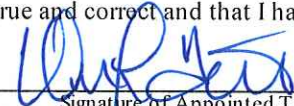
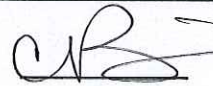


Disclosure Report Cover

Amendment

Yes No

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

1. Committee Information																																								
a. Full Name			c. ID Number																																					
COMMITTEE TO ELECT JIM ARP																																								
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																																					
2640 THORNGROVE COURT FAYETTEVILLE, NC 28303			07/29/2020																																					
			e. Phone Number																																					
			(910) 728-2569																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																					
2020	01/01/2020	06/30/2020	WILLIAM R TILL																																					
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0e0e0;">Municipal</td> <td style="background-color: #e0e0e0;">State/County</td> <td style="background-color: #e0e0e0;">Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																						
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																						
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																						
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																						
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																						
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																						
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																						
<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																							
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																							
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																							
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																								
8. Number of Fundraisers this Report																																								
0																																								
3. Account Information		3. Account Information																																						
a. Financial Institution Full Name		a. Financial Institution Full Name																																						
BB&T																																								
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
CHECKING ACCOUNT FOR COMMITTEE	1																																							
	d. Period Begin Balance		d. Period Begin Balance																																					
	\$ 368.56		\$																																					
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																																								
<u>WILLIAM R. TILL</u> Printed Name of Signer		 Signature of Appointed Treasurer		<u>07/29/2020</u> Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> RECEIVED JUL 30 2020 </div>	Employee:																																						
Date Postmarked:		Employee:																																						
Date Scanned:		Employee:																																						
Date Data Entered:		Employee:																																						
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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	
COMMITTEE TO ELECT JIM ARP	2020 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2020</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 368.56	\$ 368.56
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,000.00	\$ 3,000.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
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)		\$ 3,000.00	\$ 3,000.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1,000.00	\$ 1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 30.01	\$ 30.01
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	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,030.01	\$ 1,030.01
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,338.55	\$ 2,338.55
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 211.70	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 1,317.79	
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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT JIM ARP						
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	
JOHN M HEALY 2524 N EDGEMWATER DR FAYETTEVILLE, NC 28303 (910) 485-4270			DIRECTOR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			HEALY WHOLESALE BEVERAGE DISTRIBUTORS		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/17/2020	\$ 500.00	
<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	
RALPH HUFF 606 FOREST LAKE RD FAYETTEVILLE, NC 28305 (910) 237-7869			REAL ESTATE DEVELOPER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			H&H HOMES		\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/17/2020	\$ 1,000.00	
<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	
J. W. WYATT 515 WINDWOOD ON SKYE FAYETTEVILLE, NC 28303-4773 (910) 867-7000			GENERAL MANAGER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			VALLEY AUTO WORLD		\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/17/2020	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,000.00	

Disbursements

Amendment

Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JIM ARP							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input checked="" 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	
WESLEY MEREDITH FOR SENATE P O BOX 26210 FAYETTEVILLE, NC 28314 (910) 867-8595				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	D	04/14/2020	\$ 1,000.00			
				\$			
5. Total only this Page						\$ 1,000.00	
6. Total of ALL CRO-1310 Pages						\$ 1,000.00	
<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>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP					2. ID Number	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	01/02/2020	\$ 5.01	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	02/03/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	03/02/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	04/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	05/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	06/01/2020	\$ 5.00	BANK FEE
4. Total only this Page					\$	30.01
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	30.01
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising	D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

Debts and Obligations Owed By the Committee

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP		2. ID Number	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor PAYMENTS BY CANDIDATE FOR SECURE SELF STORAGE FOR SIGN AND SUPPLIES STORAGE			
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 1,317.79	\$ 0.00	\$ 0.00	\$ 1,317.79
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$	1,317.79
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$	1,317.79
6. Purpose Codes (List detailed expenditure code in (g4.))			
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	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			

Outstanding Loans

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT JIM ARP			
3. Lender 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 W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		GOVT EMPLOYEE/RETIRED ARMY OFFICER	e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	12/08/2015
		US GOVT	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 11.70	\$ 11.70
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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 W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		GOVT EMPLOYEE/RETIRED ARMY OFFICER	e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	07/07/2017
		US GOVT	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 200.00	\$ 200.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 211.70	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 211.70	