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

a. Full Name	c. ID Number
COMMITTEE TO ELECT CHALMERS L. McDOUGALD	KCE 4J3
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1826 EICHELBERGER DR FAYETTEVILLE, NC 28303-6257	9/30/2011
	e. Phone Number
	910-488-4635

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2011	9/12/2011	9/29/2011	ALVIN MARSHALL

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☒ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
CARTER BANK & TRUST		CAMPAIGN ACC FOR RECEIPTS AND EXPENDITURES	1
			d. Period Begin Balance
			$ 352.78

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
			d. Period Begin Balance
			$

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.

ALVIN MARSHALL	[signature]	9/30/2011
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: 10-3-11 Employee: Angie

Date Postmarked: Employee:

Date Scanned: Employee:

Date Data Entered: Employee:

RECEIVED OCT 3 2011

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received 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.

Detailed Summary

Amendment ☐ Yes ☒ No

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 CHALMERS L. McDOUGALD	Organizational	KCE 4J3

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 352.78	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 80.00	$ 80.00
6) Contributions from Individuals	*(CRO-1210)*	$ 950.00	$ 3,115.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0	$ 0
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 0	$ 0
9) Loan Proceeds	*(CRO-1410)*	$	$ 1,020.22
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$ 0	$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0	$ 0
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$ 0	$ 0
11c) Outside Sources of Income	*(CRO-1250)*	$ 0	$ 0
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$ 0	$ 0
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0	$ 0
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 1030.00	$ 4,21522
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 184.18	$ 1,996.40
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0	$ 0
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0	$ 0
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 0	$ 0
15) Loan Repayments	*(CRO-1420)*	$	$ 1,020.22
16) Refunds/Reimbursements From the Committee	*(CRO-1320)*	$ 0	$ 0
17) In-Kind Contributions	*(CRO-1510)*	$ 0	$ 0
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 184.18	$ 3,016.62
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 1,198.60	$ 1,198.60
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0	
22) Debts and Obligations owed By the Committee	*(CRO-1610)*	$ 0	
23) Debts and Obligations owed To the Committee	*(CRO-1620)*	$ 0	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0	
25) Administrative Support	*(CRO-1710)*	$ 0	$ 0
26) Forgiven Loans	*(CRO-1440)*	$ 0	$ 0
27) 48-Hour Notice Reports Sum	*(CRO-2200)*	$ 0	$ 0
28) Contributions to be Refunded	*(CRO-1215)*	$ 0	$ 0

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
CHALMER L. McDOUGALD CAMPAIGN	KCE4J3

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	CASH		9/18/2011	$ 40.00
☐ Add ☐ Remove	1	CASH		9/21/2011	$ 40.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page $ 80.00

5. Total of ALL CRO-1205 Pages $ 80.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment ☐ 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
Chalmers L. McDougald	KCE4J3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John W. Williams, Jr. 1783 Hampton Oaks Dr Fayetteville, NC 28314 910-867-2547	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check 7288		9/11/2011	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Harold McLain 535 Anona Dr. Fayetteville, NC 28314 910-867-3339	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check 8951		9/11/2011	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Wille James Bell 17298 HWY 27W. PO Box 485 Olivia, NC 28368	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check11703		9/06/2011	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,115.00

Contributions from Individuals

Amendment ☐ 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
Chalmers L. McDougald	KCE4J3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Charles E. Owens 2341 Vara DR. Fayetteville, NC 28304 910-867-6638	Retired			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check 1308		9/17/2011	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard T. Hadley 1931 Eichelberger Dr Fayetteville NC 28303 910-822-1809	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check 6549		9/17/2011	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dr. Otis T. McMillan 26 Durham Ct. Spring Lake, NC 28390 910-436-3782	Adminstrator	AMEZ Church		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check 8746		9/19/2011	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,115.00

Contributions from Individuals

Amendment ☐ 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
Chalmers L. McDougald	KCE4J3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Judy D. Musgrave 714 Sarazen Dr. Fayetteville, NC 28303 910-822-3966	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check 6470		9/20/2011	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Hervenna M. Pannell 1821 Eichelberger Dr Fayetteville NC 28303 910-822-	Retired			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check 5992		9/23/2011	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gloria G. Williams P. O. Box 23 Raeford, NC 26376 910-875-2205	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check 2225		9/19/2011	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,115.00

Contributions from Individuals

Amendment ☐ 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
Chalmers L. McDougald	KCE4J3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Densie D. Lucas 106 Carmichael Lane Spring Lake NC 28390 910-497-1227	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check 8934		9-22-2011	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Doris Bluitt 1509 Maggie Street Fayetteville, NC 28303 910-822-0301	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check 7361		9-27-2011	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐	1				$
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,115.00

Disbursements

Amendment ☐ 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)	2. ID Number
Chalmers L. McDougald	KCE4J3

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Tyrone Williams 6644 Clinton Rd. Stedman, NC 28391		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 73.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check 2032	O	9//22/2011	$73.41	Re-enbursement
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Lowes Home Center 1929 Skibo Square Fayetteville, NC 28314 910-487-5600		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 3.77

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check 2033	O	9/23/2011	$3.77	advertisement
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Pro Sport Graphics, Inc. 443 Franklin Street Fayetteville, NC 28301 910-423-7823		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 107.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit card	O	0/26/2011	$107.00	name tags
				$	

5. Total only this Page	$ 184.18
6. Total of ALL CRO-1310 Pages *(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)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 1996.40

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* - Other			

*** Codes require detailed explanation in required remarks field (k)**