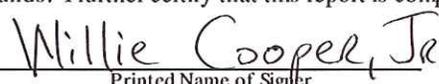
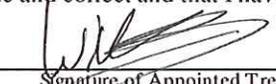


# Disclosure Report Cover

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  |                                 | c. ID Number   |                         |
| VAL APPLEWHITE FOR MAYOR 2015   |                                 |  |                         |
| b. Mailing Address (include City, State and Zip Code)   |                                 | d. Date Filed  |                         |
| PO BOX 25309<br>FAYETTEVILLE, NC 28314  |                                 | 10/01/2015   |                         |
|   |                                 | e. Phone Number  |                         |
|   |                                 |  |                         |
| 2. Report Year  | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name  |
| 2015  | 08/26/2015                      | 09/21/2015   | WILLIE COOPER JR        |
| <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<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |                                 | <b>Municipal</b> <b>State/County</b> <b>Referendum</b><br><input type="checkbox"/> Organizational <input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> First<br><input type="checkbox"/> Pre-election <input type="checkbox"/> Second<br><input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third<br><input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth<br><input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Year End <input type="checkbox"/> Mid Year<br><input type="checkbox"/> Final <input type="checkbox"/> Year End<br><input type="checkbox"/> Special <input type="checkbox"/> Final<br><input type="checkbox"/> <input type="checkbox"/> Special |                         |
| <b>7. Type of Fund (if applicable, check one)</b>   |                                 | <b>10. Special Report Name</b>   |                         |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |                                 |  |                         |
| <b>8. Number of Fundraisers this Report</b>   |                                 |  |                         |
| 0   |                                 |  |                         |
| <b>3. Account Information</b>   |                                 | <b>3. Account Information</b>  |                         |
| a. Financial Institution Full Name  |                                 | a. Financial Institution Full Name   |                         |
| VAL APPLEWHITE FOR MAYOR 2015   |                                 |  |                         |
| b. Purpose  | c. Account Code                 | b. Purpose   | c. Account Code         |
| GENERAL CAMPAIGN FINANCE  | 79                              |  |                         |
|   | d. Period Begin Balance         |  | d. Period Begin Balance |
|   | \$                              |  | \$                      |
| <b>CERTIFICATION</b>  |                                 |  |                         |
| 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 |                                 |  |                         |
| <br>Printed Name of Signer   |                                 | <br>Signature of Appointed Treasurer   |                         |
|   |                                 | 10/01/2015<br>Date   |                         |
| <b>FOR OFFICE USE ONLY</b>  |                                 |  |                         |
| Date Received:  | OCT _2_ 2015                    | Employee:  | Angie                   |
| Date Postmarked:  |                                 | Employee:  |                         |
| Date Scanned:   |                                 | Employee:  |                         |
| Date Data Entered:  |                                 | Employee:  |                         |
|   |                                 | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |                         |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.   |                                 |  |                         |

# Detailed Summary

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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   |                   | \$ 8,006.36                        | \$ 0.00                          |
| <b>RECEIPTS</b>  |                   |                                    |                                  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                   | \$ 0.00                            | \$ 325.00                        |
| 6) Contributions from Individuals (CRO-1210)                                 |                   | \$ 2,975.00                        | \$ 8,045.00                      |
| 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)  |                   | \$ 0.00                            | \$ 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)      |                   | \$ 2,975.00                        | \$ 18,588.72                     |
| <b>EXPENDITURES</b>  |                   |                                    |                                  |
| 13) Disbursements  |                   |                                    |                                  |
| 13a) Operating Expenditures (CRO-1310)                                       |                   | \$ 5,951.45                        | \$ 10,523.24                     |
| 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)                             |                   | \$ 39.37                           | \$ 254.94                        |
| 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)   |                   | \$ 0.00                            | \$ 2,820.00                      |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                   | \$ 5,990.82                        | \$ 13,598.18                     |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$ 4,990.54                        | \$ 4,990.54                      |
| <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                          |

# 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><br>(Include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| LATONYA ADAMS<br>4217 EDWARD E MAYNOR<br>HOPE MILLS, NC 28348   |                        |                           | COUNSELOR                                |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           | CCS                                      |                             | \$ 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       |  | 09/10/2015                  | \$ 100.00                      |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| DANIEL BESSE<br>PO BOX 15306<br>WINSTON SALEM, NC 27113   |                        |                           | ATTORNEY                                 |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           | DANIEL BESSE                             |                             | \$ 125.00                      |                     |
| <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 checked="" type="checkbox"/>   | 79                     | Electric Funds Tran       |  | 09/10/2015                  | \$ 25.00                       |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| MIKE CHOE<br>3542 TURNBERRY CIRCLE<br>FAY, NC 28301   |                        |                           | DENTIST                                  |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           | WESTLAKE FAMILY<br>DENTISTRY             |                             | \$ 500.00                      |                     |
| <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 checked="" type="checkbox"/>   | 79                     | Check                     |  | 09/16/2015                  | \$ 500.00                      |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 625.00                      |                     |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                        |                           |  |                             | \$ 2,975.00                    |                     |

# 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><br>(Include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| JOAN CRISP<br>3804 SUNCHASE DRIVE<br>FAY, NC 28301  |                        |                           | RETIRED                                  |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           | RETIRED                                  |                             | \$ 500.00                      |                     |
| <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                     |  | 09/16/2015                  | \$ 500.00                      |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove       |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| JAMES JONES<br>7029 CORDOBA COURT<br>RAEFORD, NC 28376  |                        |                           | ENGINEER                                 |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           | UNILIVER                                 |                             | \$ 500.00                      |                     |
| <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 checked="" type="checkbox"/>   | 79                     | Check                     |  | 09/16/2015                  | \$ 500.00                      |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove       |                        |                           |  |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| MICHAEL MCCALL<br>2100 NUTHATCH STREET<br>FAY, NC 28301   |                        |                           | RETIRED                                  |                             |                                |                     |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |                     |
|   |                        |                           | US ARMY                                  |                             | \$ 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 checked="" type="checkbox"/>   | 79                     | Check                     |  | 09/16/2015                  | \$ 1,000.00                    |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |                     |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 2,000.00                    |                     |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |  |                             | \$ 2,975.00                    |                     |

# 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><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ANNE MITCHELL<br>3149 SIDS MILL ROAD<br>FAY, NC 28301   |                        |                           | RETIRED                                  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           | RETIRED                                  |                             | \$ 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                     |  | 09/16/2015                  | \$ 100.00                      |  |
| <input checked="" type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input checked="" type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove       |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| DAVID PRICE<br>2200 N LAKESHORE DR<br>CHAPEL HILL, NC 27514   |                        |                           | CONGRESSMAN                              |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           | FEDERAL GOV.                             |                             | \$ 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 checked="" type="checkbox"/>   | 79                     | Check                     |  | 09/16/2015                  | \$ 250.00                      |  |
| <input checked="" type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input checked="" type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 350.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |  |                             | \$ 2,975.00                    |  |

# 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<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| AFFORDABLE BUTTONS<br>3269 19TH STREET<br>ROCHESTER, MN 55901   |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)  |                            |                                     |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:                                  |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             |  |                            | \$ 572.82                           |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 79  | Debit Card                | A                      | 08/27/2015                  | \$ 350.48  | BUTTONS                    |                                     |  |
| 79  | Debit Card                | B                      | 09/08/2015                  | \$ 222.34  | BUTTONS                    |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| APOLLO ARTISTRY<br>2605 CHERRY HILL RD<br>DEARBORN HEIGHTS, MI 48127  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)  |                            |                                     |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:            |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             |  |                            | \$ 1,285.32                         |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 79  | Debit Card                | AH                     | 09/10/2015                  | \$ 1,085.32  | FLYERS                     |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| BOOST MOBILE<br>ONLINE<br>ONLINE, NC  |                           |                        |                             |  |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)  |                            |                                     |  |
|   |                           |                        |                             | <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             |  |                            | \$ 221.09                           |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |  |
| 79  | Debit Card                | K                      | 09/10/2015                  | \$ 124.85  | TELEPHONE                  |                                     |  |
|   |                           |                        |                             | \$   |                            |                                     |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 1,782.99                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 5,951.45                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><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  |                           | I* - 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<br><i>(include city, state, &amp; zip)</i>  |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |
| FACEBOOK<br>FACEBOOK.COM<br>ONLINE, NC  |                           |                        |                             | c. Level Registered (Specify)  |                            |                                     |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:                                  |                            | e. Election Sum to Date             |
|   |                           |                        |                             |  |                            | \$ 163.78                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 79  | Debit Card                | A                      | 09/01/2015                  | \$ 103.78  | ADS                        |                                     |
| 79  | Debit Card                | A                      | 09/16/2015                  | \$ 25.00   | ADS                        |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |                                     |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |
| FAYETTEVILLE PRESS<br>3635 SYCAMORE DAIRY RD<br>FAYETTEVILLE, NC  |                           |                        |                             | c. Level Registered (Specify)  |                            |                                     |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:            |                            | e. Election Sum to Date             |
|   |                           |                        |                             |  |                            | \$ 500.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 79  | Check                     | A                      | 09/10/2015                  | \$ 500.00  | ARTICLE                    |                                     |
|   |                           |                        |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |
| NEXT DAY FLYERS<br>NEXTDAYFLYERS.COM<br>CA  |                           |                        |                             | c. Level Registered (Specify)  |                            |                                     |
|   |                           |                        |                             | <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | e. Election Sum to Date             |
|   |                           |                        |                             |  |                            | \$ 77.10                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 79  | Debit Card                | A                      | 09/04/2015                  | \$ 77.10   | FLYERS                     |                                     |
|   |                           |                        |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 705.88                           |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 5,951.45                         |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><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  |                           | I* - 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<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |
| OMEGA PSI PHI<br>PO BOX 71930<br>FT. BRAGG, NC 28307  |                           |                        |                             | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:                                  |                            |                                     |
|   |                           |                        |                             |  |                            | \$ 100.00                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 79  | Check                     | A                      | 09/18/2015                  | \$ 100.00  | ADS                        |                                     |
|   |                           |                        |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |  |                            |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |
| SAM'S CLUB<br>1450 SKIBO RD.<br>FAYETTEVILLE, NC  |                           |                        |                             | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:            |                            |                                     |
|   |                           |                        |                             |  |                            | \$ 445.28                           |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 79  | Debit Card                | K                      | 09/08/2015                  | \$ 64.39   | SUPPLIES                   |                                     |
|   |                           |                        |                             | \$   |                            |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove   |                           |                        |                             |  |                            |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name  |                            | d. Comments                         |
| SIGNSONTHECHEAP.COM<br>SIGNSONTHECHEAP.COM<br>TX  |                           |                        |                             | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |
|   |                           |                        |                             | <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            |                                     |
|   |                           |                        |                             |  |                            | \$ 3,066.04                         |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                     |
| 79  | Debit Card                | B                      | 09/08/2015                  | \$ 3,066.04  | SIGNS                      |                                     |
|   |                           |                        |                             | \$   |                            |                                     |
| <b>5. Total only this Page</b>  |                           |                        |                             |  |                            | \$ 3,230.43                         |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |  |                            | \$ 5,951.45                         |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><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

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name   |                            | d. Comments                         |  |
| USPS<br>301 GREEN ST.<br>FAYETTEVILLE, NC 28301   |                           |                        |                             |   |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)   |                            |                                     |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:                       |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             |   |                            | \$ 187.00                           |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |  |
| 79  | Debit Card                | I                      | 08/26/2015                  | \$ 138.00   |                            |                                     |  |
|   |                           |                        |                             | \$  |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |   |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                           |                        |                             | b. Coordinated Committee Name   |                            | d. Comments                         |  |
| VISTAPRINT<br>VISTAPRINT.COM<br>NC  |                           |                        |                             |   |                            |                                     |  |
|   |                           |                        |                             | c. Level Registered (Specify)   |                            |                                     |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | e. Election Sum to Date             |  |
|   |                           |                        |                             |   |                            | \$ 94.15                            |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b> |                                     |  |
| 79  | Debit Card                | B                      | 09/11/2015                  | \$ 94.15  | CARDS                      |                                     |  |
|   |                           |                        |                             | \$  |                            |                                     |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |   |                            | \$ 232.15                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |   |                            | \$ 5,951.45                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><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

|                              |  |
|------------------------------|--|
| <b>Amendment</b>             |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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>   |                        |                             |   |                             |                     |                            |
| <b>a. Amend</b>   | <b>b. Account Code</b> | <b>c. Form of Payment</b>   | <b>d. Purpose Code</b>                      | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add  | 79                     | Electric Funds Tran         | C   | 09/10/2015                  | \$ 4.37             | ONLINE FEE                 |
| <input checked="" type="checkbox"/> Remove                                |                        |                             |   |                             |                     |                            |
| <input checked="" type="checkbox"/> Add                                   | 79                     | Check                       | B   | 09/21/2015                  | \$ 35.00            | PRINTING                   |
| <input checked="" type="checkbox"/> Remove                                |                        |                             |   |                             |                     |                            |
| <b>4. Total only this Page</b>  |                        |                             |   |                             | \$ 39.37            |                            |
| <b>5. Total of ALL CRO-1315 Pages</b>                                     |                        |                             |   |                             | \$ 39.37            |                            |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>   |                        |                             |   |                             |                     |                            |
| <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>   |                        |                             |   |                             |                     |                            |
| <b>* Codes require detailed explanation in required remarks field (g)</b> |                        |                             |   |                             |                     |                            |

# Outstanding Loans

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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><br>(include city, state, & zip)                                 |                            | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>                |
| VALENCIA APPLEWHITE<br>5813 MONDAVI PL<br>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. 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><br><i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> |                            |  | \$ 10,000.00                      |