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 WADE FOWLER

c. ID Number: 5CEF49

b. Mailing Address (include City, State and Zip Code): 1610 Hickory Ridge Ct, Fayetteville NC 28304

d. Date Filed: 01/04/2012

e. Phone Number: 910-476-4541

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2011	10/25/2011	12/31/2011	JERRY DENNIS

6. Type of Committee (Check One)

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

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

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	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: RBC Bank

b. Purpose: General Checking

c. Account Code: 1

d. Period Begin Balance: $ 1138.82

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

JAN - 6 2012

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 of Elections.

Jerry Dennis — Printed Name of Signer

Jerry Dennis — Signature of Appointed Treasurer

04/04/2012 — Date

FOR OFFICE USE ONLY

Date Received: 1/6/12 — Employee: Angie

Date Postmarked: — Employee:

Date Scanned: JAN - 6 2012 — 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
COMMITTE TO ELECT Wade Fowler	Year End	5CEF49

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1138.82	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 50.00	$ 310.00
6) Contributions from Individuals	(CRO-1210)	$ 700.00	$ 3600.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$ 750.00
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 750.00	$ 4660.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1241.67	$ 3709.39
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$ 125.00
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$ 178.46
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 170.94	$ 170.94
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1412.61	$ 4183.78
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 476.21	$ 476.21
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$ 170.94	$ 170.94

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 WADE FOWLER	5CEFY9

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	1	CK		10/26/2011	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 50.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 50.00

Contributions from Individuals

Pg 1 of 1

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
COMMITTE TO ELECT WADE FOWLER	5CEFY9

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
Gertrude F. Smith 1819 Paisley Ave. Fayetteville NC 28304 910-424-4866	Retired	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		11/4/2011	$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
Kirby T. Tyson 316 Summertime Rd Fayetteville NC 28303 910-488-2243	Realtor	Self		$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		10/31/2011	$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
Carolyn R. Armstrong 238 N. McPherson Church Rd Fayetteville NC 28303	Real Estate	Self		$500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CK		11/18/2011	$500.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 700.00

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
COMMITTEE TO ELECT WADE FOWLER	5CEFY9

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
Benton Card Company 105 S. Wall Street Benson NC 27504		☐ Federal ☐ County: ☐ State ☐ Municipality:		$755.79

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	C	10/28/2011	$71.52	Palm cards
				$	

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
Walmart 7701 S Raeford Rd Fayetteville NC 28304 910-864-6575		☐ Federal ☐ County: ☐ State ☐ Municipality:		$74.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	C	10/31/2011	$74.11	Meet+Greet
				$	

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
Rise Newspaper PO Box 1311 Fayetteville NC 28302 910-322-7268		☐ Federal ☐ County: ☐ State ☐ Municipality:		$300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	A	11/3/2011	$150.00	Advertising
				$	

5. Total only this Page	$295.63
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)*	$1241.67

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

Pg 2 of 3

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
COMMITTEE TO ELECT WADE FOWLER	5CEFY9

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): USPS 6380 Cliffdale Rd Fayetteville NC 28314

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $730.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	I	10/25/2011	$132.00	stamps
1	CK	I	10/25/2011	$114.40	stamps

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): USPS 6380 Cliffdale Rd Fayetteville NC 28314

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $730.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	I	11/4/2011	$352.00	stamps
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Care Clinic 239 Robeson St Fayetteville NC 28305 910-485-0555

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	C	10/27/2011	$100.00	Advertising
				$	

5. Total only this Page	$698.40
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)*	$1241.67

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
Committee To Elect Wade Fowler	5CEF49

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
Staples 5075 Morganton Rd Fayetteville NC 28306 910-867-7845		☐ Federal ☐ County: ☐ State ☒ Municipality:		$147.64

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	B	11/03/2011	$147.64	Copies + envelopes
				$	

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
I Market PO Box 1311 Fayetteville NC 28302		☐ Federal ☐ County: ☐ State ☐ Municipality:		$100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	C	11/07/2011	$100.00	Consulting
				$	

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
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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	$ 247.64
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)*	$ 1241.67

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)

Contributions to be Reimbursed

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
Committee To Elect Wade Fowler	5CEFY9

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
McDonald's 7770 Good Middling Dr Fayetteville NC 28302 910-583-2397	Wade Fowler 2242 Jenna Shane Dr Fayetteville NC 28306

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Food for campaign workers	12/06/2011	N	$ 27.16

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
Harris Teeter 2800 Raeford Rd Fayetteville NC	Wade Fowler 2242 Jenna-Shane Dr Fayetteville NC 28306

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Food for campaign workers	12/06/2011	N	$ 143.78

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

4. Total only this Page	$ 170.94
5. Total of ALL CRO-1215 Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 170.94

Refunds/Reimbursements From the Committee

Pg 1 of 1

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
Committee To Elect Wade Fowler	5CEFY9

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Wade Fowler 2242 Jenna Shane Dr Fayetteville NC 28306	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/06/2011
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 170.94
	f. Purpose Code: P	j. Election Sum to Date: $ 170.94

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sales	Self		1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK		12/13/2011	$ 170.94

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 170.94
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 170.94

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

L - Returned to Contributor	M - Overpayment for Service	N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind	**O* Other**	

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