Disclosure Rep					Amendment  Yes No
Do not use this form	eral report and committee	information, must be	e signed and su	bmitted along with	other detailed forms.
1. Committee Inform					
a. Full Name	A STATE OF THE PROPERTY OF THE STATE OF THE		_ Cooling the Cooling Cooling Cool		c. ID Number
Friends of Chris Rey					
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
PO Box 1111					
Spring Lake, NC 283	390				e, Phone Number
					910-644-7373
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	ull Name
2015	1/1/2015	7/3	31/2015	Chris Rey	
6. Type of Committee	e (Check One)	9. Type of Repor	t (check or	nly one type of rep	ort from one category)
Candidate Campai	=	Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa	մ   📙	Organizational	Organizational
Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five da	ly.	Quarterly	Pre-referendum
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 Special
Code-sec		Mid Year En		Semi-annual Mid Year	10. Special Deposit Name
Other:		Final	"	Year End	10. Special Report Name
8. Number of Fundra	aisers this Report	Special	IH	Final	
o, ivamper of Fundi	0	Special		Special	
11. Account Informa	tion		11. Account	Information	
a. Financial Institution Fu	ıll Name		a. Financial Ins	titution Full Name	
BB&T	1				
b. Purpose	c. Account Code	<u> </u>	b. Purpose		c. Account Code
For all					
campaign expenses	d. Period Begin Balance	e			d. Period Begin Balance
	\$ 5,957.03				\$
CERTIFICATION					
I certify that the Comi	nittee or Fund is in compli	ance with all applica	able provisions	of Article 22A, 22	B, & 22D-22M of Chapter 163 of
the NC General Statut	es and that no funds are co	mmingled with prol	pibited drother	non-disclosed fun	ds. I further certify that this report
	correct and that I have been	r trained by the NC	State Board of	Elections.	- //
Chris V. Rey		— <del>(</del>	ignature of Appoin	5	7/31/2015
FOR OFFICE USE ON	Printed Name of Signer		righature of Appoint	ned Treasurer	Vale
Date Received:		Employace			Delivery Method
Date Received.		Employee:			Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:	<u> </u>		Electronically Filed Signer has not received
Date Data Entered	1:	Employee:			mandatory training
Please Note: This	form cannot be used to am	and committee info	rmation such as	the committee ad	dress treasurer assistant treasurer

custodian of books information, or account information.

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

Yes

No

**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			
Friends of Chris Rey	Semi Annual					
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 5,957.03	\$ 5,957.03			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 5,951.76	\$ 5,951.76			
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	W0.552 542 W					
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)	lc. 11d and 11e)	\$	\$			
EXPENDITURES						
13) Disbursements		2 2 2 2 2	2 2006 20			
13a) Operating Expenditures	(CRO-1310)	\$ 3,086.28	\$ 3,086.28			
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)	\$	\$			
17) In-Kind Contributions	(CRO-1510)	\$	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 3,086.28	\$ 3,086.28			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 8,822.51	\$ 8,822.51			
ADDITIONAL INFORMATION						
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	(CRO-1215)	\$	\$			

## Contributions from Individuals Pg 1 of 17 Yes No 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

1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
Friends o	f Chris Rey							
3. Contri	butor Informati	on	$\boxtimes$	Add 🗌 R	emove			
	ne, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession Consultant	on	d. Commer	ıts	
	vard Drive			c. Employer's Name/	Specific Field	-		
	GA, 30337			HP	Specific Field	1		
						e. Election	Sum to Date	
						\$	35.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-R	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			5/28/20	015	\$	35.00
			-				\$	
							\$	
3. Contri	butor Informatio	on		Add Re	emove			
a. Full Nam	e, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its	
70 (45)	city, state, & zip)			Attorney				
Allen Rog				E de la New W	S16. 151.14	-		
	lle, NC 28301			c. Employer's Name/S Rogers Law Firm		-		
Tayettevii	ne, 14C 26501			Rogers Law Tilli		e. Election S	Sum to Date	
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Check			3/10/20		\$	300.00
							\$	
							\$	
3. Contril	butor Informatio	on		Add Re	emove			
	e, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commen	ts	
(include o	city, state, & zip)	· · · · · · · · · · · · · · · · · · ·		Business Analyst				
4661 Buck				c. Employer's Name/S	Specific Field			
	i, OH 45245			Tata Consultancy				
						e. Election S	Sum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			2//27/20	)15	\$	20.00
							\$	
	1847						\$	
4. Total	only this Page	e				\$		355.00
5. Total					CALTA SAME ESTABLISHED BEOWING TO			

		m Individuals	¢ 5 /	Pg			Amendmen  Yes	
		(and Fund if applica		or contributions und	ier \$30 II form Cr	2. ID Nu		
Friends o	of Chris Rey	<del>-</del>						
3. Contr	ibutor Informati	on	$\boxtimes$	Add 🗌 Re	move			
1	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ıts	
200 20 20 200	city, state, & zip)			Attorney				
Allison (	nut Hill Drive			c. Employer's Name/S	necific Field	-		
	ay, NY 11771			Garvey Schubert I				
						e. Election S	Sum to Date	
						\$	35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Online			1/03/2	015	\$	35.00
							\$	
							\$	
3. Contr	butor Informatio	on	$\boxtimes$	Add 🗌 Re	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include Andre Di	city, state, & zip)			Management Cons	sulting			
100000000000000000000000000000000000000	llerson Estates Cou	urt		c. Employer's Name/S	pecific Field	1		
100000000000000000000000000000000000000	GA 30064			Daugherty Busines				
						e. Election S	Sum to Date	
				=	-	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	yyy)	k. Amount	
		Online			2/27/2	015	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rei	nove			
	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			President				
Andre Lo 444 2 <sup>nd</sup> A				c. Employer's Name/S <sub>I</sub>	necific Field			
	k, NY 10010			CPR Management		-		
				·		e. Election S	Sum to Date	
						\$	140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			7/25/20	)15	\$	140.00
							\$	
							\$	

\$

\$

275.00

5,951.76

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)

				Amer	ıdment		
Pg	3	of	17_		Yes	$\boxtimes$	No
ns under	\$50 if fo	orm CRO 12	205 is n	ot used			
		2.	ID Nui	nber			XIII

Use this	form to report ind	ividual contributions	over \$5	0 or contributions un	der \$50 if form CF	RO 1205 is n	ot used	
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nui	nber	
Friends o	of Chris Rey							
3. Contr	ibutor Informati	on		Add 🗌 Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts	
(include Anna Fir	city, state, & zip)			Homemaker				
3 Skye P				c. Employer's Name/S	Specific Field	-		
T	ille, NC 28303			Homemaker	Pressure	1		
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
		Check			1/29/2	015	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on	$\boxtimes$	Add 🗌 Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession	N	d. Commen	ts	
	city, state, & zip)			Analyst				
Anthony 2901 Ber	gamot Court			c. Employer's Name/S	necific Field			
	NC 27614			Local Government				
						e. Election S	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
		Online			2/06/20	015	\$	25.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Re	move			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
Ashley R	city, state, & zip)			Operations Directo	or			
	tborune Drive			c. Employer's Name/Sp	pecific Field	-		
Woodbrid	lge, VA 22191			The Bonner Group				
						e. Election S	um to Date	
						\$	20.16	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j, Date (mm/dd/yy	yy)	k. Amount	
		Online		WC70	1/19/20	015	\$	20.16
							\$	
						,	\$	
THE PROPERTY OF	only this Page					\$		145.16
	of ALL CRO	-1210 Pages Detailed Summary Page Co	RO-1100,			\$		5,951.76
								10 1 Delice 1

Contr	ibutions fro	m Individuals		$\mathbf{P}_{\mathbf{f}}$	g 4 of	17	Amendment Yes	⊠ No
Use this	form to report ind	ividual contributions	over \$50			O 1205 is n	ot used	
1. Comm	nittee Full Name	(and Fund if applica	ble)	用 对性的 经企业证券		2. ID Nui	mber	
Friends o	of Chris Rey							
3. Contr	ibutor Informati	on		Add Re	emove			
a, Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			independent Busin	ness Owner			
	Nuckols			P 1 1 N 10	Control of the second	-		
708 Regg	gie Court ake, NC 28390			c. Employer's Name/S ACN Opportunity	-	1		
Spring L	akc, IVC 20370			//Civ Opportunity	, bbc	e. Election S	Sum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			1/30/20	)15	\$	20.00
							\$	
							\$	
3. Contri	ibutor Informati	on	$\boxtimes$	Add 🗌 Re	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession	E	d. Commen	ts	
	city, state, & zip)			Homemaker				
Betty Ale				F 1 1 N 16	'e E' 11			
	Iain Street Salem, NC			e. Employer's Name/S Homemaker	pecific Field			
WIIISTOIL	Salem, NC			Tiomemaker		e, Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Check			4/10/20	115	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	on	$\boxtimes$	Add 🗌 Re	move			
a. Full Nan	ie, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Retired				
Bobby W	ashington			c Employer's Name/S	nacific Field			

PO Box 1465		c. Employer's Nam	c. Employer's Name/Specific Field				
Fayetteville, NC 28302		U.S Army		e. Election	Sum to Date		
					\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/	уууу)	k, Amour	nt
		Check		1/16/	2015	\$	150.00
						\$	
						\$	
4. Tota	only this Pag	e			\$		220.00
	al of ALL CRO	0-1210 Pages Detailed Summary Page C	CRO-1100)		\$		5,951.76

### Contributions from Individuals Use this form to report individual contributions over

				Amendment					
Pg	_5	of	17_		Yes	$\boxtimes$	No		

Jse this form to rep	oort individual cont	ributions over \$50 or	contributions under	\$50 if form	CRO 1205 is not used

1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	
Friends o	of Chris Rey							
3. Contr	ibutor Informati	on	$\boxtimes$	Add Re	emove			
a, Full Nai	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
100.00	city, state, & zip)			Software Develop	er			
Cara-Lyı		¥				-		
Association Company	remont Woods Dr	rive		c. Employer's Name/S  Excentium	pecific Field			
Alexandi	ria, VA 22309			Excentium		e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	 Kind Description	j. Date (mm/dd/yy		k. Amount	t .
		Online			1/21/20	015	\$	25.00
		Online			1/31/2	015	\$	25.00
							\$	
3. Contr	ibutor Informatio	on the state of the state of		Add 🗌 Re	move			
	ne, Mailing Address &			b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			Officer				
Carl Mos	es II							
	mental Drive			c. Employer's Name/S	pecific Field			
Cameron	, NC 28326			U.S. Army		CHEST TOWN \$100	37 304 57	
						e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Aind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			4/27/20	)15	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rei	move			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			Analyst				
Charlene						-		
	laski Road ine, MD 20613			c. Employer's Name/Sp Federal Governme				
Brandywi	ine, MD 20013			rederal Governme	111.	e. Election S	um to Date	
						\$	60.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			1/19/20	15	\$	20.16
		Online			2/20/20	015	\$	20.16
		Online			3/20/20	)15	\$	20.16
	only this Page					\$		210.48
	of ALL CRO-	-1210 Pages Detailed Summary Page C	RO-1100)			\$		5,951.76
				The second secon				

## Contributions from Individuals 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) Amendment Ves 1. Some this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number

1. Comm	nittee Full Name	(and Fund if applica	ble)	Hopking			2. ID Nu	mber	
Friends o	of Chris Rey								
3. Contri	ibutor Informatio	on	$\boxtimes$	Add [		Remove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title	e/Profes	sion	d. Commer	nts	
(include	city, state, & zip)			Behavio	r Techi	nician			
Charlene	and the state of t								
6 Baltic C						ne/Specific Field	_		
Fort Brag	gg, NC 28307			Carolina	Center	r for ABA		san a 2 yan	
							e. Election	Sum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-le	Kind Descript	ion	j. Date (mm/dd/y	ууу)	k. Amount	
		Online				2/13/2	2015	\$	50.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add [		Remove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title	e/Profess	sion	d. Commen	its	
(include	city, state, & zip)			Manager	ment A	nalyst			
Charles C	- 15 <sup>5</sup>								
page transcort at the page to	ınd Hill Drive					e/Specific Field			
Chesterfie	eld, VA 23832			US Offic	e of Pe	ersonnel Mgmt		420 0 0 0 0 0	
							e. Election	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L Kind Descripti	ion	j. Date (mm/dd/y	ууу)	k. Amount	
		Online				1/14/2	.015	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on	$\boxtimes$	Add [		Remove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title	:/Profess	ion	d. Commen	ts	
	city, state, & zip)			Attorney	Ÿ				
Charles H						/C /C E' II	-		
STATISTICS INTERPRETATION	dowbrook Ter ero, NC 27408			Services-		e/Specific Field	-		
Greensbo	ro, NC 2/408			Services-	·Law r	nun	e. Election 5	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descripti	ion	j. Date (mm/dd/y	yyy)	k. Amount	
		Check				3/25/2	015	\$	100.00
								\$	
								\$	
4. Total	only this Page	e					\$		250.00
5. Total	of ALL CRO	-1210 Pages					ę.		5.051.76
		Detailed Summary Page C	RO-1100	,			\$		5,951.76

No

# Contributions from Individuals 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

1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nun	nber	
Friends o	of Chris Rey									
3. Contr	ibutor Informati	on		Add		Rem	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Ti	itle/Profe	ession		d. Comment	ts	
(include	city, state, & zip)			Attorn	ey					
Charles I	Reece									
	win Road			c. Employer's Name/Specific Field						
Durham,	NC 27707			Rho, Inc.			c. Election Sum to Date			
								e, Election S	oum to Date	
								\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Is	Kind Descri	ption		j. Date (mm/dd/yy	yy) k. Amount		
		Online					1/24/20	)15	\$	200.00
									\$	
									\$	
3. Contri	ibutor Informati	on	$\boxtimes$	Add		Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	itle/Profe	ssion		d. Comment	s	
	city, state, & zip)			HR Di	rector					
Charles 7						vel - 2				
4127 S. E				me/Spe	ecific Field					
Cnicago,	IL 60653			Unemp	noyea			e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
		Online					1/31/20	115	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove			
a. Full Nan	ie, Mailing Address d	& Phone		b. Job Ti		ssion		d. Comment	S	71.15
	city, state, & zip)			Soldier	13					
	ner Fairley			12. 1		(0)	re real			
24 Nutme				Army V			cific Field			
Spring La	ıke, NC 28390			Attily	v ocalis	į.		e. Election S	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L Lind Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
		Online					1/1/20		\$	50.00
									\$	
									\$	
4. Total	only this Pag	e						\$		350.00
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100)	)				\$		5,951.76

		m Individuals ividual contributions o	over \$50	Pg O or contributions und			Amendmen Yes ot used	f No
		(and Fund if applical				2. ID Nui	THE PARTY OF THE P	
Friends o	f Chris Rey							
3. Contri	butor Informatio	on		Add Re	move			
a. Full Nam	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	ts	
Marie Street Co.	city, state, & zip)			President				
Collis Arı				2000 2001 1920 2012 1920	wide name of an			
Children Children	gle Lodge Lane			c. Employer's Name/S		_		
Durham,	NC 27703			Arrick Enterprises	LLC	e. Election S	Sum to Date	
					\$ 100.80			
f, Prior	g. Account Code	h, Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/y		k. Amount	
	g	Online	155 1500	•	5/3/20		\$	100.80
							\$	
							\$	
3. Contri	butor Informatio	on	$\boxtimes$	Add 🗌 Rei	move			
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Title/Profession	d. Comments			
(include	city, state, & zip)			Attorney				
Corinne S					16 E. 11	4		
138 Ber R				c. Employer's Name/Sp	pecific Field	-		
Charlottes	sville, VA 22901			Kaplan		e. Election S	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Online			1/15/2	015	\$	200.00
							\$	
							\$	
	butor Informatio	WARRIED TO THE RESIDENCE OF THE PARTY OF THE		Add Rei	move	d. Commen	te	<b>MARKET</b>

3. Conti	ibutor Informati	on		Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Professi	on	d. Comments		
(includ	e city, state, & zip)		Consultant				
Courtne	y Crowder						
3205 Snowberry Drive Raleigh, NC 27610			c. Employer's Name	/Specific Field			
			Crowder Consul	ting Co.			
34					e. Election	Sum to Date	
					\$	75.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyy	y)	k. Amount	
		Check		2/5/2013	5	s	75.00

f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy	)	k. Amou	nt
		Check		2/5/2015		\$	75.00
						\$	
						\$	
4. Tota	al only this Pag	ge			\$		375.80
5. Tota	of ALL CRO	)-1210 Pages			¢		5 951 76

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

Amendment

Contributions fr	om I	ndividua	S
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		m Individuals		Pį		17_	☐ Yes	No No
		ividual contributions o		or contributions un-	der \$50 if form CR	1		
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nun	ıber	
Friends o	of Chris Rey							
The state of the s	ibutor Informatio			STATE OF STA	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	d. Comment	S		
	city, state, & zip) Fauntleroy			Attorney				
	indale Lane			c. Employer's Name/S	Specific Field	1		
Durham,	NC 27703			Courtney Fauntler	roy, Attorney			
				at law		e, Election Sum to Date		
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			1/14/20	)15	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	on	$\boxtimes$	Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	S	
	city, state, & zip)			Accountant				
Curtis Wo	ette Circle			c. Employer's Name/S	Specific Field			
	lle, NC 28314			Worthy Tax				
		¥				e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	-
		Check			1/27/20	015	\$	100.00
							\$	
							\$	
and the state of t	butor Informatio			STREET, STREET	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comments	S	
Dale Tho	city, state, & zip)	-		Attorney				
	own Forest Lane			c. Employer's Name/S	pecific Field			
Cary, NC	27519			Gray Newell, LLP	)			
						e. Election St	um to Date	
						\$	40.32	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			1/19/20	15	\$	20.16
		Online			2/19/20	015	\$	20.16
							\$	
4. Total	only this Page	e				\$		190.32
	of ALL CRO	-1210 Pages Detailed Summary Page C	'RO-1100	)		\$		5,951.76

		m Individuals	over \$50	Pg O or contributions und		of <u>17</u>	Amendmen  Ves		
		(and Fund if applica				2. ID Nu			
Friends of	of Chris Rey								
3. Contr	ibutor Informati	on		Add 🗌 Re	move				
0.00	me, Mailing Address	& Phone		b. Job Title/Profession	ì	d. Comme	nts		
	city, state, & zip)			Attorney					
Darrell E	ogan erry Laurel Court			c. Employer's Name/S	necific Field	_			
	GA 30339			Federal Governme					
	0					e. Election	Sum to Date		
						\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	L Kind Description	j. Date (mm/dd/	/yyyy)	k. Amount		
		Online			2/27/	2015	\$	200.00	
							\$		
							\$		
3. Contr	ibutor Informatio	on		Add Re	move				
President and Administration of the Control of the	ne, Mailing Address			b. Job Title/Profession		d. Comme	nts		
(include	city, state, & zip)			Retired					
Darryl Pi		ali							
	nbrooke Forest Dr	ive		c. Employer's Name/S Forsyth County Sc		_			
Winston	Salem, NC 27106			roisym county se	moois	e. Election	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Lind Description	j. Date (mm/dd/	уууу)	k. Amount		
		Online			1/14/	2015	\$	50.00	
							\$		
							\$		
3. Contr	ibutor Informatio	on	$\boxtimes$	Add Re	move				
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comme	nts		
	city, state, & zip)			Attorney					
David Co				c. Employer's Name/S	necific Field				
	1810 Winterlochen Road Fayetteville, NC 28305			Beaver, Holt					
	ayenerine, 110 2000					e. Election	Sum to Date		
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount		

				\$
4. Total only th	is Page		\$	750.00

Check

CRO-1210

\$

500.00

April 2007

4/30/2015

5. Total of ALL CRO-1210 Pages

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

\$ 5,951.76

NC State Board of Elections

Contr	ibutions fro	n Individuals				.c. 17	Amendment	t No		
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	vidual contributions	over \$50	P <sub>f</sub> or contributions und		of <u>17</u> 1 CRO 1205 is r				
		and Fund if applica				2. ID Nu				
Friends o	f Chris Rey									
3. Contri	ibutor Informatio	on		Add Re	emove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comme	nts			
(include	city, state, & zip)			Student						
	Newsome									
	olane Way			c. Employer's Name/S	pecific Field					
Fayettevi	lle, NC 28311		unemployed							
					e. Election	e. Election Sum to Date				
						\$	10.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/	dd/yyyy)	k. Amount			
		Online			3/3	31/2015	\$	10.00		
							\$			
							\$			
3. Contri	butor Informatio	on was a second	×	Add Re	move					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	l	d. Commer	nts			
	city, state, & zip)			Homemaker						
Deatrice	Muckle									
790 Rowa	away Ave. Apt. 21	)		c. Employer's Name/S	pecific Field					
Valley St	ream, NY 11581			Homemaker						
						e. Election	Sum to Date			
						\$	25.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/	dd/yyyy)	k. Amount			
		Check			2/	7/2015	\$	25.00		
П							\$			

		\$
3. Contributor Information		
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	CEO	
Deborah Teasley		
2812 Selhurst Drive	c. Employer's Name/Specific Field	
Fayetteville, NC 28306	Southeastern Regional Area	
	Health Center	e. Election Sum to Date
		\$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<u></u>
		Online		2/26/2015	\$	50.00
					\$	
					\$	
4 Tota	l only this Pag	e		S	Ti de la constanta de la const	85.00

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

5,951.76

April 2007

\$

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•	O 83	twill	Itions	s from	mc	13/16	110	6
•	. ( ) ! !			· II OIII		LIVIU		

Pg	_12	of	17_		Yes	$\boxtimes$	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	l. Committee Full Name (and Fund if applicable)								2. ID Number	
Friends o	f Chris Rey									
3. Contri	ibutor Informatio	on	$\boxtimes$	Add		Rem	nove			
	ne, Mailing Address d	& Phone		b. Job T		ession		d. Comment	s	
	city, state, & zip)			Homer	maker					
Debra Jac				o Emplo	woule Ne	malen	ecific Field			
	Oak Lane lle, NC 28314			Homei		шегоре	ecine rieiu			
rayettevi	ne, 14C 20314			lionici	munoi			e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
		Check					1/27/20	015	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	nove			
- 1-1/42-2116 D-12-16	ne, Mailing Address &			b. Job Ti	itle/Prof	ALTERNATION OF THE PARTY OF THE		d, Comments	S	
(include	city, state, & zip)			Chance	ellor					
	unders-White									
18 Appleton PL				-		me/Spe	ecific Field			
Durham,	NC 27705			NCCU				e. Election St	ım to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
		Online					1/31/20	15	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	iove			
	ie, Mailing Address &	& Phone		b. Job Ti				d. Comments	i	
delvin Mo	city, state, & zip)			Deputy	Direct	or				
	ring Road			c. Emplo	ver's Na	me/Sne	cific Field			
	NC 28391			Operat						
				·				e. Election Su	ım to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
		Check					3/2/20	15	\$	50.00
									\$	
									\$	
4. Total	only this Page	e						\$		200.00
	of ALL CRO							\$		5,951.76
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)							

Use this form to report individua	al contributions over \$50	or contributions under	\$50 if form CRC	1205 is not used
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1. Comn	1. Committee Full Name (and Fund if applicable)							2. ID Number		
Friends o	of Chris Rey									
The state of the s	ibutor Informatio	Account of the Control of the Contro		Add Re	move					
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comment	ls			
	city, state, & zip)			Professor						
Dena Bre	ece 1 Shelton Loop			c. Employer's Name/S	necific Field	-				
	lle, NC 28301			Methodist Univers		-				
	,					e. Election S	um to Date			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	/yy)	k. Amount			
		Check			2/2/20	15	\$	100.00		
							\$			
							\$			
3. Contri	butor Informatio	on .		Add Rei	move					
	ie, Mailing Address &		ALLIA TARRES	b. Job Title/Profession	- DOVERNMENT OF THE PROPERTY OF THE PARTY OF	d. Comment	S	a demonstrating constraint		
	city, state, & zip)			Council Member						
Denise A										
3661 Marlowe Avenue				c. Employer's Name/Sp						
Winston 3	Salem, NC 27106			City of Winston Sa	e. Election S	um to Data				
						A STATE OF THE STA				
						\$	100.00			
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount			
		Check			4/10/20	015	\$	100.00		
						w) 110 - 120 (	\$			
							\$			
3. Contri	butor Informatio	n		Add Rer	nove					
a. Full Nam	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	S			
	city, state, & zip)			Dentist						
Dennis Ro	7.5.	n 1								
	cPherson Church le, NC 28303	Koad		c. Employer's Name/Sp Royal Chiropractic						
Tayettevii	iie, 140 20303			Royal Chiropractic	Center	e. Election St	ım to Date			
						\$	500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yy	yy)	k. Amount			
		Online			1/9/201	15	\$	500.00		
							\$			
							\$			
4. Total	only this Page					\$		700.00		
	of ALL CRO-					\$		5,951.76		
(This line	must be on line 6 of l	Detailed Summary Page Co	KU-1100)							

Jse this form to report individual contributions over \$50 or contribu	utions under \$50 if form CRO 1205 is not used
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1. Comm	nittee Full Name	2. ID Nu	2. ID Number						
Friends o	of Chris Rey								
CONTRACTOR SERVICE	ibutor Informatio	Second School for Influence and		Add	A	Remove		<b>建</b>	
	ne, Mailing Address &	& Phone			itle/Profess	ion	d. Comme	nts	
-00-41-670-0-1-01-751	city, state, & zip)			Retired	1				
Dewey SI				Farala	- I- Nam	Warralton Elabel			
PO Box 6						e/Specific Field			
Wilson, N	1C 27894			Retired	1		a Flection	Sum to Date	
							2001 (11000 2 2000 11 2000 20 20 1		
							\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	ption	j. Date (mm/c	dd/yyyy)	k. Amount	8
		Online				1/1	14/2015	\$	20.00
								\$	
								\$	
3. Contri	ibutor Informatic	on		Add		Remove		BERNE STA	
a. Full Nam	ne, Mailing Address é	& Phone		b. Job Ti	itle/Profess	ion	d. Commer	nts	
(include	city, state, & zip)			Execut	ive Direc	tor			
Donald Po			_						
	1994 Penrose Drive					e/Specific Field			
Fayettevil	Fayetteville, NC 28304			Hoke C	County EI	DC		American (1990)	
			1				e. Election	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ind Description j. Date (mm/dd/y			k. Amount	
		Check				2/5	5/2015	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add		Remove			
	re, Mailing Address &	& Phone			tle/Professi	1,000	d. Commen	nts	
	city, state, & zip)			Executi	ive Direc	tor			
Dwayne A						26 16 19.14			
33 W. 60 <sup>tl</sup>			1		yer's Name ncoln Cei	e/Specific Field			
New York	k, NY 10023			Jazz Lu	лсош се	nter	e. Election	Sum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	l Kind Descrip	otion	j. Date (mm/d	dd/yyyy)	k. Amount	
		Check				2/2	20/2015	\$	50.00
								\$	
								\$	
4. Total	only this Page	e					\$		170.00
5. Total	of ALL CRO-	-1210 Pages					\$		5,951.76
(This line	must be on line 6 of	Detailed Summary Page C.	RO-1100)	)					

Pg No 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 Friends of Chris Rey X 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Associate Edith Scott 2848 Royal Lane c. Employer's Name/Specific Field Dallas, TX 75229 Staff Mart e. Election Sum to Date \$ 50.00 f. Prior j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment i. In-Kind Description Online 1/23/2015 \$ 50.00 \$ \$ X Add 3. Contributor Information Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Faculty Floyd Shorter 6438 Touchstone Drive c. Employer's Name/Specific Field Fayetteville, NC 28311 Fayetteville State University 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 Online 1/30/2015 \$ 100.00 \$ \$ X Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Frances Johnson c. Employer's Name/Specific Field 1578 Lillington HWY Spring Lake, NC 28390 Creative Blessings e. Election Sum to Date 25.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount 1/20/2015 \$ Check 25.00 П \$ \$ 4. Total only this Page \$ 175.00 5. Total of ALL CRO-1210 Pages

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

5,951.76

\$

Jse this form to report individual	contributions over \$50	or contributions under \$50	) if form CRO	1205 is not used
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1. Comm	nittee Full Name	(and Fund if applica	ble)			2. ID Nun	iber	
Friends o	of Chris Rey							
3. Contr	ibutor Informatio	on		Add 🗌 Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)	A-10-7		Executive Directo	r			
George E								
PO Box 2				e. Employer's Name/S National Associati		+		
rayettevi	Ile, NC 28302			Advancement of	ion for the	e. Election S	um to Date	
				Orthotics & Prostl	netics	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-18	i. In-Kind Description j. Date (mm/dd		уу)	k. Amount	
	В	Check			2/2/20	AWA .	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on	$\boxtimes$	Add 🗌 Re	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
(include	city, state, & zip)			Real Estate Broker				
George T								
2504 E. Pelican Drive				c. Employer's Name/S				
Oak Islan	d, NC 28465			Lancaster Helms F	layer	e. Election S	um to Data	
						VEN	HOW WAS	
						\$	100.00	
f. Prior	g. Account Code	h, Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			1/30/20	115	\$	100.00
							\$	
							\$	T
3. Contri	butor Informatio	on the second se		Add Rei	move			
	ie, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments	S	
	city, state, & zip)			Co-op Specialist				
Gregory A				c. Employer's Name/Sp	positio Field			
	ersburg, FL 33704			Autotrader.com	reme ricia			
Same rece	730tilg, 1 E 55704			7 tutottutori.com		e. Election St	ım to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Online			1/30/20	15	\$	50.00
							\$	
				240			\$	
4. Total	only this Page	e				\$		250.00
	of ALL CRO					\$		5,951.76
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)					

Amendment Yes M 17 of 17\_

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 Friends of Chris Rey 3. Contributor Information  $\boxtimes$ Add П Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Pharmacist Robert Bizzell 3423 Buena Vista Court c. Employer's Name/Specific Field Kinston, NC 28504 Realo Discount Drugs e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ Online 1/08/2015 250.00 \$ \$  $\boxtimes$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Senior Managing Director Reginald Browne e. Employer's Name/Specific Field 9 Larkspur Lane Newton, PA 18940 Cantor Fitzgerald e. Election Sum to Date 500.00 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code \$ Online 3/1/2015 500.00 \$ \$ 3. Contributor Information X Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments General Manager (include city, state, & zip) Steven Roberts 1408 N. Kingshighway Blvd. c. Employer's Name/Specific Field Saint Louis, MO 63113 SCD Investment, LLC e. Election Sum to Date 500.00 \$ g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1/31/2015 \$ 500.00 Online \$ \$ \$ 4. Total only this Page 1,250.00 5. Total of ALL CRO-1210 Pages

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

5,951.76

\$

**Disbursements** 

Amendment

 $\boxtimes$ 

No

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

1. Committee F	2. ID Number				
Friends of Chris  3. Type of Disb		ana una canquata (	ODO 1210 forms for analy	tong of Dighunga	
Operating E		The state of the s	CRO-1310 forms for each I andidates/Political Committees		oordinated Party Expenditures
4. Payee Inform		× × × × × × × × × × × × × × × × × × ×	Add	Remove	oordinated raity Expenditures
	ling Address & Phone	<u> N</u>	b. Coordinated Committee N		d. Comments
(include city, state,			Di Cool Ministry Commission	mine	ui commence
NGP VAN, Inc.			†		
1101 15 <sup>th</sup> St., N			c. Level Registered (Specify)		$\dashv$
Washington, DO			Federal	County:	-
1, 40,111,5,0,	2.20000		State	Municipality:	c. Election Sum to Date
			L. Oliver Keed	munerpara,	\$ 640.00
C 1 sunt Code	To Establish Daymant	h. Purpose Code	1 B ( 1 (14/mm)	Tananana,	28 
f. Account Code	g. Form of Payment	1/2	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	С	1/3/2015	\$320.00	Fundrasing Software
	Debit Card	С	2/4/2015	\$320.00	Fundraising Software
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
NGP VAN, Inc.			1		
1101 15 <sup>th</sup> St., N			c. Level Registered (Specify)		7
Washington, DC			Federal	County:	7
NOT THE STATE OF THE VAN	2 <del></del>		State	Municipality:	e. Election Sum to Date
					\$ 640.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	С	3/2/2015	\$320.00	Fundraising
	Deon cara		31212015	φ320.00	Software
	Debit Card	С	4/3/2015	\$320.00	Fundrasing Software
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, d	& zip)				
NGP VAN, Inc					
1101 15 <sup>th</sup> St., N	W Ste 500	J	c. Level Registered (Specify)		7
Washington, DC		1	Federal	County:	1
<u> </u>		1	State	Municipality:	e. Election Sum to Date
			29/20/8Kushanan	erit to the transfer of the tr	0 (10.00
					\$ 640.00
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	С	5/2/2015	\$320.00	Fundrasing Software
	Debit Card	С	6/2/2015	\$320.00	Fundrasing Softward
5. Total only this	s Page				\$ 1,920.00
	CRO-1310 Pages				
	line 13a of Detailed Sum	unary Page CRO-1100	) if Operating Expenses)		2.007.20
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	0 if Contrib to Candidates/Politic	al Comm)	\$ 3,086.28
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	) if Coordinated Party Expenditu	ires)	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund	Iraising	D - To Anoth	
E - Salaries	F* - Equipment	G - Politica	주		g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ee Expenses	Q* - Donatio	on to Legal Expense Fund
O* - Other	adatatlad avnlanati	an in paguipad pa	Cold (Id)		
" Coues require	e detailed explanation	on in required re	marks neid (k)		

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

	full Name (and Fun	d if applicable)			2. ID Number	
Friends of Chris						
3. Type of Disb			CRO-1310 forms for each t	ype of Disburser	ment.)	
Operating E			ndidates/Political Committees		oordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Direct Connect						
3901 Centervie	w Dr		c. Level Registered (Specify)			
Chantilly, VA 2	20151		Federal	County:		
o <b>∞</b> 10€			State 🖂	Municipality:	e. Election Sum to Date	
				2000.000.000.0000.0000.0000.0000.0000.	\$ 259.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Debit Card	С	1/2/2015	\$68.42	Credit Card	
	Deon cura		1/2/2015	ψ00.12	Process Fee	
	Debit Card	C	2/2/2015	\$191.04		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,						
NGP VAN, Inc			1			
1101 15th St., N	IW Ste 500		c. Level Registered (Specify)		7	
Washington, DO			Federal	County:	7	
manington, De 2000			State	Municipality:	e. Election Sum to Date	
				manerpanty.	C. Election Sum to Bate	
					\$ 320.00	
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Debit Card	С	7/2/2015	\$320.00	Fundrasing	
	Deon Card	C	11212013	\$320.00	Software	
				\$		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee Na	Total Control of the	d. Comments	
(include city, state,			bi condimited committee in			
Direct Connect	& zip)					
3901 Centerviev	D		a Lavel Begistered (Specific)		-	
			c. Level Registered (Specify)		-	
Chantilly, VA 2	0131		Federal	County:	DI C I DI	
			State 🖂	Municipality:	e. Election Sum to Date	
					\$ 223.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Debit Card	С	3/2/2015	\$165.26	Credit Card	
	Deon Card		31212013	\$103.20	Process Fee	
	Debit Card	С	4/2/2015	\$58.13	Credit Card	
	Deon Card	C	4/2/2013	\$30.13	Process Fee	
5. Total only thi	s Page				\$ 802.85	
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	o if Operating Expenses)		¢ 2,096,29	
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	f Contrib to Candidates/Politic	al Comm)	\$ 3,086.28	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	) if Coordinated Party Expenditu	res)	State	
7. Purpose Code	es (List detailed exp	enditure code in (	(h.) above)			
A* - Media	B* - Printing	C* - Fund	Iraising	D - To Anoth		
E - Salaries	F* - Equipment	G - Politic	al Party		g Public Office Expenses	
I - Postage	J - Penalties	K* - Offic	e Expenses	Q* - Donatio	on to Legal Expense Fund	
O* - Other	nica da compre mini e tocamote	And A company on a second			OFFICE AND DESCRIPTION OF THE PROPERTY OF THE ADMINISTRATION OF THE PROPERTY OF THE ADMINISTRATION OF THE ADMI	
* Codes require	detailed explanati	on in required re	marks field (k)			

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

	Full Name (and Fun	d if applicable)			2. ID Number
Friends of Chr			CDO 1210 C C 1	CDIT	
3. Type of Dist			CRO-1310 forms for each andidates/Political Committees		
4. Payee Inform			Add	Remove	Coordinated Party Expenditures
			b. Coordinated Committee Name		d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)			bi coordinated committee (valid		u, comments
Direct Connect			-		
3901 Centervie			c. Level Registered (Specify)		-
Chantilly, VA 20151			Federal County: State Municipality:		
					e. Election Sum to Date
					\$ 93.77
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	С	5/4/2015	\$47.84	Credit Card
	Deon Card		3/4/2013	347.04	Process Fee
	Debit Card	С	6/1/2015	\$45.93	Credit Card
			12 42 15 5E		Process Fee
4. Payee Inform	11.00		Add Remove		
	ling Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,			_		0
Worth Printing			- I I I I I I I I I I I I I I I I I I I		_
Fayetteville, NC			c. Level Registered (Specify)  Federal County:		-
			State	County:	e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$ 254.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	В	1/16/2015	\$254.66	Envelopes
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	, <del></del>				
(mende enjy, sinte,	24 2.10		1		
			c. Level Registered (Specify)		
			Federal County: State Municipality:		7
					e. Election Sum to Date
					\$ 15.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ii recount cout					Filing Fee
	Cash	О	7/15/2015	\$15.00	Timig rec
				\$	
5. Total only th	is Page				\$ 363.43
6. Total of ALL CRO-1310 Pages					Ψ 303.113
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					0.004.00
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 3,086.28
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coordinated Party Expendite	ures)	
7. Purpose Cod	es (List detailed exp				医阿利克特氏膜炎 原始 医多种性皮肤炎
A* - Media	B* - Printing	C* - Fund	raising D - To Another		
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation O* - Other					on to Legal Expense Fund
	e detailed explanation	on in required re	emarks field (k)		