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
VAL APPLEWHITE FOR MAYOR	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
5813 MONDAVI PLACE FAYETTEVILLE, NC 28314	03/21/2014
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	07/01/2013	08/27/2013	VAL APPLEWHITE FOR MAYOR

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	
VAL APPLEWHITE FOR MAYOR	
b. Purpose	**c. Account Code**
RECEIPTS AND EXPENDITURES	100
	d. Period Begin Balance
	$

3. 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

Willie Cooper, Jr. — Printed Name of Signer

[signature] — Signature of Appointed Treasurer

03/21/2014 — Date

FOR OFFICE USE ONLY MAR 25 2014

Date Received: _____ Employee: [signature]

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

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
VAL APPLEWHITE FOR MAYOR	2013 Thirty-five-day	

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4,073.23	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 150.00	$ 240.00
6) Contributions from Individuals	*(CRO-1210)*	$ 16,840.86	$ 20,840.86
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 500.00	$ 515.82
9) Loan Proceeds	*(CRO-1410)*	$ 1,000.00	$ 1,000.00
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	$ 0.00
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)		$ 18,490.86	$ 22,596.68
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 9,193.11	$ 9,193.11
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)*	$ 153.69	$ 186.28
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 335.00	$ 335.00
17) In-Kind Contributions	*(CRO-1510)*	$ 7,065.86	$ 7,065.86
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 16,747.66	$ 16,780.25
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 5,816.43	$ 5,816.43
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 1,000.00	
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

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
VAL APPLEWHITE FOR MAYOR	

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	100	Electric Funds Tran		08/15/2013	$ 25.00
☐ Add ☐ Remove	100	Electric Funds Tran		08/15/2013	$ 25.00
☐ Add ☐ Remove	100	Electric Funds Tran		08/21/2013	$ 50.00
☐ Add ☐ Remove	100	Check		07/09/2013	$ 50.00

4. Total only this Page	$	$150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$150.00

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
VAL APPLEWHITE FOR MAYOR	

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
LATONYA ADAMS 822 SCHLEY DR FAYETTEVILLE, NC 28314	BROKER	FIRST CHOICE INSURANCE AND REAL ESTATE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		08/23/2013	$ 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
KEN APPLEWHITE 5813 MONDAVI FAYETTEVILLE, NC 28314	INSURANCE	AFLAC		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		08/05/2013	$ 2,000.00
☐					$
☐					$

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
ADAM BEYAH PO BOX 40434 FAYETTEVILLE, NC 28309	ACCOUNTANT	BEYAH ACCOUNTING		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 2,300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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
JAMES CUNNINGHAM III 118 WEST 3RD AV. LEXINGTON, NC 27292	ATTORNEY	CAROLINA LITIGATION GROUP		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 200.00
☐					$
☐					$

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
SWAN DAVIS 50B SHADY DR SPRING LAKE, NC 28390	CONSULTANT	NON PROFIT		$ 0.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In-Kind	FOOD AND EQUIPMENT FOR CAMPAIGN OFFICE	08/26/2013	$ 335.00
☐					$
☐					$

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
TYWANNA FRAZIER 5813 BALDINO COURT FAYETTEVILLE, NC	CONTRACTOR	DOD		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		08/05/2013	$ 1,500.00
☐					$
☐					$

4. Total only this Page	$ 2,035.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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
ERNESTO GRAHAM 331 SUMMERTIME RD FAYETTEVILLE, NC 28303	OB/GYN	OFFICE OF ERNESTO GRAHAM		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 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
WILLIAM HUNT 3833 METEOR DR FAYETTEVILLE, NC 28348	CONTTRACTOR	Internet Service Providers, Web Search Portals, and Data Processing Services		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		08/15/2013	$ 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
JENNIFER JACKSON 5041 INVERNESS DRIVE FAYETTEVILLE, NC 28304	EVENTS COORDINATOR	JACKSON CREATIONS		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In-Kind	EVENT COORDINATION	07/09/2013	$ 2,000.00
☐					$
☐					$

4. Total only this Page	$ 2,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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
THADDEUS JENKINS 741 KENSINGTON PARK RD FAYETTEVILLE, NC 28311	MARKETING	THE WRIJEN COMPANY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 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
DENSE JONES 7029 CORDOBA CT. FAYETTEVILLE, NC 28314	SOCIAL WORK	CUMBERLAND COUNTY DEPT. OF SOCIAL SVC.		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		08/05/2013	$ 1,500.00
☐					$
☐					$

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
BILLY KING 739 ASHFIELD FAYETTEVILLE, NC 28311	INSURANCE	STATE FARM INS.		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 125.00
☐					$
☐					$

4. Total only this Page	$ 1,725.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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 KOENIG 1763 WILMINGTON HGWY FAYETTEVILLE, NC 28306	DEVELOPER	JOHN KOENIG INC.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 500.00
☐					$
☐					$

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
CHARLES MCKELLAR 313 WAREHAM CT. FAYETTEVILLE, NC 28311	RETIRED	USAF		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		08/12/2013	$ 500.00
☐					$
☐					$

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
JAMES MITCHELL 12519 OVERLOOK MTN. DR. CHARLOTTE, NC 28216	MANAGER	ICS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/09/2013	$ 250.00
☐					$
☐					$

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)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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
ALBERT POWELL 2417 HOPE MILLS RD. FAYETTEVILLE, NC 28304	OWNER	FIRST SOURCE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In-Kind	PRINTING	07/09/2013	$ 1,000.00
☐					$
☐					$

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
TRINA RIDDLE 125 GREAT OAKS FAYETTEVILLE, NC 28303	EXECUTIVE	RIDDLE PROPERTIES		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		07/23/2013	$ 2,000.00
☐					$
☐					$

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
JAMES ROSE 3113 BRECHIN RD FAY, NC 28303	RETIRED	BEST EFFORT		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		08/06/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 3,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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
NANCY SHAKIR 1105 MARTINDALE DR. FAYETTEVILLE, NC 28304	RETIRED	Educational Services		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		08/12/2013	$ 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
DERRECK STRICKLAND 5811 MONDAVI PL FAYETTEVILLE, NC 28314	SOLDIER	ARMY		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		08/12/2013	$ 300.00
☐					$
☐					$

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
LUTHER TINSLEY 872 WINCHESTER CT. THE VILLAGES, NC 32162	RETIRED	BEST EFFORT		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		08/27/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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
VAL APPLEWHITE FOR MAYOR	

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
DANIEL UBA 109 GREEN STREET FAYETTEVILLE, NC 28301	DOCTOR	RAPHA PRIMARY CARE CTR		$ 3,730.86

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In-Kind	OFFICE SPACE	07/09/2013	$ 3,730.86
☐					$
☐					$

4. Total only this Page	$ 3,730.86
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 16,840.86

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)	2. ID Number
VAL APPLEWHITE FOR MAYOR	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
DJ HAIRE ELECTION CAMPAIGN 709 FILTERPLANT DR FAYETTEVILLE, NC 28301	☒ Candidate ☐ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☐ County: ☒ State ☐ Municipality:	**e. Election Sum to Date** $ 500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Check		07/09/2013	$ 500.00
				$
				$

4. Total only this Page	$ $500.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $500.00

Loan Proceeds

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)	2. ID Number
VAL APPLEWHITE FOR MAYOR	

3. Lender 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. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
VALENCIA APPLEWHITE 5813 MONDAVI PL FAYETTEVILLE, NC 28314	RETIRED	USAF		08/12/2013	

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		100	Check	$ 1,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

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 *(This line must be on line 9 of Detailed Summary Page CRO-1100)*	$ 1,000.00

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
VAL APPLEWHITE FOR MAYOR	

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
BEST BUY SKIBO ROAD FAYETTEVILLE, NC 28314		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 112.72

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	F	08/22/2013	$ 112.72	ROUTER
				$	

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
FAYETTEVILLE PRESS 3635 SYCAMORE DAIRY RD. FAYETTEVILLE, NC 28311		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 800.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	08/16/2013	$ 800.00	ARTICLE
				$	

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
GLOBAL PUBLIC INTELLIGENCE 390 N. ORANGE AV ORLANDO, FL 32801		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	E	08/06/2013	$ 2,000.00	
				$	

5. Total only this Page	$ 2,912.72
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)*	$ 9,193.11

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

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
VAL APPLEWHITE FOR MAYOR	

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	d. Comments
MACK SUMNER COMMUNICATIONS 2001 N. BEAUREGARD ST. ALEXANDRIA, VA 22311	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 4,950.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	08/09/2013	$ 4,950.00	WEBSITE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SPEEDI PRINT 201 FRANKLIN ST. FAYETTEVILLE, NC 28301	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 80.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	08/16/2013	$ 80.25	ENVELOPES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
STAPLES 5075 MORGANTON RD FAYETTEVILLE, NC 28314	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 172.53

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	K	08/05/2013	$ 147.64	SUPPLIES
				$	

5. Total only this Page	$ 5,177.89
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)*	$ 9,193.11

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

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
VAL APPLEWHITE FOR MAYOR	

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	d. Comments
TWO MEN AND A TRUCK 2980 GILLESPIE ST. FAYETTEVILLE, NC 28301	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 487.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	K	08/06/2013	$ 487.50	MOVE FURNITURE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WE PRINT IT 3308 BRAGG BLVD STE: 132 FAYETTEVILLE, NC 28303	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 340.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	08/15/2013	$ 340.00	T-SHIRTS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WOMEN OF WORTH HARVEST CHURCH FAYETTEVILLE, NC 28314	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 275.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	07/24/2013	$ 275.00	PROGRAM
				$	

5. Total only this Page	$ 1,102.50
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)*	$ 9,193.11

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)	2. ID Number
VAL APPLEWHITE FOR MAYOR	

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
☐ Add ☐ Remove	100	Check	H	07/12/2013	$ 48.00	FILING
☐ Add ☐ Remove	100	Debit Card	K	08/20/2013	$ 24.89	SUPPLIES
☐ Add ☐ Remove	100	Debit Card	K	08/19/2013	$ 37.40	TELEPHONE
☐ Add ☐ Remove	100	Debit Card	K	08/07/2013	$ 43.40	TELEPHONE

4. Total only this Page	$ 153.69
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 153.69

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)**

Refunds/Reimbursements From the Committee

Amendment ☒ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)	2. ID Number
VAL APPLEWHITE FOR MAYOR	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SWAN DAVIS 50B SHADY DR SPRING LAKE, NC 28390	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	**h. Original Receipt Date**
	☐ Federal ☐ County: ☐ State ☐ Municipality:	08/26/2013
		i. Original Receipt Amount
		$ 335.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CONSULTANT	NON PROFIT	P	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	FOOD AND EQUIPMENT	08/26/2013	$ 335.00

4. Total only this Page	$ 335.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 335.00

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

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

In-Kind Contributions

Pg 1 of 2 | Amendment ☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
VAL APPLEWHITE FOR MAYOR	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SWAN DAVIS 50B SHADY DR SPRING LAKE, NC 28390	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 0.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD AND EQUIPMENT FOR CAMPAIGN OFFICE	08/26/2013	$ 335.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JENNIFER JACKSON 5041 INVERNESS DRIVE FAYETTEVILLE, NC 28304	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 2,000.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT COORDINATION	07/09/2013	$ 2,000.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ALBERT POWELL 2417 HOPE MILLS RD. FAYETTEVILLE, NC 28304	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 1,000.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING	07/09/2013	$ 1,000.00
		$
		$

4. Total only this Page	$ 3,335.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 7,065.86

In-Kind Contributions

Pg 2 of 2 | Amendment ☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
VAL APPLEWHITE FOR MAYOR	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DANIEL UBA 109 GREEN STREET FAYETTEVILLE, NC 28301	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 3,730.86

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
OFFICE SPACE	07/09/2013	$ 3,730.86
		$
		$

4. Total only this Page	$ 3,730.86
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 7,065.86

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)			2. ID Number
VAL APPLEWHITE FOR MAYOR			
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**		**d. Comments**
VALENCIA APPLEWHITE 5813 MONDAVI PL FAYETTEVILLE, NC 28314	RETIRED		**e. Start Date (mm/dd/yyyy)** 08/12/2013
	c. Employer's Name/Specific Field USAF		**f. End Date (mm/dd/yyyy)**
g. Rate	**h. Security Pledged**	**i. Original Loan Amount**	**j. Remaining Loan Balance**
%		$ 1,000.00	$ 1,000.00
k. Full Name of Lending Institution			**l. Loan Number**
4. Total only this Page			$ 1,000.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*			$ 1,000.00