



Disclosure Report Cover

Use this form for general report and committee information. **Amendment**
 Yes No
Do not use this form to update information.

1. Committee Information	
a. Full Name COMMITTEE TO ELECT JIM ARP	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303	d. Date Filed 10/24/2013
	e. Phone Number (910) 728-2569

2. Report Year 2013	3. Period Start Date (mm/dd/yy) 09/24/2013	4. Period End Date (mm/dd/yy) 10/21/2013	5. Treasurer Full Name WILLIAM R TILL
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CHECKING ACCOUNT FOR COMMITTEE	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 10,232.66		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

William Reginald Till [Signature] 10/24/2013
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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 JIM ARP	2013 Pre-Election		
Start of Election Cycle: January 1, <u>2013</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 10,232.66	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 600.00	\$ 15,400.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,000.00	\$ 1,000.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 250.00
9) Loan Proceeds	(CRO-1410)	\$ 650.00	\$ 774.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 1,332.50
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,250.00	\$ 18,756.50
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,282.15	\$ 13,218.49
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 5.00	\$ 10.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 1,332.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,287.15	\$ 14,560.99
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,195.51	\$ 4,195.51
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 774.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

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) COMMITTEE TO ELECT JIM ARP					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHUCK EPLER 502 SWAN ISLAND CT. FAYETTEVILLE, NC 28311			b. Job Title/Profession AUTO SALES		d. Comments	
			c. Employer's Name/Specific Field EAGLE MOTOR COMPANY		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/07/2013	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) RICHARD L PLAYER III 2220 BAYVIEW DRIVE FAYETTEVILLE, NC 28305			b. Job Title/Profession PRESIDENT/GENERAL CONTRACTOR		d. Comments	
			c. Employer's Name/Specific Field PLAYER, INC.		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	
<input type="checkbox"/>	1	Check		10/07/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOEY WADDELL 630 FOXLAIR DRIVE FAYETTEVILLE, NC 28311			b. Job Title/Profession AUTO SALES		d. Comments	
			c. Employer's Name/Specific Field EAGLE MOTOR COMPANY		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	
<input type="checkbox"/>	1	Check		10/07/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 600.00	

Contributions from Individuals

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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) COMMITTEE TO ELECT JIM ARP					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GARRIS NEIL YARBOROUGH P.O. BOX 705 FAYETTEVILLE, NC 28302-0705			b. Job Title/Profession ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field YARBOROUGH WINTERS & NEVILLE		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	
<input type="checkbox"/>	1	Check		10/04/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHEN ZAHRAN 2222 BAYVIEW DRIVE FAYETTEVILLE, NC 28305-5245			b. Job Title/Profession WINE DISTRIBUTOR, AREA SUPERVISOR		d. Comments	
			c. Employer's Name/Specific Field MUTUAL DISTRIBUTING		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	
<input type="checkbox"/>	1	Check		10/04/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 600.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP			2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) CUMBERLAND COUNTY REPUBLICAN MEN'S CLUB 106 PINECREST DRIVE FAYETTEVILLE, NC 28305-4924			b. Comments	
			c. Election Sum to Date \$ 1,000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		10/15/2013	\$ 1,000.00
				\$
				\$
4. Total only this Page			\$ 1,000.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>			\$ 1,000.00	

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP				2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		GOVT CONTRACTOR/RETIRED ARMY OFFICER		Payment for Relyus Invoice # 13/1365 for printing charges -	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION		10/04/2013	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		1	Credit Card	\$ 650.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 650.00	

Disbursements

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 JIM ARP						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RELYUS 3469 BLACK & DECKER ROAD HOPE MILLS, NC 28348 (910) 221-2701				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$ 9,462.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	10/04/2013	\$ 125.00	RECEPTION SIGN		
1	Check	A	10/04/2013	\$ 500.00	PHOTOGRAPHY CHARGES		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RELYUS 3469 BLACK & DECKER ROAD HOPE MILLS, NC 28348 (910) 221-2701				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$ 9,462.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Cash	B	10/04/2013	\$ 650.00	PRINTING CHARGES -		
1	Check	BI	10/09/2013	\$ 6,507.15	CONTRIBUTION CARDS, PRINTING AND POSTAGE CHARGES FOR MAILERS		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RISE NEWSPAPER FAYETTEVILLE, NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date \$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/16/2013	\$ 500.00	NEWSPAPER		
				\$	ADVERTISEMENT		

5. Total only this Page						\$ 8,282.15	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 8,282.15	

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)							

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP					2. ID Number	
3. Payee Information						
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code 1	c. Form of Payment Draft	d. Purpose Code O	e. Date (mm/dd/yyyy) 10/01/2013	f. Amount \$ 5.00	g. Required Remarks BANKING FEE
4. Total only this Page					\$ 5.00	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 5.00	
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Outstanding Loans

Pg 1 of 1

Amendment
 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		b. Job Title/Profession GOVT CONTRACTOR/RETIRED ARMY OFFICER	d. Comments Opening Balance for BB&T account.
		c. Employer's Name/Specific Field NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION INTERNATIONAL CORP.	e. Start Date (mm/dd/yyyy) 07/12/2013
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 100.00	j. Remaining Loan Balance \$ 100.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		b. Job Title/Profession GOVT CONTRACTOR/RETIRED ARMY OFFICER	d. Comments Payment for Relyus Invoice # 13/1365 for printing charges - (door hangers, contribution cards, reply
		c. Employer's Name/Specific Field NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION INTERNATIONAL CORP.	e. Start Date (mm/dd/yyyy) 10/04/2013
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 650.00	j. Remaining Loan Balance \$ 650.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303		b. Job Title/Profession GOVT CONTRACTOR/RETIRED ARMY OFFICER	d. Comments
		c. Employer's Name/Specific Field NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION INTERNATIONAL CORP.	e. Start Date (mm/dd/yyyy) 07/08/2013
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged NONE	i. Original Loan Amount \$ 24.00	j. Remaining Loan Balance \$ 24.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 774.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 774.00	