

Disclosure Report Cover

Amendment
 Yes No

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

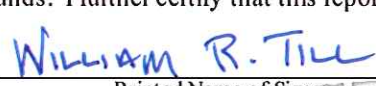
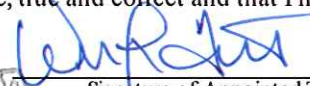
1. Committee Information	
a. Full Name COMMITTEE TO ELECT JIM ARP	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303	d. Date Filed 01/15/2021
	e. Phone Number (910) 728-2569

2. Report Year 2020	3. Period Start Date (mm/dd/yy) 07/01/2020	4. Period End Date (mm/dd/yy) 12/31/2020	5. Treasurer Full Name WILLIAM R TILL
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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
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input checked="" 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
8. Number of Fundraisers this Report 0		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CHECKING ACCOUNT FOR COMMITTEE	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2,338.55		d. Period Begin Balance \$

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

Printed Name of Signer: William R. Till Signature of Appointed Treasurer: _____ Date: 01/15/2021

FOR OFFICE USE ONLY

Date Received: JAN 28 2021 Employee: _____

Date Postmarked: BY: Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

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

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT JIM ARP	2020 Year End 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		\$ 2,338.55	\$ 368.56
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 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)		\$ 0.00	\$ 3,000.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 30.00	\$ 60.01
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)		\$ 30.00	\$ 1,060.01
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,308.55	\$ 2,308.55
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

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)					2. ID Number	
COMMITTEE TO ELECT JIM ARP						
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	07/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	08/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	09/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	10/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	11/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	12/01/2020	\$ 5.00	BANK FEE
4. Total only this Page					\$	30.00
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	30.00
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment

Yes No

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)		2. ID Number	
COMMITTEE TO ELECT JIM ARP			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
JAMES W ARP JR 2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569		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

Amendment

Yes No

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 (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 211.70	