date	
							Φ.		
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yyy	y)	j. Amount	k. Red	juired Remarks	
						¢.			
						\$			
						\$			
						Φ			
5. Total only this Page \$ 40.00									
6. Total of ALL	CRO-1310 Pages								
(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)									
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	B* - Printing	C* - Fund				D - To Anothe			
E - Salaries F* - Equipment G - Politica								Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offic	се Ехр	enses		Q* - Donation	n to Le	gal Expense Fund	
* Codes require detailed explanation in required remarks field (k)									