	eneral re	eport and committee i	nformat	ion, must be	signed a	ınd sub	mitted along with ot	Amend 	Yes No
Do not use this form	or a second				-				
1. Committee Info	rmatio	n							
a. Full Name								c. II	O Number
Canpaign to Elect (Charlie	Baxley		0					TCE525
b. Mailing Address (inc								d. D	ate Filed
Campaign to Elect 2825 H Clark Rd Fayetteville NC 28		Baxley							01/19/2018
								e. Pl	hone Number
		76							910 818 0105
2. Report Year	3. Pei	riod Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Dat	e	5. Treasurer Full		
2017		07/01/2017		12/3	1/2017		Marvin Edward N	lorris J	Jr .
6. Type of Commit	tee (Ch	eck One)	9. Typ	e of Report	(ch	eck on	ly one type of report	from	one category)
Candidate Camp	oaign [Party	Munici			State/Co		Refe	erendum
PAC	[Referendum		Organizationa	1		Organizational		Organizational
Independent Expenditure	[Joint Fundraiser		Thirty-five day	y [(Quarterly		Pre-referendum
Legal Expense F	fund					Non-Vert			
7. Type of Fund	(if ap)	olicable, check one)		Pre-primary	1	Ц	First		Final
Booster Fund"			닏	Pre-election		Ц	Second		Supplemental Final
Building Fund			Ш	Pre-runoff Semi-annual		H	Third Fourth	IH	Annual
			ln	Mid Year			routui Semi-annual		Special
Other:			lö	Year End			Mid Year	10.	Special Report Name
				Final		\boxtimes	Year End	1000000	
8. Number of Fund	lraisers	this Report		Special			³ inal		
	0						Special		
11. Account Inform	nation				11. Ac	count I	nformation		
a. Financial Institution					. Finar	icial Inst	itution Full Name		
Branch Banking an	d Trust		-,						
b. Purpose		c. Account Code			b. Purpo	ose		C.	Account Code
Campaign		1							
		d. Period Begin Balanco	2					d.	Period Begin Balance
		\$ 798.40						\$	
CERTIFICATION	I								
									D-22M of Chapter 163 of
the NC General Stat	utes an	d that no funds are co	mmingl	ed with proh	ibited or	other	ion-disclosed funds.	I furt	her certify that this report
		et and that I have been	i trained	by the NC	state Boa	rd of	lections.	,	1/10/2010
_Marvin Ed		orris ed Name of Signer		- / S	ionature	Aspoint	ed Treasurer		011 19 12018
FOR OFFICE USE O	OCCUPATION AND DESCRIPTION		EM		1	1.1780	3.		
Date Received:	1 / 1	E COLLEGIO VIC		Employee:	(N	y		ery Method
Date Received.	14	The state of the s		Simple yee.	/		- Comment		Normal Mail
Date Postmarke	ed:	JAN 1 9 2018		Employee:				9	Registered Mail Hand Delivered
Date Scanned:	n n	And the state of t		Employee:	3				Electronically Filed Signer has not received
Date Data Enter	red:			Employee:					mandatory training
Please Note: Th	is form	cannot be used to an	end con	nmittee infor	mation s	auch as	the committee addre	ess. tre	easurer, assistant treasurer,

custodian of books information, or account information.

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

Amendment X No Yes

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

1. Committee Full Name (and Fund if applicable)			3. ID Number		
Campaign To Elect Charlie Baxley	End Of Year			TCE52	25
Start of Election Cycle: January 1,	2017		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	2807.42	\$	556.58
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	115.00	\$	135.00
6) Contributions from Individuals	(CRO-1210)	\$	2175.00	\$	7850.51
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources	_	Lay			
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	lc, 11d and 11e)	\$	2290.00	\$	7985.51
<u>EXPENDITURES</u>		7.1			
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	4299.02	\$	6249.26
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	18.92
17) In-Kind Contributions	(CRO-1510)	\$		\$	1475.51
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	4299.02	\$	7743.69
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	798.40	\$	798.40
ADDITIONAL INFORMATION				4,141	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	\$		\$		

Aggregated Contributions from Individuals

Page

<u>1</u> of

Amendment Yes

No

 \bowtie

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

	1. Committee Full Name (and Fund if applicable) 2. ID Number						
Campaign to Elect Charlie Baxley TCE525							
3. Contributor Information							
a. Amen	d	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
	Add	3433	Check	1	10/30/2017	\$ 40.00	
	Remove						
	Add Remove	3433	Check		12/3/2017	\$ 25.00	
X	Add	0.400	OL I		10/10/2017	0 50.00	
	Remove	3433	Check		12/10/2017	\$ 50.00	
\boxtimes	Add					\$	
	Remove						
\boxtimes	Add					\$	
	Remove						
M	Add	1				\$	
	Remove	<u> </u>					
X	Add		ļ		1	\$	
Ц	Remove	1					
	Add					\$	
	Remove						
\boxtimes	Add					\$	
	Remove						
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	Add	1	Į			\$	
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	Add	-				\$	
	Remove	-					
	Add	-				\$	
	Remove	1					
<u> </u>	Add	-				\$	
H	Remove						
	Remove					\$	
H	Add						
	Remove	-{				\$	
	Add						
H	Remove	-				\$	
	Add	 	 				
H	Remove	1				\$	
\boxtimes	Add						
	Remove					\$	
4. Tot	al only this	Page			\$	115.00	
5. Tot	al of ALL C	CRO-1205 P	ages		ď	115.00	
			ummary Page CRO-1100)		\$	113.00	

Amendment **Contributions from Individuals** Yes 🖂 No Pg 3 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Campaign to Elect Charlie Baxley TCE525 M 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d, Comments (include city, state, & zip) **Dental Assist** Claire C Hedgecoe c. Employer's Name/Specific Field 121 Great Oaks Fayetteville NC 28303 e. Election Sum to Date 910 438 9117 \$ 75.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code k. Amount Check 8/30/2017 \$ 75.00 3433 \$ \$ X Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments Retired (include city, state, & zip) Thomas W Nelson c. Employer's Name/Specific Field 3075 A B Carter Rd Fayetteville NC 28312 910 323 3019 e, Election Sum to Date 250.00 \$ i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment \$ 250.00 9/14/2017 3433 Check \$ \$ X 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments Self Employ (include city, state, & zip) Miuchael Waguespack e. Employer's Name/Specific Field 117 Bayshore Dr Parkton NC 28371 910 339 0532 e. Election Sum to Date 1000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount

Amendment Contributions from Individuals Yes \boxtimes No 3 Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Campaign to Elect Charlie Baxley TCE525 3. Contributor Information M Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Law Enforce James S Burgess c. Employer's Name/Specific Field 733 Greenland Dr Fayetteville NC 28305 910 484 2524 e. Election Sum to Date 100.00 \$ f. Prior g. Account Code i. In-Kind Description h. Form of Payment j. Date (mm/dd/yyyy) k. Amount 100.00 3433 12/1/2017 \$ Check \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Self Employ William Merritt 2325 Batside Dr c. Employer's Name/Specific Field Favetteville NC 28306 910 486 4888 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ 3433 Check 11/30/2017 100.00 \$ \$ X Add Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Housewife Helen I Baker 2436 Torcross Dr c. Employer's Name/Specific Field Fayetteville NC 28304

910 822	0643				e. Election	Sum to Date	
					\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	yy)	k. Amoun	t
	3433	Check		12/6/20	17	\$	250.00
						\$	E. 180 E.
						\$	
4. Tota	l only this Pag	e			\$		450.00
	I of ALL CRO	9-1210 Pages Detailed Summary Page C	CRO-1100)		\$		2175.00

Amendment **Contributions from Individuals** X Yes No Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Campaign to Elect Charlie Baxley TCE525 X 3. Contributor Information Add Remove a, Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Civil Service Jacquelyn Weyhenmeyer 812 Bedford Rd c. Employer's Name/Specific Field Fayeteeville NC 28303 910 849 5442 e. Election Sum to Date 100.00 f. Prior i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment k. Amount \$ 100.00 3433 Check 12/16/2017 \$ \$ M Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments Retired (include city, state, & zip) J Harley Cannon II c. Employer's Name/Specific Field 6008 Kingsland Dr Fayetteville NC 28306 910 303 2541 e. Election Sum to Date 200.00 f. Prior j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment i. In-Kind Description k. Amount \$ 200.00 3433 Check 12/12/2017 \$ \$ 3. Contributor Information M Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments Retired LE (include city, state, & zip) Kenneth Wiseman 148 Tanning Ridge Dr c. Employer's Name/Specific Field **Dunn NC 28334** 910 391 3058 e, Election Sum to Date 100.00 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code \$ 100.00 12/16/2017 \$

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)

400.00

2175.00

\$

\$

\$

-					
II Di	chi	irs	om	on	10
	3171				6.23

Amendment

No

Disbursements $p_g = 1$ of $\underline{6}$ y_e Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political Yes committees and coordinated party expenditures.

1. Committee F	ull Name (and Fund	d if applicable)			2. ID Number
Campaign to Ele	ect Charlie Baxley	TCE525			
3. Type of Disbu		nent.)			
Operating E			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform		\boxtimes	Add \square	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,				***************************************	
Cumberland Co					
PO Box 64217	unty run		c. Level Registered (Specify)		
Fayetteville NC			Federal	County:	
28306			State	Municipality:	e, Election Sum to Date
910 438 4140				within cipanty.	C, Election Sum to Date
910 430 4140					\$ 225.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
I. Account Code	g, Form of Payment	m r ur pose coue	i. Date (iiiii/dd/yyyy)	J. Amount	K. Required Remarks
3433	Check	0	8/17/2017	\$225.00	
				-	
				\$	
4 D T C		M	Add	Pamana	
4. Payee Inform		\boxtimes		Remove	1.0
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Allegra Print an			1 10 14 10 10		-
3724 Sycamore			c. Level Registered (Specify)		
Fayetteville NC	28303		Federal 🖂	County:	
9108648100			State	Municipality:	e. Election Sum to Date
					\$ 2306.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		Б		#257.00	Signs,stickers
3433	Check	В	10/10/2017	\$357.82	
3433	Check	В	12/5/2017	\$485.00	Print Letters
5455	Circox			φ465.00	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Fayetteville Rep	ublican Women				
			c. Level Registered (Specify)		
Fayetteville NC			Federal 🖂	County:	
910 489 0930			State	Municipality:	e. Election Sum to Date
					\$ 100.00
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2.122	Cl I		0/21/2017	6100.00	Fund Raiser BBQ
3433	Check	О	8/21/2017	\$100.00	
				\$	
				Φ	
5. Total only thi	s Page				\$ 1167.82
6. Total of ALL	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sum	ımary Page CRO-110	0 if Operating Expenses)		\$ 4299.02
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 4299.02
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coordinated Party Expenditu	ires)	
7. Purpose Code	es (List detailed exp	penditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fund		THE TRANSPORT OF THE PARTY OF T	her Candidate
E - Salaries	F* - Equipment		4. ~ 1. tiple - 1. ti		g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other * Codes require	e detailed explanati	on in required r	emarks field (k)		

Amendment \boxtimes Yes

No

Disbursements $p_g = 2$ of g = 6 Ve Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and co	oordinated par	ty expenditures.
-------------------	----------------	------------------

1. Committee Full Name (and Fund if applicable) 2. ID Number						
Campaign to Elect Charlie Baxley TCE525						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coo	rdinated Party Expenditures	
4. Payee Inform	ation	\boxtimes	Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Godwin Falcon	Day					
78610Royal St			c. Level Registered (Specify)			
GODWIN Nc 2	8344		Federal 🖂	County:		
910 489 7416			State	Municipality:	e. Election Sum to Date	
					\$ 25.00	
			<u> </u>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
3433	Check	О	8/21/2017	\$25.00	Town Event	
				\$		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments	
(include city, state,	& zip)					
Matthew Norris						
6865 Holder Ln			c. Level Registered (Specify)			
Fayetteville Nc	28311		Federal 🖂	County:		
910 818 6448			State	Municipality:	e. Election Sum to Date	
					\$ 223.20	
		h B		T		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
3433	Check	A	9/8/2017	\$223.20	Website Prep	
				\$		
4 D 1-6			Add			
4. Payee Inform			b. Coordinated Committee Na	Remove	d. Comments	
	ng Address & Phone		b. Coordinated Committee 14a	ille	u. Comments	
(include city, state, Vander Civbic A						
128 Rockhill Ro			c. Level Registered (Specify)			
			Federal	County:		
Fayetteville NC 910 323 4931	20312		State	Municipality:	e. Election Sum to Date	
910 323 4931			State	withhelpanty.	c. Election Sum to Date	
					\$ 50.00	
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
3433	Check	0	9/25/2017	\$50.00	Town Event	
	×	- M		\$		
		L			A 200.00	
5. Total only thi	The second secon				\$ 298.20	
	CRO-1310 Pages		0 if Operating Expenses)			
I 8 357			o if Contrib to Candidates/Politics	al Comm)	\$ 4299,02	
		US1 STV	o if Courto to Canadales Found I if Coordinated Party Expenditu	. 8		
STATE OF THE OWNER, WHEN THE PARTY OF THE PARTY.	es (List detailed ex			100)		
A* - Media	B* - Printing	C* - Fund		D - To Anothe	r Candidate	
E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage	J - Penalties		ce Expenses		to Legal Expense Fund	
O* - Other			Marin Branch Stratts (Marin III)			
* Codes require	e detailed explanati	on in required re	emarks field (k)			

				ž.	
			Pg ee for; operating expenses,		Amendment 6
1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
	ect Charlie Baxley				TCE525
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursem	ient.)
Operating F	expenses	Contributions to Car	didates/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	nation	\boxtimes	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Town of Hope	Mills				
5766 Rockfish	Rd		c. Level Registered (Specify)		
Hope Mills NC	28348		Federal 🛛	County:	
910 424 4500			State	Municipality:	e, Election Sum to Date
NO POST DE CONTROL CONTROL PRESIDE			Total Control of the		0 50.00
					\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3433	Check	О	9/25/2017	\$50.00	Town Event
				\$	
4. Payee Inform	nation	×	Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Stedman Youth	Athletic Club				
PO Box 506			c. Level Registered (Specify)		
Stedman NC 28	391		Federal 🛛	County:	
910 433 1440			State	Municipality:	e. Election Sum to Date
- conservation to the control of the					\$ 40.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3433	CDheck	0	9/25/2017	\$40.00	Harvest Day

Operating E	xpenses	Contributions to Ca	Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures					
4. Payee Inform	nation		Add	Remove				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments			
(include city, state,	& zip)							
Town of Hope			1					
5766 Rockfish	Rd		c. Level Registered (Specify)	***************************************	1			
Hope Mills NC			Federal 🛛	County:	1			
910 424 4500	20010		State	Municipality:	e, Election Sum to Date			
710 121 1300				Trumvipunty.				
			}		\$ 50.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1. Account Code	g. Form of Layment	in turpose code	i. Date (min/du/yyyy)	J. Amount	Town Event			
3433	Check	0	9/25/2017	\$50.00	Town Event			
	-							
			1	\$				
		<u> </u>			L			
4. Payee Inforn		\boxtimes	Add	Remove				
1 0.00 mm - 10.00 10.00 10.00	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,			_					
Stedman Youth	Athletic Club							
PO Box 506			c. Level Registered (Specify)					
Stedman NC 28	391		Federal 🖂	County:				
910 433 1440			State	Municipality:	e. Election Sum to Date			
1					\$ 40,00			
					3 40.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
2422	ODII		0/05/0017	D40.00	Harvest Day			
3433	CDheck	О	9/25/2017	\$40.00				
distribution of the second of								
1		1		\$				
4. Payee Inform	nation		Add	Remove				
	ing Address & Phone		b. Coordinated Committee N		d. Comments			
(include city, state,								
	unty Repub Women							
Po Box 87562	unity Tropilo Tronton				-			
THE RESERVE WAS A TOTAL TOTAL			c. Level Registered (Specify)					
Lavetteville NC	28304		c. Level Registered (Specify)	County:				
Fayetteville NC	28304		Federal 🛛	County:	e. Election Sum to Date			
Fayetteville NC	28304			County: Municipality:	e. Election Sum to Date			
Fayetteville NC	28304		Federal 🛛		e. Election Sum to Date \$ 150.00			
	1	h. Purnose Code	Federal State	Municipality:	\$ 150.00			
f. Account Code	g. Form of Payment	h. Purpose Code	Federal 🛛		\$ 150.00 k. Required Remarks			
	1	h. Purpose Code	Federal State	Municipality:	\$ 150.00			
f. Account Code	g. Form of Payment		Federal State	Municipality:	\$ 150.00 k. Required Remarks			
f. Account Code	g. Form of Payment		Federal State	Municipality:	\$ 150.00 k. Required Remarks			
f. Account Code	g. Form of Payment Check		Federal State	Municipality: j. Amount \$150.00	\$ 150.00 k. Required Remarks Sponsorship			
f. Account Code 3433 5. Total only th	g. Form of Payment Check is Page		Federal State	Municipality: j. Amount \$150.00	\$ 150.00 k. Required Remarks			
f. Account Code 3433 5. Total only th 6. Total of ALL	g. Form of Payment Check is Page CRO-1310 Pages	С	Federal	Municipality: j. Amount \$150.00	\$ 150.00 k. Required Remarks Sponsorship			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in	g. Form of Payment Check is Page CRO-1310 Pages line 13a of Detailed Sun	C numary Page CRO-110	Federal State State I State I State St	Municipality: j. Amount \$150.00	\$ 150.00 k. Required Remarks Sponsorship			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in	g. Form of Payment Check is Page CRO-1310 Pages tine 13a of Detailed Sun line 13b of Detailed Sun	C numary Page CRO-110 numary Page CRO-110	Federal	Municipality: j. Amount \$150.00 \$ cal Comm)	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in	g. Form of Payment Check is Page , CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun	C nmary Page CRO-110 nmary Page CRO-110 nmary Page CRO-110	Federal	Municipality: j. Amount \$150.00 \$ cal Comm)	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in) 7. Purpose Cod	g. Form of Payment Check is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex	nunary Page CRO-1100 nunary Page CRO-1100 nunary Page CRO-1100 penditure code in	Federal State State State i. Date (mm/dd/yyyy) 10/16/2017 0 if Operating Expenses) 0 if Contrib to Candidates/Politic Oif Coordinated Party Expenditu (h.) above)	Municipality: j. Amount \$150.00 \$ cal Comm) ures)	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00 \$ 4299.02			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media	g. Form of Payment Check is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	nmary Page CRO-1100 nmary Page CRO-1100 nmary Page CRO-1100 penditure code in C* - Fund	Federal State State I State I	Municipality: j. Amount \$150.00 \$ cal Comm) ures)	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00 \$ 4299.02			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salarics	g. Form of Payment Check is Page CRO-1310 Pages the 13a of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing F* - Equipment	nmary Page CRO-1100 nmary Page CRO-1100 nmary Page CRO-1100 penditure code in C* - Fund G - Politic	Federal State State I State	Municipality: j. Amount \$150.00 \$ cal Comm) ures) D - To Anoth H* - Holding	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00 \$ 4299.02 er Candidate Public Office Expenses			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries I - Postage	g. Form of Payment Check is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	nmary Page CRO-1100 nmary Page CRO-1100 nmary Page CRO-1100 penditure code in C* - Fund G - Politic	Federal State State I State I	Municipality: j. Amount \$150.00 \$ cal Comm) ures) D - To Anoth H* - Holding	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00 \$ 4299.02			
f. Account Code 3433 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salarics I - Postage O* - Other	g. Form of Payment Check is Page CRO-1310 Pages the 13a of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing F* - Equipment	nmary Page CRO-1100 nmary Page CRO-1100 nmary Page CRO-1100 penditure code in C* - Fund G - Politic K* - Office	Federal State State State State I. Date (mm/dd/yyyy) 10/16/2017 10/	Municipality: j. Amount \$150.00 \$ cal Comm) ures) D - To Anoth H* - Holding	\$ 150.00 k. Required Remarks Sponsorship \$ 240.00 \$ 4299.02 er Candidate Public Office Expenses			

	ull Name (and Fun	d if applicable)			2. ID Number
Campaign to El	ect Charlie Baxley				TCE525
3. Type of Disb	the same of the sa	Understanding the season of th	CRO-1310 forms for each t	THE RESERVOIS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	HISTORY
Operating E			ndidates/Political Committees	CONTRACTOR OF THE PARTY OF THE	ordinated Party Expenditures
4. Payee Inform	nation	\boxtimes	Add	Remove	,
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
CCGOP					
PO Box 87062			c. Level Registered (Specify)		
Fayetteville NC	2834		Federal 🖂	County:	
910580 9130			State	Municipality:	e. Election Sum to Date
					\$ 1000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3433	Check	С	11/8/2017	\$1000.00	Linvoln Regan D
	3,000,000		***************************************		erather consideration that are a second assessment
				\$	
4. Payee Inform		\boxtimes	Add	Remove	,
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Lindens Firema	ns Fund				
4731 Main St			c. Level Registered (Specify)		
Linden NC 283	56		Federal 🖂	County:	
910 980 0126			State	Municipality:	e. Election Sum to Date
					\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3433	Check	О	10/24/2017	\$25.00	Town Event
		•		\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Rise Magazine	& zipj		-		
PO Box 35281			c. Level Registered (Specify)		-
Fayetteville NC	28303		Federal 🖂	County:	
910 729 2016	20303		State	Municipality:	e. Election Sum to Date
710 727 2010				Triumvipunty.	
					\$ 200.00
f, Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3433	Check	A	11/22/2017	\$200.00	Ad In Magazine
				\$	
5. Total only th	is Page				\$ 1225.00
	CRO-1310 Pages				Ψ 1223.00
		ımary Page CRO-110	00 if Operating Expenses)		400000
III. Markey Commission		POSTOCIA DE L'ANGENT DE L'ANGE	00 if Contrib to Candidates/Politic	al Comm)	\$ 4299.02
			0 if Coordinated Party Expenditu		
PROPERTY AND PERSONS ASSESSED AND ADDRESS ASSESSED.	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politi	cal Party	H* - Holding	Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required r	emarks field (k)		

				Amer	ndment
Disbursements	Pg	5	of 6		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							
Campaign to El	ect Charlie Baxley						TCE525
3. Type of Disbu	ursement (Plea	ise use separate C	CRC	0-1310 forms for each ty	ype of Disburseme	nt.)	
Operating E	xpenses	Contributions to Car	ındid	lates/Political Committees	Coor	rdinate	d Party Expenditures
4. Payee Inform	ation	\boxtimes	A	\dd	Remove		
	ing Address & Phone		b	. Coordinated Committee Na	ame	d. Co	mments
(include city, state, USPS	and the state of t						
East Fayetteville	e Branch		c.	. Level Registered (Specify)			
28312				Federal County:			
				State	Municipality:	e. Ele	ction Sum to Date
						\$ 9	98.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
3433	Check	I		11/28/2017	\$98.00		
					\$		
4. Payee Inform	ation	\boxtimes	A	Add	Remove		
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee Na	ame	d. Co	mments
(include city, state,							
G&E Gun Show							
PO Box n11209	1		c.	Level Registered (Specify)			
Blacksburg VA	24062			Federal 🖂	County:		
540 953 0016				State	Municipality:	e. Ele	ction Sum to Date
						\$ 6	55.00
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)	j. Amount	k. Red	quired Remarks
3433	Check	0		12/1/2017	\$65.00		tt/Show
					\$		
4. Payee Inform	ation		A	Add	Remove		
	ng Address & Phone		1	. Coordinated Committee Na		d. Co	mments
(include city, state,	77.	,	-			2000	
Beasley Media			1				
3033 reviera Dr		1	c.	c. Level Registered (Specify)			
Naples FL 34103			Federal County:				
239 263 8191		1	IF	State		e. Ele	ction Sum to Date
These collections to				-		\$ 9	05.00
f. Account Code	g. Form of Payment	h, Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
3433	Check	А		12/14/2017			o Ads
					\$		
5. Total only thi	is Page					\$	1068.00
	CRO-1310 Pages						
	line 13a of Detailed Sum	ımary Page CRO-110	0 if	Operating Expenses)		Φ.	1000.00
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 4299.0					4299.02		
(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 Another		
					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)							

 \boxtimes

No

					Amendment		
Disburseme	ents		Pg	<u>6</u> of			
Use this form to	report expenditures	from the committ	ee for; operating expenses,				
	coordinated party ex		AND NOTICE INCOME. THE PROPERTY OF		r		
	ull Name (and Fund	d if applicable)			2. ID Number		
	ect Charlie Baxley				TCE525		
3. Type of Disbu	The state of the s		CRO-1310 forms for each t	Control of the Contro	and the second s		
Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform		\boxtimes	Add	Remove			
	ing Address & Phone		b. Coordinated Committee Name		d. Comments		
(include city, state,	& zip)						
Cumulus	Table 17am				4		
3280 Peachtree	TOTAL CALC		c. Level Registered (Specify)				
Atlanta GA 3030	05		Federal 🖂	County:			
910 864 5222			State	Municipality:	e. Election Sum to Date		
					\$ 300.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
3433	Check	A	12/21/2017	\$300.00	Radio Ads		
				\$			
4. Payee Inform	ation		Add 🗍	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state, d							
	, , ,						
		1	c. Level Registered (Specify)				
		,	Federal 🛛	County:			
			State	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		
				\$			
				ŝ			
1 D . I . C		57	1	L'			
4. Payee Information		N N	Add	Remove			
a. Full Name, Mailing Address & Phone		b. Coordinated Committee Na	ime	d. Comments			

(include city, state, & zip) c. Level Registered (Specify) Federal \boxtimes County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ 5. Total only this Page \$ 300.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 4299.02 (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* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties Q* - Donation to Legal Expense Fund K* - Office Expenses O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009