Disclosure Rep					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									
a. Full Name	nation		Angree Listing		c. ID Number				
Committee to Elect (	Chas L Sampson				C. ID Number				
	de City, State and Zip Code)				d. Date Filed				
1006B N Bragg Blvd Spring Lake, NC 283									
opring bake, ive 200					e. Phone Number				
					910.920.0589				
I DESCRIPTION OF THE PROPERTY		4. Period	End Data						
2. Report Year	3. Period Start Date (mm/c	(mm/dd/yy)	End Date	5. Treasurer Full I					
2017				Chameeka S Brook	<b>KS</b>				
6. Type of Committe	e (Check One)	9. Type of Report	(check or	ly one type of report j	from one category)				
Candidate Campai		Municipal	State/C		Referendum				
PAC	Referendum	Organizationa		Organizational	Organizational				
Independent Expenditure	Joint Fundraiser	Thirty-five day	у	Quarterly	Pre-referendum				
Legal Expense Fur	nd	_							
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final				
Booster Fund"		Pre-election Pre-runoff		Second Third	Supplemental Final				
Building Fund		Semi-annual		Fourth	Annual Special				
		Mid Year	r L	Semi-annual					
Other:		Year End	i   🔲	Mid Year	10. Special Report Name				
0 W 1 0 0 0		Final		Year End					
8. Number of Fundra	aisers this Report	Special Special		Final Special					
11. Account Informa	tion	Management of the State of the	11. Account	E					
a. Financial Institution Fu				titution Full Name					
BB&T									
b. Purpose	c. Account Code		b. Purpose		c. Account Code				
Expenditures					7				
	d. Period Begin Balance	,			d. Period Begin Balance				
	s 302.54				\$				
CERTIFICATION									
					& 22D-22M of Chapter 163 of I further certify that this report				
	correct and that I have beer				i further certify that this report				
Chameeka S		(		- )/	0/30/2017				
	Printed Name of Signer	S	ignature of Appoin	ted Treasurer	Date				
FOR OFFICE USE ON	NLY			г	Delivery Method				
Date Received:		Employee:	-	<del></del>	Normal Mail				
Date Postmarked:		Employee:		Ţ	Registered Mail				
		p.0,00.	-		Hand Delivered Electronically Filed				
Date Scanned:		Employee:		F	Signer has not received				
Date Data Entered	d:	Employee:		_	mandatory training				
Date Data Differen		Zimpioyee:							
Please Note: This					ss, treasurer, assistant treasurer,				
		in of books informat							
,	You must amend the Stater	nent of Organization	ı (CRO-2100A-	<ul> <li>E) to make committed</li> </ul>	e changes.				

August 2008

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			
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 302.54	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 4000	\$ 10500
6) Contributions from Individuals	(CRO-1210)	\$ 127500	\$ 2475
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 Organization	ons (CRO-1250)	\$	\$
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, 11c	c, 11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements	- 1812-04	等对于"产品"的	
13a) Operating Expenditures	(CRO-1310)	\$ 2261.84	\$ 3224.30
13b) Contributions to Candidates/Political Committee	tees (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	i, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	tract line 18)	\$	\$
ADDITIONAL INFORMATION			The second secon
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

## **Aggregated Contributions from Individuals**

Page

1

Amendment of

1		
1.		

Yes 🔀

No

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

	mmittee Full Na					2. ID	Number
Comi	nittee To Elect C	Chas L Sampso	on				
3. Coi	ntributor Inform	nation					
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount
	Add	1	Online		09/30/20	017	\$ 40
	Remove		- Cilinio		07/30/2		<b>V</b> 10
Ц_	Add	1					\$
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<u>H</u>	Add Remove	-					\$
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1	Remove						\$
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5. To	tal of ALL C	RO-1205 P	ages			6	40
			mmary Page CRO-1100)			\$	40

		n Individuals vidual contributions o	¢5(	) ou oontuil	Pg			Yes	No No
		and Fund if applica		or contri	butions unde	er \$50 II form CR	2. ID Nun		
			DIC)				2. ID Ivuii	ibei	
	ee To Elect Chas I				_		/-		
	ibutor Informatio			Add		nove			
2000 - C-00-C-00-00	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Tit	le/Profession	-	d. Comment	S	
Hank Del				-					
				c. Employ	er's Name/Sp	ecific Field			
							e. Election S	All statutes	
							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount	
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								\$	
3. Contri	butor Informatio	on		Add	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	le/Profession		d. Comment	s	
	city, state, & zip)								
Tomica F	Rankins			a Employ	er's Name/Sp	acific Field	-		
				C. Employ	er s ivanie/sp	cenic Field	-		
							e. Election S	um to Date	
							\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	ind Descrip	otion	j. Date (mm/dd/yy	/уу)	k. Amount	
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								\$	
								s	
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	city, state, & zip)		-	-					
Craig we	athermax			c, Employ	er's Name/Sp	ecific Field	1		
							e. Election S	Walter Street	
40.1		l. n. en.	1	// LD - '		[ . p	\$	100	
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								\$	
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5. Total	of ALL CRO	-1210 Pages					\$		

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

Contr	ibutions froi	n Individuals			Pg	_2 of	3	Yes	No.
Use this	form to report indi	vidual contributions o	ver \$50	or contributi		er \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (	and Fund if applica	ble)		in your		2. ID Nun	nber	
Committe	ee To Elect Chas I	Sampson							
	ibutor Informatio	ASSA .		Add 🔲	T X Section	nove			
	ne, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Comment	S	
James Me	city, state, & zip)			-					
Junes ivi	01701			c. Employer's	Name/Sp	ecific Field	1		
Spring La	ake 28390								
							e, Election S	um to Date	
							\$	125 .	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	l Kind Description	Ų.	j. Date (mm/dd/yy	уу)	k. Amount	
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								\$	
								\$	
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Brandon	city, state, & zip)			Self Emplo	yed				
Drandon	wyan			c. Employer's	Name/Spe	ecific Field			
Washingt	on DC			Lawyer					
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TOTAL STREET, MARKET AND ADDRESS OF THE PARTY OF THE PART	butor Informatio			Add	Rem	nove			
	ne, Mailing Address & city, state, & zip)	è Phone		b. Job Title/P			d. Comments	S	
Holly Va	38.00 501 202			Social Wol	KCI				
050	n Elentary			c. Employer's	Name/Spe	ecific Field			
Spring La	ike, NC 28390						100000000000000000000000000000000000000	2.27 162000 00	
							e. Election S	um to Date	
			_				\$	150	
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								\$	
							37	\$	
	only this Page						\$	315	
	of ALL CRO						\$		
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100,				~ <b>*</b>		

CRO-1210

Amendment

		m Individuals	0.51	Pg	3 of	3	Yes	No
				or contributions unde	er \$50 if form CR			
	ee To Elect Chas L	(and Fund if applical	oie)			2. ID Num	iber	
				A.J.J Don				
	ibutor Informatio ne, Mailing Address &			Add Ren	nove	d. Comment	e e	
	city, state, & zip)	t I none		Fayetteville Region	al Ass	u, commen	3	
Angie He	edgepeth RPAC							
2412 Rae				c. Employer's Name/Spe	ecific Field	-		
Fayettevii	lle NC 28305					e. Election S	um to Date	
						\$	500	
0 D.J.,	Code	T. D. CD.	T . v v		T , B to to m (14)			
f. Prior	g. Account Code	h. Form of Payment	1. In-iv	Kind Description	j. Date (mm/dd/yy		k. Amount	500
	1	СНК			10/23/20	017	\$	500
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s	
(include	city, state, & zip)			-				
				c. Employer's Name/Spe	ecific Field	1		
						e. Election S	um to Date	
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	butor Informatio			Add Rem	nove			
	ie, Mailing Address & city, state, & zip)	¿ Phone		b. Job Title/Profession		d. Comments	<u>s</u>	
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				c. Employer's Name/Spe	ecific Field			
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							\$	
							\$	
							\$	
4. Total	only this Page	a				\$		500
5. Total	of ALL CRO-	-1210 Pages				\$	1075	
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100				1275	

				Ame	ndment		
Disbursements	Pg	1	of <u>4</u>		Yes	$\times$	No
Use this form to report expenditures from the committee for operati	ng exnenses	contrib	outions to cand	idate/poli	tical		

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

	ull Name (and Fun				2. ID Number	
Committee To I	Elect Chas L Sampso	on				
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each t	ype of Disburser	ment.)	
Operating E			ndidates/Political Committees	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	oordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
	ng Address & Phone	Lane of the same o	b. Coordinated Committee N		d. Comments	
(include city, state,						
Call Fire	cc zipj		1			
Online			c. Level Registered (Specify)			
Omme			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
			State	withincipanty.	c. Election Sum to Date	
					\$ 119	
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 rayment	n, r ur post cout	i, Date (iiiii/dd/yyyy)	J. Amount		
	Online	K	9/5/2017	\$119	Phone	
				\$		
4. Payee Inform	N. C. A. C. Strand Strand Strand		Add	Remove		
0000	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Facebook						
Online			c. Level Registered (Specify)			
			Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
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					\$ 30.26	
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	ng Address & Phone		b. Coordinated Committee N		d. Comments	
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N 1000 1000 1000 MM	1.50	1.53	0 if Contrib to Candidates/Politic		T	
			0 if Coordinated Party Expenditu	ires)		
	es (List detailed exp			Daling St. Prof. J.		
A* - Media						
E - Salaries	F* - Equipment				g Public Office Expenses	
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donati	on to Legal Expense Fund	
O* - Other	e detailed explanati	ion in required v	emarks field (b)			
Cours requir	e detaned explanati	on in required re	vinar no riviu (n)			

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

	coordinated party ex	ic.			A TO W		
	ull Name (and Fun				2. ID Number		
	Elect Chas L Sampson						
3. Type of Disbu	ursement (Plea		RO-1310 forms for each t				
Operating E	xpenses	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	ame	d. Comments		
(include city, state,	& zip)				3		
AGE Graphics							
Online			e. Level Registered (Specify)				
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			State 🖂	Municipality:	e. Election Sum to Date		
0. 225							
					\$ 235		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		MASS			Brochures		
	Online	В	9/21/2017	\$235			
				760			
				\$			
4. Payee Inform	ation		Add	Remove			
		N. A. PROPERTO OF THE PARTY	b. Coordinated Committee Na		d. Comments		
150	ng Address & Phone		b, coordinated committee ive	ame	u. comments		
(include city, state, Blank Shirts	& zip)						
			a Lauri Danistauri (Curaifo)				
Online			c. Level Registered (Specify)	Committee			
			Federal	County:	Florida Company		
			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 267.94		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Online	В	9/28/2017	\$267.94	Marketing		
	Offiffic	В	7/20/2017	\$207.54			
				S			
				X2X			
4. Payee Inform	ation		Add	Remove	Share and the state of the stat		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,							
Jason Smallwoo	d						
Online			c. Level Registered (Specify)				
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			State 🖂	Municipality:	e. Election Sum to Date		
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					\$ 1000		
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	CRO-1310 Pages						
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			0 if Contrib to Candidates/Politic	cal Comm)	\$		
		5	0 if Coordinated Party Expenditu				
	es (List detailed ex			eta il competto si			
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate		
E - Salaries	F* - Equipment				Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund		
O* - Other							
* Codes requir	e detailed explanati	ion in required re	emarks field (k)				

No

Disbursements
---------------

Amendment Yes

X

No

**Disbursements** Pg  $\underline{3}$  of  $\underline{4}$   $\square$  Ye Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and run						2. ID Number
	Elect Chas L Sampso		an c	1210 6	-1.4	CDLL	
3. Type of Disbu				D-1310 forms for ea			
Operating E		Contributions to Car			es		ordinated Party Expenditures
4. Payee Inform			1	Add Commit	L No	Remove	
	ing Address & Phone		D.	b. Coordinated Committee Name			d. Comments
(include city, state,	& zip)		-				
ExTexting			-				-
Online			c.	Level Registered (Spe	ecify)	-	
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			L	State	$\boxtimes$	Municipality:	e. Election Sum to Date
							\$ 49
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	Offilite	K		10/2/2017		\$49	
						\$	
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Ciniii.			-	Federal		County:	
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		J	-	Johns		municipanty.	24 care and statement where the code is code in the control of the code in the
			L				\$ 99.90
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(include city, state, &	& zip)		-				
Call Fire		J	_	- 15 1. 1/0	•••		,
Online		1	с,	Level Registered (Spec	city)		
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5. Total only this			AUDE				\$ 267.23
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14 SOUTH DESCRIPTION OF STREET	line 13a of Detailed Sum line 13b of Detailed Sum	MODELLO DE MARTINE EN LA CASA EN CONTRACTOR			Dolitica	al Canna)	\$
A CONTRACTOR OF THE PROPERTY O	line 13c of Detailed Sum line 13c of Detailed Sum	Annual Contract of the Contrac				NEDE SOUNDS CONTROL OF THE PERSON OF THE PER	
	es (List detailed exp		_		<i>PH</i> 1111111	resj	
A* - Media	B* - Printing	C* - Fund				D - To Anothe	er Candidate
E - Salaries	F* - Equipment						Public Office Expenses
I - Postage	J - Penalties	K* - Offic		•			n to Legal Expense Fund
O* - Other						व्यवस्थाना विश्ववस्थाति । विश्ववस्थाना विश्ववस्थाना विश्ववस्थाना ।	8
* Codes require	e detailed explanation	on in required re	ema	rks field (k)			

Disbursements

Pg of 4 Yes No

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)  Committee To Elect Chas L Sampson					2. ID Number
3. Type of Dish		ase use separate (	CRO-1310 forms for each		
Operating		Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments
(include city, state ExTexting	, & zip)		_		
Online			c. Level Registered (Specify)		-
Ollinic					_
			State	County:	Plant of the Part
			State	Municipality:	e. Election Sum to Date
					\$ 49
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Online	K	10/29/2017	\$49	Phone
	Omme	K	10/29/2017	349	
		2		\$	
A Daves Inform	nation		111		
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name					1.0
(include city, state,			b. Coordinated Committee N	ame	d. Comments
Call Fire	æ zip)		-		
Online c. Level Registered (Specify)					-
			Federal County:		-
			State	Municipality:	e. Election Sum to Date
					The state of the s
					\$ 118.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Online	K	10/3/2017	\$118.33	Phone
	5200 Fig. 6 Carton Syst	125.1905	13.5,241,	Φ110.55	
				\$	
4. Payee Inform	ation		Add	Remove	
The second secon	ng Address & Phone	KERMINDINEN DAVIN	b. Coordinated Committee Name		d. Comments
(include city, state, & zip)					d. Comments
Call Fire					
Online			c. Level Registered (Specify)		7
			Federal County:		1
			State Municipality:		e. Election Sum to Date
					\$ 119
					\$ 119
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Online	K	10/30/2017	\$119	Phone
				\$	
5. Total only thi	s Page	Oran de la companya del companya de la companya del companya de la			\$ 286.33
6. Total of ALL CRO-1310 Pages					280.33
(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)					\$ 2261.84
(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 E - Salaries	B* - Printing	C* - Fund			ner Candidate
I - Salaries	- =qmpment & romee				Public Office Expenses
O* - Other	o - renames	K" - OHIC	e Expenses	Q^ - Donatio	on to Legal Expense Fund
* Codes require	detailed explanation	on in required re	marks field (k)		