Disclosure Re	<u> </u>				Yes No
	neral report and committee to update information	information, must be	signed and sub	mitted along with o	ther detailed forms.
1. Committee Infor					
a. Full Name	mation				c. ID Number
LaChance for FAY	District 5				7CE669
	lude City, State and Zip Code)				d. Date Filed
2422 Market Hill D	r, Fayetteville, NC, 28306				20Jun2022
					e. Phone Number
					7064147863
2. Report Year	3. Period Start Date (mm/s	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	
2022	21Feb 2022	14J	Jun2022	Edward R Schow	valter III
6. Type of Commit	tee (Check One)	9. Type of Repor	t (check on	ly one type of repor	t from one category)
Candidate Camp	aign Party	Municipal	State/C	County	Referendum
PAC	Referendum	Organizationa	al 🔲	Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	☐ Final
"Booster Fund"	(l) applicable, ene, en one)	Pre-election	18	Second	Supplemental Final
Building Fund		Pre-runoff	IH	Third	Annual
		Semi-annual	IFI	Fourth	Special
		Mid Yea	ar	Semi-annual	
Other:		Year En	d 📗	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special Special		Final	
	0			Special	
11. Account Inform			11. Account	Information	
a. Financial Institution				titution Full Name	
First National Bank					TVICE TO BUILD ON THE PLAN.
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	1				
	d. Period Begin Balanc	e	1		d. Period Begin Balance
	\$ 49.00				\$
CERTIFICATION					
the NC General State is complete, true and	utes and that no funds are coll correct and that I have been	ommingled with prol	hibited or other	non-disclosed funds	, & 22D-22M of Chapter 163 of I further certify that this report
_Edward R S	Printed Name of Signer		Signature of Appoint	stad Transurar	Date 2027
FOR OFFICE USE C			ngnature of Appoint	ted Treasurer	Date
Date Received:	244 & 2 AB22	Employee:	9	1	Delivery Method Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi		nend committee info an of books informa			ess, treasurer, assistant treasurer,

Amendment

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Amendment

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
LaChance for FAY District 5	35 Day Report		7CE669
Start of Flortian Cycles Language 1	2022	Total this	Total this
Start of Election Cycle: January 1,		Reporting Period	
4) Cash on Hand at Start		\$ 49.00	\$ 0.00
RECEIPTS		[a aa.aa	050.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 201.00	\$ 250.00
6) Contributions from Individuals	(CRO-1210)	\$ 987.00	\$ 987.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 1280.60	\$ 1405.60
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 2468.60	\$ 2642.60
EXPENDITURES		L	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1280.60	\$ 1405.60
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
,	` <u> </u>		\$ 1405.60
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1			\$ 1237.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub ADDITIONAL INFORMATION	nract ine 18)	\$ 1237.00	φ 1237.00
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign		\$	
	·		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Amendment Yes

No

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

				d if applicable)			2. ID	Number
L	achan	ce for FAY Dis		7CE669				
3.	Cont	ributor Inforn	nation					
a.	Ameno	1	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount
]	Add Remove	- 1	Cash		03/09/20	022	\$ 1
]	Add Remove	- 1	Cash		03/09/20	022	\$ 50
F]	Add Remove	1	Cash		04/20/20	022	\$ 50
	<u> </u>	Add Remove	1	Cash		04/20/20	022	\$ 50
]]]	Add Remove	1	Cash		04/20/20	022	\$ 50
]	Add	-					\$
-	<u>. </u>	Remove				 	· · · · · · · · · · · · · · · · · · ·	
E]	Add Remove						\$
]	Add						\$
]	Remove						Ψ
Ļ	<u> </u>	Add	_					\$
<u> </u>	<u>]</u>	Remove						
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十]	Add						
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<u> </u>	Tota	Remove	<u> </u> Рабе				\$	201.00
						1	Ψ	201.00
		al of ALL C		ages mmary Page CRO-1100)			\$	201.00
- (a mis (li	ne musi ve vn ilne	s of Delanca Su	numay 1 uge CRO-1100)		1		

		m Individuals	0.50		Pg <u>1</u> 0		Yes	No
		vidual contributions (and Fund if applica		or contributions ut	ider \$50 if form C	2. ID Nu	day comments of the contract of the	
			DIC)			2. 31. 190		
LaChanc	e for Fay District)					7CE669	
3. Contr	ibutor Informatio	מו		Add 🗌 R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commer	ıts	
	city, state, & zip)			Business Owner				
Robert W				Antiques/Collect		_		
	sapeake Rd			c. Employer's Name/		4		
91082280	lle, NC 28311			Tarbridge Collec	udies	a Flaction	Sum to Date	<u></u>
91002200	708						•	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Aind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Check			05/17/	2022	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 R	emove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commen	ıts	
(include	city, state, & zip)			Business Owner				
Pete Rene				Restaurant				
	e 106 Ramsey St			c. Employer's Name/	Specific Field	_		
•	lle, NC 28311			Brooklyn Pizza		771 (1		
91049245	585					e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			06/28/	2022	\$	200.00
							\$	
						"	\$	
3. Contri	butor Informatic)n		Add 🗌 R	emove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commen	its	
	city, state, & zip)			Business Owner				
Michael V				Sports Pub	a tot tot to			
3102 N N				c. Employer's Name/	Specific Field	_		
91043308	ls, NC 28348			Sand Trap		e Election	Sum to Date	
71043300	107					\$	200.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y		k. Amount	
	1	Check			05/17/		\$	200.00
П	· · · · · · · · · · · · · · · · · · ·						\$	
							\$	
⊔ 4 Total	only this Page	a.				\$.1	500.00
and the second second second						Ψ		500,00
o, rotai	of ALL CRO	-1410 Lages				\$		987.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Use this	form to report indi	vidual contributions	over \$50	or contributions und	der \$50 if form CR	O 1205 is no	ot used	
1. Comn	iittee Full Name (and Fund if applica	ble)			2. ID Nun	aber	
LaChanc	e for FAY District	5					7CE669	
3. Contr	ibutor Informatic)n		Add 🗌 Re	emove			
a. Fuli Nar	ne, Mailing Address d	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			Retired				
Henry Ei						1		
786 Ashf				c. Employer's Name/S	Specific Field	_		
91048000	lle, NC 28311			Army		e. Election S	Sum to Data	
<i>3</i> 10 4 8000	J12					\$	250.00	
f. Prior	g. Account Code	h, Form of Payment	i, In-I	Kind Description	j. Date (mm/dd/yy	L	k. Amount	
	1	Check			006/06/	202	\$	250.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add 🔲 Re	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	s	
	city, state, & zip)			Lawyer				
Patrick A						-		
	rganton Rd			c. Employer's Name/S Anstead Law fIRM		}		
rayettevi	lle, NC 28305			Ansiead Law IIKN	VI.	e. Election S	um to Date	
A.D. '		L. D. dp.	1		T. B. ((1)(\$	237.00	
f. Prior	g. Account Code	h. Form of Payment	1	Kind Description	j. Date (mm/dd/yy		k. Amount	
			Doo	r Hangers	05/31/20	022	\$	237.00
							\$	
							\$	4
	butor Informatio				move	·		
	ie, Mailing Address &	k Phone		b. Job Title/Profession	l	d. Comment	S	
(include	city, state, & zip)							
				c. Employer's Name/S	pecific Field			
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page)				\$		487.00
5. Total	of ALL CRO-	-1210 Pages				\$		987.00
(This line	must be on line 6 of L	Detailed Summary Page C	RO-1100,)		Ψ		907.00

Contributions from Individuals

Amendment

Yes 🔲

Amendment Yes No 1

Loan Proceeds

of

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	ime (and Fund if applicable)		2	. ID Nun	
LaChance for FAY D					7CE669
3. Lender Informatio	on 🗵	Add			Remove
a. Full Name, Mailing Add		b. Job Title/Profe	ssion		d. Comments
(include city, state, & zij	p)	Antique Sales	nen		
Fred LaChance					
611 Glenville Ave					e. Start Date (mm/dd/yyyy)
- ··· - · · · · · · · · · · · · · · · ·		c. Employer's Na			05/31/2022
310 301 3103		Fred LaChanc			
		Business Own			f. End Date (mm/dd/yyyy)
		Dixie Antique	S		
g. Rate	h. Security Pledged i	. Account Code	j. Form of Paym	ent	k. Amount
%		01	Credit Card		\$ 13.66
I. Full Name of Lending In	l			m. Los	an Number
I. Pitti Pitting 11		. ,		<u> </u>	
4. Endorsers/Makers	(The people who guarantee the	: loan.)			
a. Full Name, Mailing Add		b. Job Title/Pro	ofession	c, Em	oloyer's Name/Specific Field
(include city, state, & zi					
		d. Percentage		e. Am	bunt
			%	\$	
a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Pr	b. Job Title/Profession c.		ployer's Name/Specific Field
(include city, state, & zi					
		d. Percentage		e. Am	ount
			%	\$	
a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Pr	ofession	c. Em	ployer's Name/Specific Field
(include city, state, & zi	p)				
		d, Percentage		e. Am	ount
		u, i ci centage		C. Zelli	Ount
		THE STATE OF THE S	%	\$	
a. Full Name, Mailing Add	Ivory & Phona	b. Job Title/Pr	ofession	e. Ems	ployer's Name/Specific Field
(include city, state, & zij		5. dob 1111.711	OLESION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(minut city, state, of Al	r/				
		d. Percentage		e. Am	ount
		- I Strange			
			%	\$	
5. Total of ALL C	PRO-1410 Pages				1290.60
	e 9 of Detailed Summary Page CRO-1100)			1280.60

Loan Proceeds

Pg 1 of 1 Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds stater	nent must accompany each	h loan that	s from an indi	vidual				
1. Committee Full Na	ame (and Fund if applica	ble)			2. IL) Numb	er	
LaChance for FAY D	ristrict 5	•					7CE669	
3. Lender Informatio	n	⊠ A	đđ				Remove	
a. Full Name, Mailing Add	en and the Control of the Control of the School of the Control of	b	. Job Title/Profes	sion			d. Comments	
(include city, state, & zi			Antique Salesn	nen				
Fred LaChance			-					
611 Glenville Ave							e. Start Date (mm/dd/yyyy)	
Fayetteville, NC 2830)3	C	. Employer's Nan	ne/Specific Field	l		05/24/2022	
910-364-5463			Fred LaChance	;			05/26/2022	
			Business Owne	er			f. End Date (mm/dd/yyyy)	
			Dixie Antiques	1				
g. Rate	h. Security Pledged	i. A	ccount Code	j. Form of Pa	yment		k. Amount	
%		01		Credit Car	d		\$ 75.00	
l. Full Name of Lending Ir	l 1stitution	L				m. Loan	Number	
4. Endorsers/Makers	(The people who guo	arantee the lo	an.)					
a. Full Name, Mailing Add			b. Job Title/Pro	fession	***************************************	c. Emplo	yer's Name/Specific Field	
(include city, state, & zi							<u> </u>	
			d. Percentage			e. Amour	nt	
					%	\$		
a. Full Name, Mailing Add			b. Job Title/Profession c. Em			c. Emplo	yer's Name/Specific Field	
(include city, state, & zi	p)							
			d. Percentage			e. Amour	nt	
					%	\$		
a. Full Name, Mailing Add	iress & Phone		b. Job Title/Profession c. En			c. Emplo	. Employer's Name/Specific Field	
(include city, state, & zi	p)							
			d. Percentage			e. Amour	ıt	
					%	\$		
a. Full Name, Mailing Address & Phone			b. Job Title/Pro	fession		c. Emplo	yer's Name/Specific Field	
(include city, state, & zi	p)							
			d. Percentage			e. Amour	nt	
				•	%	\$		
5. Total of ALL C	CRO-1410 Pages	CRO.1100\				\$	1280.60	

Amendment

Pg <u>1</u> of <u>1</u> Yes 🔀 No

Loan ProceedsUse this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	ime (and Fund if applicable)		2	2. ID Numb	er	
LaChance for FAY D					7CE669	
3. Lender Informatio	n 🛛	Add			Remove	
a. Full Name, Mailing Add		b. Job Title/Profess	sion		d. Comments	
(include city, state, & zi		Antique Salesm	en			
Fred LaChance						
611 Glenville Ave					e. Start Date (mm/dd/yyyy)	
Fayetteville, NC 2830	03	c. Employer's Nam	e/Specific Field		04/30//2022	
910-364-5463		Fred LaChance			UTI JUII LULL	
		Business Owner	r		f. End Date (mm/dd/yyyy)	
		Dixie Antiques				
			l ro en		T. A	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payn	тепт	k. Amount	
%		01	Credit Card		\$ 24.61	
I. Full Name of Lending In	stitution			m. Loan	Number	
				merce and according to the control of the		
4. Endorsers/Makers	(The people who guarantee t	the loan.)				
a. Full Name, Mailing Add		b. Job Title/Prof	ession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zi	p)					
		d. Percentage		e. Amou	nt	
		u. rercentage		C. Alliou	113	
			%	\$		
a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Prof	b. Job Title/Profession c.		c. Employer's Name/Specific Field	
(include city, state, & zi						
				-		
		d. Percentage		e. Amou	nt	
			%	\$		
a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Prof	ession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zij						
		d. Percentage		c. Amou	nt	
			%	\$		
a Full Mana Matting 4 3 3	(wasa & Dhoma	b. Job Title/Prof	accion	o Emplo	yer's Name/Specific Field	
a. Full Name, Mailing Add		b. Job Title/Prof	ession	C. Empio	yer's Name/Specific Field	
(include city, state, & zij	<u> </u>					
		d. Percentage		e. Amou	nt	
			%	\$		
5. Total of ALL C				\$	1280.60	
(This line must be on line	e 9 of Detailed Summary Page CRO-110	<i>10)</i>				

Amendment

Loan	Proce	eds
LVMII	11000	

of

No

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

LaChance for FAY Dis	iiioi J					7CE669
3. Lender Information		⊠ Add				Remove
a. Full Name, Mailing Addre		b. Job Title/Pi				d, Comments
(include city, state, & zip)		Antique Sa	lesmen			
Fred LaChance 611 Glenville Ave						e. Start Date (mm/dd/yyyy)
Fayetteville, NC 28303	c. Employer's	Name/Specific Fie	ld			
910-364-5463		Fred LaCha	ince			03/31/2022
		Business O Dixie Antic				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of	Payment		k. Amount
%	·	01	Credit C	ard		\$ 7.56
l. Full Name of Lending Inst	itution				m, L	oan Number
4. Endorsers/Makers	(The people who gu	arantee the loan.)				
a. Full Name, Mailing Addre		b. Job Title	/Profession	***************************************	c. En	nployer's Name/Specific Field
(include city, state, & zip)						
		d. Percenta	ge		e. An	nount
				%	\$	
a. Full Name, Mailing Addre (include city, state, & zip)	ess & Phone	b. Job Title	/Profession		c. En	nployer's Name/Specific Field
		d. Percenta	ge		e. An	nount
				%	\$	
a. Full Name, Mailing Addre (include city, state, & zip)	ess & Phone	b. Job Title	/Profession		c. En	nployer's Name/Specific Field
		d. Percenta	ge		e. An	nount
				%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	/Profession		e. En	nployer's Name/Specific Field
		d. Percenta	ge		e, An	nount
				%	\$	
5. Total of ALL CH	RO-1410 Pages	L				\$ 1280.60

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	ame (and Fund if applica	ble)		2. ID Num	iber		
LaChance for FAY D					7CE669		
3. Lender Informatio	n	⊠ Add			Remove		
a. Full Name, Mailing Add	lress & Phone	b. Job Title/Prol	fession		d. Comments		
(include city, state, & zi	p)	Antique Sales	smen				
Fred LaChance							
611 Glenville Ave					e. Start Date (mm/dd/yyyy)		
Fayetteville, NC 2830	13		ame/Specific Field		06/01/2022		
910-364-5463		Fred LaChan					
		Business Own			f. End Date (mm/dd/yyyy)		
		Dixie Antique	ies				
g. Rate	h. Security Pledged	i. Account Code	j. Form of Pay	ment	k. Amount		
	n. Security 1 reagen			•			
%		01	Credit Card	l 	\$ 398.45		
I. Full Name of Lending In	estitution			m. Loa	ın Number		
/ T 1 /W		4. 7					
4. Endorsers/Makers	And the first of t	b. Job Title/P		l a Emm	Javania Nama/Spaifia Field		
a. Full Name, Mailing Add		D. JOB TITLE/L'	rotession	c. թար	oloyer's Name/Specific Field		
(include city, state, & zi	<u>P)</u>						
		d. Percentage	, , , , , , , , , , , , , , , , , , , 	e. Amo	ount		
			9,	6 \$			
a. Full Name, Mailing Add	lress & Phone	b. Job Title/P	b. Job Title/Profession c.		c. Employer's Name/Specific Field		
(include city, state, & zij							
		1 D					
		d. Percentage	; 	e. Amo	ount		
			9,	6 \$			
a. Full Name, Mailing Add	lress & Phone	b. Job Title/P	rofession	e. Emn	loyer's Name/Specific Field		
(include city, state, & zip		b. dob Hitter	101031011	СЕВЕ	Note: Of the second Property of the second Pr		
(,, ,,	<u> </u>						
		d. Percentage		e. Amo	ount		
			9,	6 \$			
a. Full Name, Mailing Add	Ivose & Dhona	b. Job Title/Pi	· · · · · · · · · · · · · · · · · · ·	e Fmn	loyer's Name/Specific Field		
(include city, state, & zij		D. SOD TILLOT	TOTESSION	C. Emp	nojer stramerspeeme kielu		
(11011110 011), 511110, 42 211	<u> </u>						
		d. Percentage	;	e. Amo	ount		
			9,	6 \$			
em al catto	DO 1710 D						
5. Total of ALL C				\$	1280.60		
(This line must be on line	e 9 of Detailed Summary Page C	CRO-1100)					

Amendment

Loan	Proceed	le
LUAH	1 100000	10

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Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany and the contract of the A loan proceeds statement must accompany each loan that is from an individual

Title/Profession que Salesmen loyer's Name/Specific Fie LaChance ness Owner Antiques f Code j. Form of 1 Credit Ca	Payment ard m.	Remove d. Comments e. Start Date (mm/dd/yyyy) 05/24/2022 f. End Date (mm/dd/yyyy) k. Amount \$ 185.48 Loan Number	
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Amendment Yes No 1

Loan Proceeds

Pg

of

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) LaChance for FAY District 5		2,	ID Number 7CE669	
3. Lender Information	Add		Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	ssion	d. Comments	
(include city, state, & zip)	Antique Sales			
Fred LaChance				
611 Glenville Ave			e. Start Date (mm/dd/yyyy)	
Fayetteville, NC 28303	c. Employer's Na		04/13/2022	
910-364-5463	Fred LaChanc			
	Business Own		f. End Date (mm/dd/yyyy)	
	Dixie Antique	S		
g. Rate h. Security Pledged	i. Account Code	j. Form of Paymen	k. Amount	
%	01	Credit Card	\$ 375.00	
I. Full Name of Lending Institution			m. Loan Number	
7. This Children is Delivering Institution				
	•			
4. Endorsers/Makers (The people who guarantee			Total Mana (Specific Piets)	
a. Full Name, Mailing Address & Phone	b. Job Title/Pr	olession	c. Employer's Name/Specific Field	
(include city, state, & zip)				
			of Delivers	
	d Baycantago		e. Amount	
	d. Percentage			
		%	\$	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		c. Employer's Name/Specific Field	
(include city, state, & zip)			-	
	d. Percentage		e. Amount	
		%	\$	
a. Full Name, Mailing Address & Phone	b. Job Title/Pr	ofession	c. Employer's Name/Specific Field	
(include city, state, & zip)	THE PROPERTY OF THE PROPERTY O		NA CONTRACTOR OF THE CONTRACTO	
	True de la companya d			
	d. Percentage		e. Amount	
		%	\$	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		c. Employer's Name/Specific Field	
(include city, state, & zip)	2.002 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	d. Percentage		e. Amount	
		%	\$	
5. Total of ALL CRO-1410 Pages			1 1000 60	
(This line must be on line 9 of Detailed Summary Page CRO-110	00)		\$ 1280.60	

Loan Proceeds Pg 1 of 1

Amendment Pg <u>1</u> of <u>1</u> Yes 🔀 No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	me (and Fund if applicable)			2. ID Numb	er	
LaChance for FAY D	istrict 5			,	7CE669	
3. Lender Informatio	n 🗵	Add			Remove	
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Profess	sion		d. Comments	
(include city, state, & zip)		Antique Salesm	en			
Fred LaChance						
611 Glenville Ave	_				e. Start Date (mm/dd/yyyy)	
Fayetteville, NC 2830	13	c. Employer's Name	e/Specific Field	······	04/28/2022	
910-364-5463		Fred LaChance Business Owner			f. End Date (mm/dd/yyyy)	
		Dixie Antiques	L		i. End Date (mindayyyy)	
		Dixie riniques				
g. Rate	h. Security Pledged	i. Account Code	j. Form of Pay	ment	k. Amount	
%		01	Credit Card	I	\$ 176.55	
l. Full Name of Lending In	stitution		L	m. Loan	Number	
4. Endorsers/Makers	(The people who guarantee th	e loan.)				
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	ession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zi	9)					
		d Davanutaga		a Amou	nt	
		d. Percentage		e. Amou	111	
			9	6 \$		
a. Full Name, Mailing Address & Phone		b. Job Title/Profession c. Em		c. Emplo	yer's Name/Specific Field	
(include city, state, & zij	0)					
		d. Percentage		e. Amou	nf	
			9	6 \$		
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Profe	ession	e. Emplo	yer's Name/Specific Field	
(include city, state, & zij)					
		d Banantaga		o Aman		
		d. Percentage	· · · · · · · · · · · · · · · · · · ·	e. Amou	HE	
			9	6 \$		
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Profe	ession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zij))					
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5. Total of ALL C	DO 1/10 Dogos					
	NO-1410 Tages 9 of Detailed Summary Page CRO-1100	1		\$	1280.60	
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Die	hii	rsem	ents
LID	υu	LOCIN	CHUS

No

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

LaChance for F.	ull Name (and Fun AY District 5	и и аррисавие)			7CE669	
3. Type of Disba	and have an above an extension and a common	se use separate C	RO-1310 forms for each t	vpe of Disbursem		
Operating E			ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform	ation		Add	Remove		
			b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Fred LaChance						
611 Glenville A	ve		c. Level Registered (Specify)			
Fayetteville, NC	28303		Federal	County:		
910-364-5463			State 🛛	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Credit Card	Α	03/28/2022	\$176.55	Campaign Sign	
1	Credit Card	A	04/13/2022	\$375.00	Campaign Add	
4. Payee Inform	ation		Add	Remove	L	
· · · · · · · · · · · · · · · · · · ·	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,						
Fred LaChance						
611 Glenville A	ve		c. Level Registered (Specify)			
Fayetteville, NC	28303		Federal	County:	7	
910-364-5463			State 🛛	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Credit Card	A	05/24/2022	\$185.00	Campaign Sign	
1	Credit Card	A	06/01/2022	\$398.45	Street Signs	
4. Payee Inform	ation		Add	Remove	1	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,	~			_		
Fred LaChance						
611 Glenville A	ve		c. Level Registered (Specify)		1	
Fayetteville, NC 28303 910-364-5463			Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Credit Card	A	02/28/2022	\$24.87	Face Book Boost	
1	Credit Card	A	03/31/2022	\$7.46	Face Book Boost	
5. Total only thi	s Page			J	\$ 1,167.33	
	CRO-1310 Pages					
		mary Page CRO-1100	0 if Operating Expenses)		φ 1290.60	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 1280.60						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
	es (List detailed exp					
A* - Media	B* - Printing	C* - Fund	0	D - To Anothe		
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties		cal Party ce Expenses	Public Office Expenses n to Legal Expense Fund		
	e detailed explanati	on in required re	emarks field (k)			

Disbursements Pg 1 of 1 Yes No Heat this form to report arranditives from the agreemittee form encurting arranges contributions to condidate /nclitical

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

	full Name (and Fun	d if applicable)			2. ID Number
LaChance for F					7CE669
3. Type of Disbu			CRO-1310 forms for each t		
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures					
×	Payee Information Add Remove				·
a. Full Name, Mailing Address & Phone b. Coordinated Committee			b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Fred LaChance					
611 Glenville A			c. Level Registered (Specify)		
Fayetteville, NC	C 28303		Federal	County:	1
910-364-5463			State 🖂	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Credit Card	A	04/30/2022	\$24.61	Face Book Boost
1	Credit Card	A	05/26/2022	\$75.00	Face Book Boost
4. Payee Inform	ation		Add 🔲	Remove]
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	-				
Fred LaChance			1		
611 Glenville A			c. Level Registered (Specify)	· · · · · · · · · · · · · · · · · · ·	
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710 50. 5.02				111,0011-p,	
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1	Credit Card	A	05/31/2022	\$13.66	Face Book Boost
				\$	
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(include city, state, d	_				
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		ĺ	c. Level Registered (Specify)	,	
		ĺ	Federal	County:	
ĺ		I	State	Municipality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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- marinahi] "	\$ 113.27
5. Total only thi	is Page CRO-1310 Pages				\$ 113.27
	icko-1310 Pages line 13a of Detailed Sum		0 if One-sting Evnange)	Silving the state of the state of	
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A* - Media	es (Elsi detailed exp B* - Printing	penditure code in (C* - Fund		D - To Anothe	ar Condidata
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other	V	•• •••	v Expenses	~ ~~~	to negar sorpense a man
the state of the s	e detailed explanati	ion in required re	emarks field (k)		