

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| | |
|--|---------------------------------|
| 1. Committee Information | |
| a. Full Name CHRISTINA AKAAGUS BOARD OF EDUCATION | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 205 Greenskerry Dr. Fayetteville, NC 28303 | d. Date Filed 2 FEB 2021 |
| | e. Phone Number 910 977 0309 |

| | | | |
|------------------------|---|---|---|
| 2. Report Year 2020 | 3. Period Start Date (mm/dd/yy) 10/01/2020 | 4. Period End Date (mm/dd/yy) 10/17/2020 | 5. Treasurer Full Name CHRISTINA AKAAGUS |
|------------------------|---|---|---|

| | | | | |
|--|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Pre-runoff | <input checked="" type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | Semi-annual | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|---|--------------------------------------|------------------------------------|-------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name First National Bank of Pennsylvania | | a. Financial Institution Full Name | |
| b. Purpose Campaign Account for Expenditures and Receipts | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 939.14 | | 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 of Elections.

CHRISTINA AKAAGUS
 Printed Name of Signer

 Signature of Appointed Treasurer

 2 FEB 2021
 Date

FOR OFFICE USE ONLY

Date Received: FEB 02 2021
 Date Postmarked: BY:
 Date Scanned: _____
 Date Data Entered: _____

Employee: _____
 Employee: _____
 Employee: _____
 Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

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

Detailed Summary

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
|--|--|-----------------------------|--|---------------------------|--|
| CHRISTINA ARAGUES FOR BOARD OF EDUCATION | | Third Quarter | | | |
| Start of Election Cycle: January 1, <u>2020</u> | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 939.14 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 100 00 | | \$ 0 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 125.00 | | \$ 1490.80 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0 | | \$ 0 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0 | | \$ 0 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0 | | \$ 0 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0 | | \$ 0 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0 | | \$ 0 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0 | | \$ 0 | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0 | | \$ 0 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0 | | \$ 0 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0 | | \$ 0 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 125.00 | | \$ 1490.80 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 699.78 | | \$ 1126.44 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0 | | \$ 0 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0 | | \$ 0 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 0 | | \$ 0 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0 | | \$ 0 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0 | | \$ 0 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0 | | \$ 0 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 699.78 | | \$ 1126.44 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 364.36 | | \$ 364.36 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0 | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 0 | | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0 | | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0 | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0 | | | |
| 25) Administrative Support (CRO-1710) | | \$ 0 | | \$ 0 | |
| 26) Forgiven Loans (CRO-1440) | | \$ 0 | | \$ 0 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0 | | \$ 0 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0 | | \$ 0 | |

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CHRISTINA AKAGLES FOR BOARD OF EDUCATION | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| James Plants 207 Marshall RP Fayetteville, NC 28303 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field Teacher | | | |
| | | | | | e. Election Sum to Date \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Draft | | 10/11/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jack Brown 1106 Longleaf Dr. Fayetteville, NC 28305 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field Vetnarianian | | | |
| | | | | | e. Election Sum to Date \$ 25 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Draft | | 10/13/2020 | \$ 25 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | |

Disbursements

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

| | | | | | | |
|--|--------------------|----------------------|-------------------------------------|--|-------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| CHRISTINA ARAGUIS FOR BOARD OF EDUCATION | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | d. Comments | |
| Vistaprint 275 Wyman Street Waltham, MA 02451 781 652 6300 | | | | c. Level Registered (Specify) | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit Card | B | 10/04/20 | \$ 699.78 | Signs | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | 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: | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | 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: | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 699.78 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 699.78 |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | | |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |