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	09/24/2013	10/21/2013	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 of Appointed Treasurer

03/21/2014 — Date

FOR OFFICE USE ONLY

Date Received: MAR 25 2014 — Employee: SC

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 Pre-Election	

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 10,134.43	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 225.00	$ 1,540.00
6) Contributions from Individuals	*(CRO-1210)*	$ 7,095.00	$ 45,285.86
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 250.00	$ 1,015.82
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 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)		$ 7,570.00	$ 48,841.68
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 8,640.97	$ 30,285.44
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)*	$ 73.48	$ 365.40
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 570.00	$ 905.00
17) In-Kind Contributions	*(CRO-1510)*	$ 320.00	$ 9,185.86
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 9,604.45	$ 40,741.70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 8,099.98	$ 8,099.98
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		10/09/2013	$ 25.00
☐ Add ☐ Remove	100	Check		10/15/2013	$ 50.00
☐ Add ☐ Remove	100	Electric Funds Tran		09/28/2013	$ 25.00
☐ Add ☐ Remove	100	Check		10/01/2013	$ 50.00
☐ Add ☐ Remove	100	Electric Funds Tran		10/21/2013	$ 50.00
☐ Add ☐ Remove	100	Electric Funds Tran		10/13/2013	$ 25.00

4. Total only this Page	$	$225.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$225.00

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
PEARLIE ALSTON 3949 BIRKOFF LN FAYETTEVILLE, NC 28304	BROKER	PRUDENTIAL PENFED REALTY		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/06/2013	$ 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
DAVID BATTEN 2615 FAIRVIEW RD. RALEIGH, NC 27608	ATTORNEY	BATTEN-LEE, PLLC		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		10/07/2013	$ 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
EDITH BISHOP 6586 BARLEU HILL CT. FAYETTEVILLE, NC 28314	HAIR SALON	EDITH'S STYLING SALON		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/01/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,095.00

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
MAE BUTLER 765 COUNTRY CLUB FAYETTEVILLE, NC 28311	OWNER	BEST EFFORT		$ 750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/01/2013	$ 750.00
☐					$
☐					$

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
BENJAMIN CLARK III 603 EAST LAKE RIDGE RD RAEFORD, NC 28376	IT	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		10/11/2013	$ 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
THOMAS COUNCIL 3310 LAKE BEND DR. FAYETTEVILLE, NC 28311	RETIRED	EDUCATOR		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/13/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,095.00

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
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	10/07/2013	$ 320.00
☐					$
☐					$

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
VICTOR DAWSON 119 DOBBIN FAYETTEVILLE, NC 28305	MANAGER	Management of Companies and Enterprises		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/09/2013	$ 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
TIMOTHY EVANS 2256 CYPRESS LAKES RD. HOPE MILLS, NC 28348	BROKER	REMAX		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Credit Card		10/06/2013	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 670.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,095.00

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
JASMINE FROWNER 904 SCULLY DR. FAYETTEVILLE, NC 28314	MANAGER	Health and Personal Care Stores		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/15/2013	$ 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
TERRY HUTCHENS 1117 OFFSHORE DR. FAYETTEVILLE, NC 28305	ATTORNEY	HUTCHENS LAW FIRM		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/16/2013	$ 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
RANDOLPH LEE 104 FORT WORTH CT. CARY, NC 27519	ATTORNEY	Justice, Public Order, and Safety Activities		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		09/29/2013	$ 500.00
☐	100	Electric Funds Tran		10/07/2013	$ 500.00
☐					$

4. Total only this Page	$ 2,500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,095.00

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
MARY MCALLISTER 730 SPYGLASS DR FAYETTEVILLE, NC 28311	DIRECTOR	COMMUNITY HEALTH ORGANIZATION		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/15/2013	$ 250.00
☐					$
☐					$

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
RUBY MURCHISON 701 TOPEKA ST. FAYETTEVILLE, NC 28311	BUSINESS	BEST EFFORT		$ 175.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/16/2013	$ 75.00
☐					$
☐					$

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
STEPHEN STOKES 150 NORTHSTONE PL FAYETTEVILLE, NC 28303	ATTORNEY	STOKES LAW FIRM		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Electric Funds Tran		10/09/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 575.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,095.00

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
BOBBY SUGGS 309 KIMBERWICK FAYETTEVILLE, NC 28311	OWNER	SUGGS GROUP INC.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		10/14/2013	$ 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
WILLIE WRIGHT 196 DARROCK CT. FAYETTEVILLE, NC 28311	RETIRED	US ARMY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		09/25/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,095.00

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)	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 $ 750.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Check		10/04/2013	$ 250.00
				$
				$

4. Total only this Page	$ $250.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $250.00

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	d. Comments
ALYCIA ALBERGOTTI 128 BAYNARD COURT COLUMBIA, SC 29223	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 4,770.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	K	10/15/2013	$ 270.99	SUPPLIES
100	Check	E	10/15/2013	$ 1,500.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
APPOLLO ARTISTRY PO BOX 45950 OMAHA, NE 68145	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 600.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	A	09/25/2013	$ 300.00	WEB HOSTING
100	Debit Card	A	09/30/2013	$ 300.00	WEB HOSTING

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CARSON COMMUNICATIONS 115 GILLESPIE ST. FAYETTEVILLE, NC 28311	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
100	Check	A	09/24/2013	$ 1,000.00	RADIO
				$	

5. Total only this Page	$ 3,370.99
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)*	$ 8,640.97

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
NERO COLEMAN 2275 GEORGE OWEN ROAD FAYETTEVILLE, NC 28302	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 160.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	10/07/2013	$ 160.00	CAMPAIGN CANVASSERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
MICHAEL DOUGLAS 2120 HEATHCOTE DR FORT BRAGG, NC 28314	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 210.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	10/08/2013	$ 210.00	SUPPLIES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FAYETTEVILLE PRESS 3635 SYCAMORE DAIRY RD. FAYETTEVILLE, NC 28311	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,600.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	10/15/2013	$ 800.00	ARTICLE
				$	

5. Total only this Page	$ 1,170.00
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)*	$ 8,640.97

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
FOOD LION 2071 SKIBO RD. FAYETTEVILLE, NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 477.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	K	09/26/2013	$ 477.51	PHONE CARDS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
GLOBAL PUBLIC INTELLIGENCE 390 N. ORANGE AV ORLANDO, FL 32801	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,597.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	E	10/08/2013	$ 597.85	
100	Debit Card	E	10/08/2013	$ 1,000.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CASSANDRA HAIRE PO BOX 53422 FAYETTEVILLE, NC 28305	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 71.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	10/07/2013	$ 71.20	DOGHNUTS AND COFFEE
				$	

5. Total only this Page	$ 2,146.56
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)*	$ 8,640.97

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
METROPOLITAN ROOM 109 GREEN STREET FAYETTEVILLE, NC 28301	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 700.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	09/25/2013	$ 700.00	ROOM RENTAL
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PAYPAL PO BOX 45950 OMAHA, NE 68145	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 106.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Electric Funds Tran	C	10/16/2013	$ 53.71	ONLINE CONTRIBUTIONS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BYRON POWELL 1740 BOROS DR. FAYETTEVILLE, NC 28303	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	10/16/2013	$ 200.00	CATERING
				$	

5. Total only this Page	$ 953.71
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)*	$ 8,640.97

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
SPEEDI PRINT 201 FRANKLIN ST. FAYETTEVILLE, NC 28301	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 144.45

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	B	10/03/2013	$ 64.20	PRINTING
				$	

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 $ 516.38

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	K	09/26/2013	$ 99.49	SUPPLIES
100	Debit Card	K	10/07/2013	$ 84.18	SUPPLIES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VOTER ACTIVATION 1101 15TH ST. NW STE 500 WASHINGTON, DC 20005	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 501.84

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	O	10/09/2013	$ 146.13	VOTER POLLING
100	Debit Card	O	10/10/2013	$ 103.83	VOTER POLLING

5. Total only this Page	$ 497.83
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)*	$ 8,640.97

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
VOTER ACTIVATION 1101 15TH ST. NW STE 500 WASHINGTON, DC 20005	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 501.84

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Debit Card	O	10/10/2013	$ 118.84	VOTER POLLING
100	Debit Card	O	10/21/2013	$ 133.04	VOTER CALLS

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 $ 930.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	10/17/2013	$ 250.00	T SHIRTS
				$	

5. Total only this Page	$ 501.88
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)*	$ 8,640.97

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	Electric Funds Tran	C	09/24/2013	$ 14.25	ONLINE CONTRIBUTIONS
☐ Add ☐ Remove	100	Electric Funds Tran	C	09/30/2013	$ 15.83	ONLINE CONTRUBUTIONS
☐ Add ☐ Remove	100	Debit Card	K	10/08/2013	$ 43.40	TELEPHONE

4. Total only this Page	$ 73.48
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 73.48

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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/07/2013
		i. Original Receipt Amount $ 320.00

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 EQUIP	10/07/2013	$ 320.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
FORTUNE HILLS DEVELOPEMENT LLC 709-17 FILTERPLANT DR FAYETTEVILLE, NC 28301	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 08/30/2013
		i. Original Receipt Amount $ 250.00

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

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check		10/07/2013	$ 250.00

4. Total only this Page	$ 570.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 570.00

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 1 | 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	10/07/2013	$ 320.00
		$
		$

4. Total only this Page	$ 320.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 320.00

Outstanding Loans

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