

# 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.

<b>1. Committee Information</b>	
a. Full Name VAL APPLEWHITE FOR MAYOR 2015	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 25309 FAYETTEVILLE, NC 28314	d. Date Filed 09/02/2015
	e. Phone Number

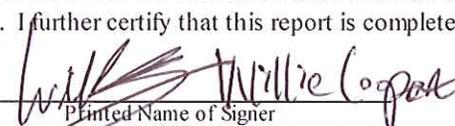
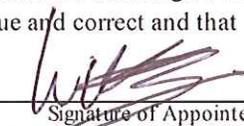
2. Report Year 2015	3. Period Start Date (mm/dd/yy) 07/01/2015	4. Period End Date (mm/dd/yy) 08/25/2015	5. Treasurer Full Name WILLIE COOPER JR
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b>	0	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<b>10. Special Report Name</b>
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name VAL APPLEWHITE FOR MAYOR 2015		a. Financial Institution Full Name	
b. Purpose GENERAL CAMPAIGN FINANCE	c. Account Code 79	b. Purpose	c. Account Code
	d. Period Begin Balance \$		d. Period Begin Balance \$

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Printed Name of Signer: Willie Cooper  
 Signature of Appointed Treasurer: \_\_\_\_\_  
 Date: 09/02/2015

**FOR OFFICE USE ONLY**

SEP 2 2015

Date Received: _____	Employee: _____	<b>Delivery Method</b>
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
VAL APPLEWHITE FOR MAYOR 2015	2015 Pre-Primary		
<b>Start of Election Cycle: January 1, 2015</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 89.47	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 325.00	\$ 325.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,970.00	\$ 5,070.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 218.72
9) Loan Proceeds	(CRO-1410)	\$ 10,000.00	\$ 10,000.00
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)		\$ 15,295.00	\$ 15,613.72
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,371.79	\$ 4,571.79
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)	\$ 186.32	\$ 215.57
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 2,820.00	\$ 2,820.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7,378.11	\$ 7,607.36
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,006.36	\$ 8,006.36
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 10,000.00	
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

Page 1 of 1

Amendment

Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015						
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	79	Check		08/20/2015	\$	50.00
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	\$325.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$	\$325.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
VAL APPLEWHITE FOR MAYOR 2015						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DANIEL BESSE PO BOX 15306 WINSTON SALEM, NC 27113			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			DANIEL BESSE		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Electric Funds Tran		07/29/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JAMES CHRISHON 3887 WILKERSHAM WAY FAYETTEVILLE, NC 28306			DOD			
			<b>c. Employer's Name/Specific Field</b>			
			DEPT. OF DEFENSE		<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Check		08/20/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN LYNCH 201 FRANKLIN ST. FAYETTEVILLE, NC 28301			OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			PRINTING		<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Check		08/20/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,970.00	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
VAL APPLEWHITE FOR MAYOR 2015						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BARBARA RICHARDSON 3694 GLENBARRY PLACE FAYETTEVILLE, NC 28314			OFFICE MGR.			
			<b>c. Employer's Name/Specific Field</b>			
			JR. LEAGUE		<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Check		08/20/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NANCY SHAKIR 1105 MARTINDALE DR. FAYETTEVILLE, NC 28304			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			Educational Services		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Check		08/20/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TONY TRINCHITELLA 5809 MONDAVI PLACE FAYETTEVILLE, NC 28314			HEALTH TECH			
			<b>c. Employer's Name/Specific Field</b>			
			VA		<b>e. Election Sum to Date</b>	
					\$ 1,000.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Check		08/20/2015	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,350.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,970.00	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
VAL APPLEWHITE FOR MAYOR 2015						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DANIEL UBA 109 GREEN STREET FAYETTEVILLE, NC 28301			DOCTOR			
			<b>c. Employer's Name/Specific Field</b>			
			RAPHA PRIMARY CARE CTR		<b>e. Election Sum to Date</b>	
					\$ 2,820.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	In-Kind	OFFICE SPACE RENTAL	08/01/2015	\$ 2,820.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CYNTHIA VARGO 4205 BRUNSWICK AVE ST. LOUIS PARK, MN 55416			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED		<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Electric Funds Tran		08/14/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ROBERTA WADDLE 3941 GAINNEY RD FAYETTEVILLE, NC 28306			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED EDUCATION		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	79	Check		08/20/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 3,120.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,970.00	

# Loan Proceeds

Pg 1 of 1

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
VALENCIA APPLEWHITE 5813 MONDAVI PL FAYETTEVILLE, NC 28314		RETIRED			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		USAF		07/20/2015	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
0.000%		79	Check	\$ 10,000.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 10,000.00	

# Disbursements

Amendment

Pg 1 of 6  Yes  No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CJ'S USED APPLIANCES HOPE MILLS ROAD FAYETTEVILLE, NC 28301							
				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	
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Check	O	07/24/2015	\$ 100.00	REFRIG FOR OFFICE		
				\$			
<b>4. Payee Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FACEBOOK FACEBOOK.COM ONLINE, NC							
				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	
						\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Debit Card	A	08/03/2015	\$ 35.00	ADVERTISING		
				\$			
<b>4. Payee Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> 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)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,083.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Debit Card	O	08/03/2015	\$ 1,083.88	CONSULTING		
				\$			
<b>5. Total only this Page</b>						\$ 1,218.88	
<b>6. Total of ALL CRO-1310 Pages</b>							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						\$ 4,371.79	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NC DEMOCRATIC PARTY - VOTEBUILDER 220 HILLSBOROUGH ST. RALEIGH, NC 27603				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 359.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Check	C	07/24/2015	\$ 359.00	VOTEBUILDER		
				\$			
<b>4. Payee Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PARTY CITY SKIBO ROAD FAYETTEVILLE, NC 28301				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 51.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Debit Card	C	08/17/2015	\$ 51.34	EVENT SUPPLIES		
				\$			
<b>4. Payee Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SAM'S CLUB 1450 SKIBO RD. FAYETTEVILLE, NC				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 380.89	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Debit Card	O	07/27/2015	\$ 86.12	REFRESHMENTS		
79	Debit Card	K	08/03/2015	\$ 139.83	OFFICE SUPPLIES		
<b>5. Total only this Page</b>						\$ 636.29	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 4,371.79	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							





# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
WALMART 1550 Skibo Rd FAY, NC 28303				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 683.67			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Debit Card	K	08/03/2015	\$ 284.78	SUPPLIES		
79	Debit Card	K	08/03/2015	\$ 324.25	OFFICE SUPPLIES		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
WALMART 1550 Skibo Rd FAY, NC 28303				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 683.67			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
79	Debit Card	K	08/11/2015	\$ 74.64	OFFICE SUPPLIES		
				\$			
<b>5. Total only this Page</b>						\$ 683.67	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 4,371.79	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Draft	K	07/21/2015	\$ 12.00	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Debit Card	K	08/03/2015	\$ 48.12	TELEPHONE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Debit Card	K	08/03/2015	\$ 48.12	TELEPHONE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Check	O	07/16/2015	\$ 48.00	FILING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Electric Funds Tran	O	07/29/2015	\$ 4.90	FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Electric Funds Tran	O	08/14/2015	\$ 7.00	FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	79	Debit Card	K	07/27/2015	\$ 18.18	SUPPLIES
<b>4. Total only this Page</b>					\$ 186.32	
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 186.32	
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
		<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>		
<b>E - Salaries</b>		<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>		<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>		
<b>O* - Other</b>						
* Codes require detailed explanation in required remarks field (g)						

# In-Kind Contributions

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
DANIEL UBA 109 GREEN STREET FAYETTEVILLE, NC 28301		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		<b>d. Election Sum to Date</b>	
		\$ 2,820.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
OFFICE SPACE RENTAL		08/01/2015	\$ 2,820.00
			\$
			\$
<b>4. Total only this Page</b>			\$ 2,820.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 2,820.00

# Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
VAL APPLEWHITE FOR MAYOR 2015			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
VALENCIA APPLEWHITE 5813 MONDAVI PL FAYETTEVILLE, NC 28314		RETIRE	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		USAF	07/20/2015
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
0.00%		\$ 10,000.00	\$ 10,000.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>4. Total only this Page</b>			\$ 10,000.00
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 10,000.00



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

## Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: VAL APPLEWHITE FOR MAYOR 2015
- Person or committee to make loan: VAL APPLEWHITE
- Date of loan to committee: 07/20/2015
- Name of lending institution and account number (source):  
N/A
- Amount of loan: \$10,000
- Description (if in-kind loan): N/A
- Names of all parties responsible for payment of loan (guarantors):  
N/A
- Period of loan: INDETERMINATE
- Rate of interest of loan: 0%
- Security pledged for loan: N/A

I, VAL APPLEWHITE, acknowledge that all of the information  
(Person lending money to committee)  
 provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

*Val Applewhite*  
 Signature of Lender

09/02/2015  
 Date Signed

*W. Strach*  
 Signature of Treasurer of Committee

09/02/2015  
 Date Signed