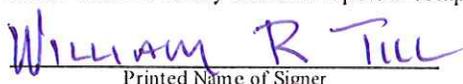
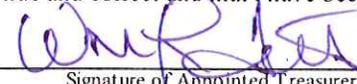


Disclosure Report Cover

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 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 01/24/2014																																					
			e. Phone Number (910) 728-2569																																					
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 10/22/2013	4. Period End Date (mm/dd/yy) 12/31/2013	5. Treasurer Full Name WILLIAM R TILL																																					
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)																																						
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Municipal</td> <td style="width:33%;">State/County</td> <td style="width:33%;">Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																						
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																						
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																						
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																						
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																						
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																						
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																						
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																							
<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																							
<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		10. Special Report Name																																						
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 \$ 4,195.51		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																																								
 Printed Name of Signer		 Signature of Appointed Treasurer		01/31/2014 Date																																				
FOR OFFICE USE ONLY																																								
Date Received: <u>JAN 31 2014</u>	Employee: <u>Jm</u>	Delivery Method																																						
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail																																						
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail																																						
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered																																						
		<input type="checkbox"/> Electronically Filed																																						
		<input type="checkbox"/> 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) COMMITTEE TO ELECT JIM ARP		2. Type of Report 2013 Year End Semi-Annual		3. ID Number	
Start of Election Cycle: January 1, <u>2013</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 4,195.51		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 200.00	\$ 200.00	
6) Contributions from Individuals		(CRO-1210)	\$ 2,550.00	\$ 17,950.00	
7) Contributions from Political Party Committees		(CRO-1220)	\$ 0.00	\$ 1,000.00	
8) Contributions from Other Political Committees		(CRO-1230)	\$ 1,100.00	\$ 1,350.00	
9) Loan Proceeds		(CRO-1410)	\$ 612.88	\$ 1,386.88	
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)			\$ 4,462.88	\$ 23,219.38	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 6,185.03	\$ 19,403.52	
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)	\$ 10.00	\$ 20.00	
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)			\$ 6,195.03	\$ 20,756.02	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 2,463.36	\$ 2,463.36	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 1,386.88		
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	

Aggregated Contributions from Individuals

Page 1 of 1

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	
COMMITTEE TO ELECT JIM ARP						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		11/14/2013	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		11/05/2013	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		11/05/2013	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		11/05/2013	\$	50.00
4. Total only this Page					\$	\$200.00
5. Total of ALL CRO-1205 Pages					\$	\$200.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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	
COMMITTEE TO ELECT JIM ARP						
3. Contributor 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	
RICHARD A GALT 291 SAINT JOHNS WOOD FAYETTEVILLE, NC 28303			ATTORNEY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF-EMPLOYED		\$ 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		11/14/2013	\$ 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)			b. Job Title/Profession		d. Comments	
TONY LANE 2628 THORNGROVE CT FAYETTEVILLE, NC 28303			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			LANE AUTOMOTIVE		\$ 500.00	
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		11/27/2013	\$ 500.00	
<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)			b. Job Title/Profession		d. Comments	
GRAHAM T MOORE 3316 QUARRY DRIVE FAYETTEVILLE, NC 28303			AREA MANAGER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BARNHILL CONTRACTING CO.		\$ 250.00	
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		11/05/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,550.00	

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)					2. ID Number	
COMMITTEE TO ELECT JIM ARP						
3. Contributor 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	
HENRY E PARFITT, MD 112 GREAT OAKS FAYETTEVILLE, NC 28303-4978			DOCTOR			
			c. Employer's Name/Specific Field			
			FAYETTEVILLE UROLOGY			
					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		11/05/2013	\$ 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)			b. Job Title/Profession		d. Comments	
CAMERON W STOUT 1131 LONGLEAF DRIVE FAYETTEVILLE, NC 28305-5278			VICE-PRESIDENT			
			c. Employer's Name/Specific Field			
			STOUT PROPERTIES, INC.			
					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	
<input type="checkbox"/>	1	Check		11/03/2013	\$ 250.00	
<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)			b. Job Title/Profession		d. Comments	
FRANK P STOUT 1130 OFFSHORE DRIVE FAYETTEVILLE, NC 28305			CHAIRMAN/ PRESIDENT			
			c. Employer's Name/Specific Field			
			STOUT PROPERTIES, INC.			
					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	
<input type="checkbox"/>	1	Check		11/03/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,550.00	

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)					2. ID Number	
COMMITTEE TO ELECT JIM ARP						
3. Contributor 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	
MEL WAINGOLD 322-9 BUBBLECREEK CT FAYETTEVILLE, NC 28311			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RAEFORD ROAD AUTO		\$ 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		11/14/2013	\$ 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)			b. Job Title/Profession		d. Comments	
DON G. WELLONS 2004 W. CUMBERLAND STREET DUNN, NC 28335			CONSTRUCTION			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			WELLONS CONSTRUCTION, INC.		\$ 250.00	
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		11/05/2013	\$ 250.00	
<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)			b. Job Title/Profession		d. Comments	
ROBERT P. WELLONS P.O. BOX 730 DUNN, NC 28335			CONSTRUCTION			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			WELLONS CONSTRUCTION, INC.		\$ 250.00	
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		11/05/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,550.00	

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) 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) JOHN H WELLONS JR P.O. BOX 1254 FAYETTEVILLE, NC 28335			b. Job Title/Profession PRESIDENT		d. Comments	
			c. Employer's Name/Specific Field JOHN H. WELLONS FOUNDATION, INC.		e. Election Sum to Date \$ 250.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 11/14/2013	k. Amount \$ 250.00	
<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) MAURICE W WREN 426 SOUTHAMPTON CT FAYETTEVILLE, NC 28305			b. Job Title/Profession REAL ESTATE DEVELOPMENT		d. Comments	
			c. Employer's Name/Specific Field H & H HOMES		e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 11/03/2013	k. Amount \$ 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) RAMOHN L YARBOROUGH 2913 SKYE DRIVE FAYETTEVILLE, NC 28303			b. Job Title/Profession RETIRED		d. Comments	
			c. Employer's Name/Specific Field NEWSPAPER PUBLISHER		e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code 1	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 11/05/2013	k. Amount \$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,550.00	

Contributions from Individuals

Pg 5 of 5

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) 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 \$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Cash		11/05/2013	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,550.00

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

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) NC HOME BUILDERS ASSOCIATION BUILD POLITICAL ACTION COMMITTEE P.O. BOX 99090 RALEIGH, NC 27624			b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		11/03/2013	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407			b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		11/03/2013	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 1,100.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,100.00	

Loan Proceeds

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)				2. ID Number	
COMMITTEE TO ELECT JIM ARP					
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		PURCHASED SUPPLIES FOR SETTING UP CAMPAIGN	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION		12/31/2013	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		1	Cash	\$ 612.88	
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>				\$ 612.88	

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 <i>(include city, state, & zip)</i> JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569				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 \$ 612.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	12/31/2013	\$ 612.88	INVOICE - HARDWARE FOR CAMPAIGN SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> CUMULUS BROADCASTING 1009 DRAYTON ROAD FAYETTEVILLE, NC 28303				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 \$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/28/2013	\$ 1,500.00	RADIO ADVERTISEMENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> 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 \$ 3,652.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	12/30/2013	\$ 3,652.15	PRINTING OF CARDS AND MAILERS		
5. Total only this Page						\$ 5,765.03	
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>						\$ 6,185.03	
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)							

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)						2. ID Number	
COMMITTEE TO ELECT JIM ARP							
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) WIDU RADIO 1338 BRAGG BLVD. FAYETTEVILLE, NC 28301				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	
						\$ 420.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/28/2013	\$ 420.00	RADIO ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 420.00	
6. Total of ALL CRO-1310 Pages						\$ 6,185.03	
<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>							
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

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	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	1	Draft	0	11/01/2013	\$ 5.00	BANKING MONTHLY FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Draft	0	12/02/2013	\$ 5.00	MONTHLY BANKING FEE
<input type="checkbox"/> Remove						
4. Total only this Page					\$	10.00
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	10.00
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

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 tags, contribution tags, copy)
		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 (910) 728-2569		b. Job Title/Profession GOVT CONTRACTOR/RETIRED ARMY OFFICER	d. Comments PURCHASED SUPPLIES FOR SETTING UP CAMPAIGN SIGNS TO REIMBURSE
		c. Employer's Name/Specific Field NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION INTERNATIONAL CORP.	e. Start Date (mm/dd/yyyy) 12/31/2013
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 612.88	j. Remaining Loan Balance \$ 612.88
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1,362.88	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1,386.88	

Outstanding Loans

Pg 2 of 2

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		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			\$ 24.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 1,386.88

CRO-1430

NC State Board of Elections

December 2007