

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL			FZY2FH	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
5813 MONDAVI PLACE FAYETTEVILLE NC 28314			7/26/2007	
			e. Phone Number	
			910-717-8345	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2007	1/1/2007	07/25/07	VALENCIA ALICIA APPLEWHITE	
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input checked="" type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Branch Banking and Trust Compny				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Account for Receipts and Expenditures	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0		\$	
CERTIFICATION				
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).				
VALENCIA A. APPLEWHITE		<i>Valencia Applewhite</i>		7/26/2007
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	RECEIVED		Employee:	Delivery Method
Date Postmarked:	JUL 27 2007		Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:			Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:			Employee:	<input checked="" type="checkbox"/> Hand Delivered
			Employee:	<input type="checkbox"/> Electronically Filed
			Employee:	<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)		2. Type of Report	2. ID Number	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL		ORGANIZATIONAL	FZY2FH	
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0	\$	
6) Contributions from Individuals (CRO-1210)		\$ 724.00	\$ 724.00	
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)		\$ 0	\$ 0	
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	
12 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 724.00	\$ 724.00	
13 Disbursements				
13a) Operating Expenditures (CRO-1310)		\$ 24.00	\$ 24.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0	
14 Loan Repayments (CRO-1420)		\$ 0	\$ 0	
15 Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0	\$ 0	
16 In-Kind Contributions (CRO-1510)		\$ 0	\$ 0	
17 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 0	\$ 0	
18 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 700.00	\$ 700.00	
19 Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$		
20 Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$		
21 Debts and Obligations owed By the Committee (CRO-1610)		\$		
22 Debts and Obligations owed To the Committee (CRO-1620)		\$		
23 Account Transfers Within the Committee (CRO-1720)		\$		
24 Administrative Support (CRO-1710)		\$	\$	
25 Forgiven Loans (CRO-1440)		\$	\$	
26 48-Hour Notice Reports Sum		\$	\$	

Disbursements

Pg ____ of ____

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	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input 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>				b. Coordinated Committee Name		d. Comments	
<i>Board of Elections 301 E. Russel ST Fayetteville NC</i>				c. Level Registered (Specify)		<i>Filing Fee</i>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date		<i>\$ 24.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>Cash</i>	<i>Other</i>	<i>07/18/2007</i>	<i>\$ 24.00</i>	<i>Filing Fee</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				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		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				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		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH	
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	
MICHAEL LALLIER 500 WILLOW BEND LANE FAYETTEVILLE NC 28308			SALES			
			c. Employer's Name/Specific Field			
			REED LALLIER CHEVROLET			
					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		07/18/2007	\$ 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)			b. Job Title/Profession		d. Comments	
LAURA McCLETTIE P.O BOX 3049 CHARLOTTE NC 28234 704-373-9248			CONSULTANT			
			c. Employer's Name/Specific Field			
			LS McCLETTIE & Assoc.			
					e. Election Sum to Date	
					\$ 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		07/23/2007	\$ 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	
VALENCIA A. APPLEWHITE 5813 Mandeville Place Fayetteville NC 28314			Office Manager			
			c. Employer's Name/Specific Field			
			U.S. Census Bureau			
					e. Election Sum to Date	
					\$ 24.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Cash		07/18/2007	\$ 24.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 724.00	
5. Total of ALL CRO-1210 Pages					\$ 724.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						