Disclosure	Report Cover		

Amendment

Yes No

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

1. Committee Information c. ID Number a. Full Name Committee to Elect Chas L. Sampson d. Date Filed b. Mailing Address (include City, State and Zip Code) 1006B N Bragg Blvd Ste 112 e. Phone Number Spring Lake NC 28390 910-920-0589 4. Period End Date 5. Treasurer Full Name 3. Period Start Date (mm/dd/yy) 2. Report Year (mm/dd/yy) Chameeka S. Brooks 29 Aug 17 20 July 17 2017 (check only one type of report from one category) 9. Type of Report 6. Type of Committee (Check One) Referendum State/County Municipal Candidate Campaign Party Organizational Organizational Organizational PAC Referendum Independent Pre-referendum  $\boxtimes$ Quarterly Joint Fundraiser Thirty-five day Expenditure Legal Expense Fund Final First Pre-primary 7. Type of Fund (if applicable, check one) Supplemental Final Second Pre-election "Booster Fund" Annual Third Pre-runoff **Building Fund** Special Semi-annual Fourth Mid Year Semi-annual Mid Year 10. Special Report Name Year End Other: Year End Final Final 8. Number of Fundraisers this Report Special Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name BB&T c. Account Code b. Purpose c. Account Code b. Purpose Campaign Account d. Period Begin Balance d. Period Begin Balance for receipts expenditures \$ 302.54 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. 9006 2019 Date Chameeka S. Brooks Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY OCT -4 Delivery Method Employee: Date Received: Normal Mail Registered Mail Employee: Date Postmarked: Hand Delivered Electronically Filed Employee: Date Scanned: Signer has not received mandatory training Employee: Date Data Entered: 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.

Amendment  $\boxtimes$ No Yes

**Detailed Summary**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		3. ID Number
Committee to Elect Chas L. Sampson	35 Day		
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 302.54	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 819	\$ 819
6) Contributions from Individuals	(CRO-1210)	\$ 2629.39	\$ 2629.39
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			
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, 1	1c, 11d and 11e)	\$ 3448.39	\$ 3448.39
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2679.55	\$ 2679.55
13b) Contributions to Candidates/Political Comm	ittees (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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 2679.55	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then st		\$ 768.84	\$ 768.84
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	
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-2220)	\$	\$
	(CRO-1215)	\$	\$
28) Contributions to be Refunded	1		August 2008

Contri	butions fron	n Individuals		$\mathbf{P_{i}}$	g <u>1</u> of	3_	Amendment Yes	No No
Use this fo	orm to report indiv	vidual contributions o	ver \$50	or contributions un	der \$50 if form CR	O 1205 is no	t used	
		and Fund if applicab				2. ID Num	ber	
Committe	e to Elect Chas L.	Sampson						
3. Contri	butor Informatio	n			emove			
	e, Mailing Address &	¿ Phone		b. Job Title/Professio	n	d. Comment	S	
	city, state, & zip) ustamante			Msgt				
	NC 27531			c. Employer's Name/	Specific Field			
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						\$	100	
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		n Individuals vidual contributions o	ver \$50	or contr	ibution	Pg s undei	of - \$50 if form CR		Amendmen  Yes t used			
		and Fund if applicat					Being atting	2. ID Num				
Committe	e to Elect Chas L.	Sampson										
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	city, state, & zip)			Amtra	k Exec	utive						
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Chas L. S	Sampson											
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Spring La	ake, NC 28390							e. Election S	um to Date			
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Committe	e to Elect Chas L.	Sampson								
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								Amend	ment	
Disbursements				Pg	1	of	5	$\boxtimes$	Yes	No
		- 20	- 8		02					

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 E	Committee to Elect Chas L.Sampson									
3. Type of Disbu	irsement (Plea									
Operating E	xpenses	Contributions to Can	didates/Political Committees		ordinated Party Expenditures					
4. Payee Inform	ation		Add	Remove						
	ng Address & Phone		b. Coordinated Committee Na	ıme	d, Comments					
(include city, state,										
Evantographic.c										
100			c. Level Registered (Specify)							
			Federal	County:						
			State 🖂	Municipality:	e. Election Sum to Date					
					\$ 9					
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
i. Account Code			Best day and a second second		Printing					
	Debit	В	7/19/17	\$9						
1				\$						
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4. Payee Inform			b. Coordinated Committee Na		d. Comments					
The state of the s	ng Address & Phone	amt	ui Sommento							
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USPS c. Level Registered (Specify)										
			Federal	County:						
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			L State 🔼	Municipanty.						
					\$ 1.19					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
	Debit	I	7/21/17	\$1.19						
				\$						
4. Payee Inform	ation		Add	Remove						
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments					
(include city, state,	& zip)									
Dollar Tree										
			c. Level Registered (Specify)		1					
Goldsboro, NC	27531		Federal	County:						
****			State 🖂	Municipality:	e. Election Sum to Date					
					\$ 18.15					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
			7/21/17	\$18.15						
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5. Total only th	is Page				\$ 28.34					
	CRO-1310 Pages									
		nmary Page CRO-110	0 if Operating Expenses)		•					
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			0 if Coordinated Party Expendite							
	es (List detailed ex									
A* - Media	B* - Printing	C* - Fun	draising	D - To Anoth						
E - Salaries	Or D. C. I. I. I. I. I. D. C. I. I. I. D. C. I.									
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)							

Disbursements	
Dispursements	

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 Chas L.Sampson									
3. Type of Disbu			RO-	-1310 forms for each ty					
Operating Ex				tes/Political Committees		ordinated Party Expenditures			
4. Payee Inform			dd	Remove					
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(include city, state, &									
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(include city, state, d	770.		1						
Paper Place									
Hwy 70			c. l	Level Registered (Specify)					
Goldsboro, NC 2	27531			Federal	County:				
			L	State 🖂	Municipality:	e. Election Sum to Date			
						\$ 3.83			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
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4. Payee Inform	ation		A		Remove				
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Town of Spring									
Ruth Street			c.	Level Registered (Specify)					
Spring Lake NC	28390		IC	Federal	County:				
, are ggille			L	] State	Municipality:	e. Election Sum to Date			
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	CRO-1310 Pages	Sultania di Sulta							
(This line goes in	c								
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				Coordinated Party Expenditu					
	es (List detailed exp								
A* - Media	B* - Printing	C* - Fund			D - To Anothe				
E - Salaries	F* - Equipment	G - Politic	ical P	arty	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Offic			Q* - Donatio	n to Legal Expense Fund			
O* - Other				1-6-11-71					
* Codes require	e detailed explanati	ion in required re	ema	rks field (k)					

					Ame	ndment		
Disbursements	Pg	3	of	5	$\boxtimes$	Yes		No
Use this form to report expenditures from the committee for; operating ex	penses,	cont	ributions to	candida	te/polit	ical		
committees and coordinated party expenditures.								
1. Committee Full Name (and Fund if applicable)					2. ID	Number	r	
Committee to Fleet Char I. Sampson								

1. Committee F	1. Committee Full Name (and Fund if applicable)  2. ID Number										
Committee to E	Committee to Elect Chas L.Sampson										
3. Type of Disb	arsement (Plea	se use separate C	RO	-1310 forms for each t	ype of Disbursem	ent.)					
Operating E				ntes/Political Committees			d Party Expenditures				
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	ng Address & Phone		b.	Coordinated Committee N		d. Co	mments				
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Ŭ,			Level Registered (Specify)								
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	Debit	K		8/1/2017	\$49						
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Value de experiencia de la compansión de	ng Address & Phone		b.	Coordinated Committee N	ame	d. Co	mments				
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(include city, state,	& zip)										
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	Debit	0		8/8/2017	\$25						
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					\$						
5. Total only th	is Page		2.8			\$	173				
	CRO-1310 Pages										
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)											
(This line goes in	(This line goes in line 13t 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 Cod	es (List detailed exp	penditure code in	(h.)	above)							
A* - Media	B* - Printing	C* - Fund	drai	sing	D - To Anothe						
E - Salaries	F* - Equipment						Office Expenses				
I - Postage	J - Penalties	K* - Offic	ce E	xpenses	Q* - Donatio	n to Le	gal Expense Fund				
O* - Other	e detailed explanati	on in required w	ome	rke field (k)							
COUCS FERRITE	е пенинен саниинин	THE RESERVE THE COLUMN TWO	J 1 1 2	LIND HUMLINI							

					Ame	ndment	
Disbursements	Pg	4	of	5	$\boxtimes$	Yes	No
Use this form to report expenditures from the committee for; operating	expenses,	contrib	utions to	candi	date/polit	ical	
committees and coordinated party expenditures	S (%)				07/2		

1. Committee Full Name (and Fund if applicable)  2. ID Number								
Committee to Elect Chas L.Sampson								
3. Type of Disbu		se use separate C	RO-1310 forms for each ty	pe of Disburseme	ent.)			
Operating E	xpenses	Coo	ordinated Party Expenditures					
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,								
Associate Poster								
	7 400 5 77 7 5 5		c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e, Election Sum to Date			
				winicipanty.	C. Diection Sum to Ditte			
					\$ 331.46			
f. Account Code	a. Paum of Daymant	h. Purpose Code	i Data (num/dd/mma)	j. Amount	k. Required Remarks			
I. Account Code	g. Form of Payment	n. r ur post cout	i. Date (mm/dd/yyyy)	J. Amount				
	Debit	В	8/9/2017	\$331.46	Signs			
		500775a47	And the state of t					
				\$				
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d, Comments			
(include city, state,	& zip)							
ActBlue.com								
			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e, Election Sum to Date			
					\$ 250			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
3	Debit	О	8/11/2017	\$250	Tickets			
	Debit	U	0/11/2017	\$230				
				\$				
				Φ				
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments			
(include city, state,								
Facebook.com	S. Zilij		1					
1 accook.com			c. Level Registered (Specify)					
			Federal	County:				
					e. Election Sum to Date			
			State 🗵	Municipality:	e. Election Sum to Date			
					\$ 25.08			
12 12 12 12 12 12 12 12 12 12 12 12 12 1		h Domes Cala	<u> </u>					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks			
	Debit	0	9/5/2017	\$25.08	Member			
	Door		21012011	420.00				
				\$				
					0.0054			
5. Total only thi		\$ 606.54						
	CRO-1310 Pages							
10.	line 13a of Detailed Sum		\$					
	line 13b of Detailed Sum	Ÿ						
(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	D - To Anothe	r Candidate					
E - Salaries F* - Equipment G - Political Party H* - Hold					Public Office Expenses			
I - Postage	J - Penalties	n to Legal Expense Fund						
O* - Other								
* Codes require detailed explanation in required remarks field (k)								

committees and	report expenditures coordinated party ex	ependitures.	Pg tee for; operating expenses,	5 of 5 contributions to c	andidate/political
	full Name (and Fun				2. ID Number
3. Type of Disb	lect Chas L.Sampso		TRO 1210 Comme Con south to	C Dielesse	
Operating F	- Annual Contract of the Contr		CRO-1310 forms for each tyndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform		Contributions to Car	Add	Remove	rumated I arty Expenditures
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	- BEEF SEE LIFE	d. Comments
(include city, state,	8			7 TO 10 TO 1	
Staples.com	C 2.[7]				
1 '			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 15.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit	К	8/31/2017	\$15.62	Stamps
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
OC Fayetteville	c.com				
			c. Level Registered (Specify)		
			Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 46.10

Operating I	Expenses	Contributions to Ca	ndidates/Political Committees	□ c	oordinated Party Expenditures			
4. Payee Inform	nation		Add	Remove				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments			
(include city, state,								
Staples.com	1/		1					
,			c. Level Registered (Specify)		7			
			Federal County:					
			State	Municipality:	e, Election Sum to Date			
				munerpunty.	C. Election Sum to Date			
					\$ 15.62			
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (mm/dd/mm)	I Amount	k Dequired Demarks			
i. Account Code	g. Form of Payment	in rurpose code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
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4. Payee Inform			Add Remove					
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments			
(include city, state,								
OC Fayetteville	e.com							
			c. Level Registered (Specify)					
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					0. 46.10			
			1		\$ 46.10			
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Debit	0	8/28/2017	\$46.10				
					<del>-</del>			
				\$				
4. Payee Inform	ration		Add	Remove				
			b. Coordinated Committee N		d. Comments			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,			-					
Jason Smallwoo	od.com				4			
			c. Level Registered (Specify)					
			Federal	County:				
			State 🖂	Municipality:	e. Election Sum to Date			
					\$ 600			
			<u> </u>		Ψ 000			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Debit	В	9/21/2017	\$600	Billboard			
l.	Deon	Б	9/21/2017	\$000				
				0				
				\$				
5. Total only th	is Page				\$ 661.72			
6. Total of ALL								
(This line goes in								
	\$ 2679.55							
(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)								
Contract of the Contract of th	es (List detailed ex							
A* - Media	B* - Printing	C* - Fun		D - To Anoth	her Candidate			
E - Salaries F* - Equipment G - Politic					g Public Office Expenses			
			ce Expenses Q* - Donation to Legal Expense Fund					
O* - Other								
	* Codes require detailed explanation in required remarks field (k)							