Disclosure Rep			140	× 1 1	r 20 y r 2 90		Yes No
	ral report and committee	informa	tion, must be	signed and su	ibmitted along with	1 other	detailed forms.
Do not use this form to						THE STREET	
1. Committee Inform	ation						. ID Number
a. Full Name Friends of Chris Rey							1D Pulliber
rifelias of Clins Rey							
b. Mailing Address (includ	le City, State and Zip Code)					d	. Date Filed
PO Box 1111							
Spring Lake, NC 2839	00						
						e.	. Phone Number
							910-644-7373
2. Report Year 3	. Period Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Date	5. Treasurer F	ull Na	me
2015	8/1/2015			2/2015	Chris Rey		
6. Type of Committee	(Check One)	9. Tv	pe of Report	(check o	only one type of rep	ort fro	m one category)
Candidate Campaig	C	Munic			County		Leferendum
PAC	Referendum		Organizational		Organizational		Organizational
Independent	Joint Fundraiser	\boxtimes	Thirty-five day	,	Quarterly		Pre-referendum
Expenditure Legal Expense Fund	<u> </u>). 		And Market and Antonios and Ant		
	(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
		님	Mid Year		Semi-annual	1	O. Curriel Descrit Name
Other:		님	Year End Final	'	Mid Year Year End	1	0. Special Report Name
8. Number of Fundra	igang this Danart		Special		Final		
8. Number of Fundra	isers this Report	🗀	Special		Special		
	0	SSAINLASS SE		11 Assount	Information	IN ROBERT	
11. Account Informat				THE RESERVE OF THE PARTY OF THE	stitution Full Name		
BB&T	пуаше			a, r mauciai iii	stitution I un i vanic		
b. Purpose	c. Account Code			b. Purpose			c. Account Code
For all				•			
campaign							
expenses	d. Period Begin Balanc	e					d. Period Begin Balance
	\$ 8,822.51						\$
CERTIFICATION	*						
I certify that the Comm	nittee or Fund is in compl	iance w	ith all applica	ble provisions	s of Article 22A, 2	2B, & 2	22D-22M of Chapter 163 of
the NC General Statute	es and that no funds are co	mming	led with proh	ibited or other	r non-disclosed fur	ıds. I fi	urther certify that this report
	orrect and that I have been	n traine	d by the NC S	State Board of	Elections.		9/10/21-
Chris V. Rey	D.i. t. IN of Ciones		- F	ignature of Appoi	intad Transurar	3	9/28/20/5 Date
FOR OFFICE USE ON	Printed Name of Signer			ignature of Appor	med reasurer		Date
- AND STATES SHOWING PROPERTY AND ST			Danlar			Del	ivery Method
Date Received:			Employee:				Normal Mail
Date Postmarked:			Employee:			님	Registered Mail
Date I obtinuited.			Émbara.			님	Hand Delivered Electronically Filed
Date Scanned:			Employee:	-			Signer has not received
Date Data Entered	;		Employee:				mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

Yes

No

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	
Friends of Chris Rey	Thirty-Five Repor	t	
Start of Election Cycle: January 1,	2015	Total this Reporting Peri	Total this od Election Cycle
4) Cash on Hand at Start		\$ 8,822.51	\$ 8,822.51
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 302.24	\$ 302.24
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	tions (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, 1	llc, 11d and 11e)	\$ 302.24	\$ 302.24
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,790.14	\$ 8,790.14
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)	\$ 8,790.14	\$ 8,790.14
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ıbtract line 18)	\$ 352.37	\$ 352.37
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) <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	Individ	uals
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		m Individuals ividual contributions o	over \$50		g <u>1</u> of nder \$50 if form CF		Amendme Ye not used	5-3
		(and Fund if applica				2. ID Nu		
Friends o	of Chris Rey							
3. Contr	ibutor Informati	on		Add 🗌 R	emove	LILARIS		
a. Full Nai	ne, Mailing Address	& Phone		b. Job Title/Profession	d. Commer	nts		
	city, state, & zip)			Program Analysi	S			
Keith Slade 455 Park Road NW Washington, DC 20010				c. Employer's Name/	_			
				DC Government	Specific Field	_		
wasning	ton, DC 20010					e. Election	Sum to Date	
						\$	40.32	
f. Prior	g. Account Code	h. Form of Payment	[i In-l	Kind Description	j. Date (mm/dd/y	vvv)	k. Amount	6
i. Prior	g. Account Code	Online	1, 111-1	Kind Description	8/2/20	Anticopy	\$	20.16
		Online		9/2/		016	\$	20.16
	1						\$	
3. Contr	ibutor Informati	on		Add 🗌 R	emove			
Art Class Population	ne, Mailing Address			b. Job Title/Profession d.			nts	
	city, state, & zip)			Director, Govern	ment Relations			
Ronald N				E I Is Name/	Casalda Elald	_		
	r Dance Way GA 30290			c. Employer's Name/ Boys & Girls Clu	-			
Tyrone, C	JA 30290			Boys & Giris Cit	e. Election Sum to Date			
						\$	40.32	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	0	Online			8/3/20)16	\$	20.16
		Online			9/3/2	016	\$	20.16
							\$	
3. Contr	ibutor Informati	on		Add 🗌 R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	city, state, & zip)			Captain		;		
Kevin Barrett 19721 SW 117 th Court				c. Employer's Name/	-			
19721 SW 117 th Court Miami, FL 33177				United States Ma				
						e. Election Sum to Date		
						\$	40.32	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
		Online			8/5/20)15	\$	20.16
		Online			8/5/2	015	\$	20.16
							\$	
4. Tota	l only this Pag	e				\$		120.96
	l of ALL CRO	9-1210 Pages Detailed Summary Page C	RO-110	0)		\$		302.24

Contributions from Individuals

Amendment

Q 2 of 4 Ves No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) Friends of Chris Rey \boxtimes Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Officer (include city, state, & zip) Jeth Rey c. Employer's Name/Specific Field 118 Arlington Drive Cameron, NC 28326 U.S. Army e. Election Sum to Date 40.32 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description \$ 20.16 Online 8/8/2015 \$ 9/8/2015 20.16 П Online \$ X Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Owner Kenneth Canty c. Employer's Name/Specific Field 695 Fair Spring Drive Freeland Construction Co., Inc Charleston, SC 29414 e. Election Sum to Date 20.16 \$ k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description \$ 20.16 Online 8/10/2010 S П S \boxtimes Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone HR Officer (include city, state, & zip) Rosa Henegan c. Employer's Name/Specific Field PO Box 51 Town of Spring Lake Blenheim, SC 29516 e. Election Sum to Date 20.16 \$ k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) \$ 20.16 8/11/2015 Online \$ \$ \$ 80.64 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 302.24

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

Contributions from Individuals

Pg _3 of _4 ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) Friends of Chris Rey \boxtimes Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Engineer (include city, state, & zip) Roshad Montgomery c. Employer's Name/Specific Field 3328 Lynnhurst Blvd. **NSWC Carderrock** Chesapeake, VA 23321 e. Election Sum to Date 20.16 k. Amount f. Prior h, Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code \$ 8/11/2015 20.16 Online \$ \$ X 3. Contributor Information Add Remove d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) Sales Manager Lezell Lowe c. Employer's Name/Specific Field 208 Stallion Run Auto Zone Lexington, KY 40511 e. Election Sum to Date 20.16 k. Amount f. Prior i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment g. Account Code \$ 20.16 8/14/2015 Online \$ \$ M 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Director of Operations (include city, state, & zip) Sonny Kelly c. Employer's Name/Specific Field 310 Snowhill Road Fayetteville Urban Ministry Fayetteville, NC 28306 e. Election Sum to Date 20.16 j. Date (mm/dd/yyyy) k. Amount h. Form of Payment i. In-Kind Description f. Prior g. Account Code 8/15/2016 \$ 20.16 Online \$ \$ \$ 60.48 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 302.24

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

Amendment Yes M No of

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 Friends of Chris Rey \boxtimes Add 3. Contributor Information Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Homemaker (include city, state, & zip) Kiimberly Barlow 3502 E. Gore Blvd c. Employer's Name/Specific Field Lawton, OK 73501 Unemployed e. Election Sum to Date 20.16 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code \$ 8/16/2015 Online 20.16 \$ \$ 3. Contributor Information \boxtimes Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Andre Logan 444 2nd Ave c. Employer's Name/Specific Field New York, NY 10010 **CPR Management Group** e. Election Sum to Date 20.00 \$ j. Date (mm/dd/yyyy) k. Amount f. Prior h. Form of Payment i. In-Kind Description g. Account Code Online 8/25/2015 \$ 20.00 \$ \$ 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$
					\$

4. Total only this Page	\$	40.16
5. Total of ALL CRO-1210 Pages	\$	302.24
(This line must be on line 6 of Detailed Summary Page CRO-1100)	*	002121

T									
1)	16	h	11	rs	0	m	0	n	te
•	10	v	ш	10	•		v	AR.	LO

Pg <u>1</u>

of 2

Amendment Yes

No

 \boxtimes

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							
Friends of Chris	s Rey						
3. Type of Disb	ursement (Plea	se use separate C	CRO-1310 forms for each t	ype of Disbursen	ient.)		
Operating E	xpenses	W- 1000 HOUSE THE STREET	ndidates/Political Committees	Cc	oordinated Party Expenditures		
4. Payee Inform	nation	\boxtimes	Add 🔲	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
NGP VAN, Inc.							
1101 15 th St., NW Ste 500			c. Level Registered (Specify)				
Washington, DO	20005		Federal	County:			
			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 320.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		0	0/2/2015	6220.00	Fundrasing		
	Debit Card	С	8/3/2015	\$320.00	Software		
				\$			
				\$			
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)						
Direct Connect							
3901 Centerview	w Drive		c. Level Registered (Specify)				
Chantilly, VA 2	0151		Federal	County:			
			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 28.82		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
n recount code					Fundraising		
	Debit Card	C	8/3/2015	\$14.41	Software		
				2 0 8 70 87	Fundrasing		
	Debit Card	С	9/2/2015	\$14.41	Software		
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
Chef Pam	ec zip)		1				
Greensboro, NC	•		c. Level Registered (Specify)				
Greensoore, rec	2)		Federal	County:	1		
			State	Municipality:	e, Election Sum to Date		
					\$ 200.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ii Account Cour		• *************************************			Catering		
	Check	O	8/1/2015	\$200.00			
				\$			
5. Total only thi	s Page				\$ 548.82		
	CRO-1310 Pages						
		mary Page CRO-110	0 if Operating Expenses)				
10 10 10 10 10 10 10 10 10 10 10 10 10 1	and the same of th		0 if Contrib to Candidates/Politic	al Comm)	\$ 8,790.14		
	970		0 if Coordinated Party Expenditu				
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses		
I - Postage	J - Penalties		ce Expenses	Q* - Donatio	n to Legal Expense Fund		
O* - Other	1616-2016-1907-2019-2010-1012-1012-1014-1		seemaka para para para para para para para p		containing was and continue of the use Allert was a sufficient		
* Codes require	e detailed explanati	on in required re	emarks field (k)				

Disbursements

Pg 2

of 2

Amendment

Yes

No

 \boxtimes

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

	Full Name (and Fur	id if applicable)			2. ID Number
Friends of Chri					
3. Type of Disb			CRO-1310 forms for each		
Operating I			andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	和2001日全年间等3月日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日
	ing Address & Phone		b. Coordinated Committee N	same	d. Comments
(include city, state,			-		
Christopher Sm			. I D 4 (6 6.)		
16707 Governo			c. Level Registered (Specify)		-
Bowie Md, 370	170			County:	e. Election Sum to Date
			State Municipality:		e, Election Sum to Date
					\$ 685.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	О	8/3/2015	\$685.00	Consulting
				6	
		N		\$	
4. Payee Inform			Add	Remove	d. Comments
	ing Address & Phone		b. Coordinated Committee N	aine	G. Comments
(include city, state, Summit Consul			_		
8900 Shallcross			c. Level Registered (Specify)		
Raleigh, NC 27			Federal Federal	County:	-
Raicigii, NC 27	017		State	Municipality:	e, Election Sum to Date
					\$ 6,333.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j, Amount	k. Required Remarks
	Check	С	8/3/2015	\$4,667.00	Fundraising
	Check	С	9/3/2015	\$1,666.66	Fundraising
4. Payee Inform	lation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Brent Caldwell					
Graham, NC			c. Level Registered (Specify)		
			Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 1,222.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			8/3/2015	\$673.66	Consulting
					0 10
	Check	0	9/3/2015	\$549.00	Consulting
5. Total only thi					\$ 5,352.00
6. Total of ALL	CRO-1310 Pages				
	B		0 if Operating Expenses)		\$ 8,790.14
	And the same of th	1/75 200	0 if Contrib to Candidates/Politic		5,7,201.1
			0 if Coordinated Party Expenditu	ires)	
	es (List detailed exp				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			her Candidate g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other				200000	8
	e detailed explanati	on in required re	emarks field (k)		