

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 01/23/2016																																					
		e. Phone Number (910) 728-2569																																					
2. Report Year 2015	3. Period Start Date (mm/dd/yy) 10/20/2015	4. Period End Date (mm/dd/yy) 12/31/2015	5. Treasurer Full Name WILLIAM R TILL																																				
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Municipal</th> <th style="text-align: left;">State/County</th> <th style="text-align: left;">Referendum</th> </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 type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input checked="" 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 type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<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	
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<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) <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:		10. Special Report Name 																																					
8. Number of Fundraisers this Report 0																																							
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 \$		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																																							
<u>William R Till</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer																																					
		01/23/2016 Date																																					
FOR OFFICE USE ONLY																																							
Date Received: <u>JAN 26 2016</u>	Employee: <u>SC</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed																																					
Date Postmarked: _____	Employee: _____																																						
Date Scanned: _____	Employee: _____																																						
Date Data Entered: _____	Employee: _____	<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) COMMITTEE TO ELECT JIM ARP		2. Type of Report 2015 Year End Semi-Annual		3. ID Number	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,660.08		\$ 2,463.36	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 750.00		\$ 750.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 100.00		\$ 1,100.00	
9) Loan Proceeds (CRO-1410)		\$ 11.70		\$ 11.70	
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)		\$ 861.70		\$ 1,861.70	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 10.00		\$ 838.40	
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)		\$ 0.00		\$ 160.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 1,386.88	
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)		\$ 10.00		\$ 2,385.28	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,959.78		\$ 1,959.78	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 11.70			
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

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) COMMITTEE TO ELECT JIM ARP						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DON G. WELLONS 2004 W. CUMBERLAND STREET DUNN, NC 28335				b. Job Title/Profession CONSTRUCTION		d. Comments	
				c. Employer's Name/Specific Field WELLONS CONSTRUCTION, INC.			
				e. Election Sum to Date \$ 250.00			
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		12/08/2015	\$ 250.00		
<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) ROBERT P. WELLONS P.O. BOX 730 DUNN, NC 28335				b. Job Title/Profession CONSTRUCTION		d. Comments	
				c. Employer's Name/Specific Field WELLONS CONSTRUCTION, INC.			
				e. Election Sum to Date \$ 250.00			
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		12/08/2015	\$ 250.00		
<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) JOHN H WELLONS JR P.O. BOX 1254 FAYETTEVILLE, NC 28335				b. Job Title/Profession PRESIDENT		d. Comments	
				c. Employer's Name/Specific Field JOHN H. WELLONS FOUNDATION, INC.			
				e. Election Sum to Date \$ 250.00			
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		12/08/2015	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 750.00	

Contributions from Other Political Committees

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP			2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC HOME BUILDERS ASSOCIATION BUILD POLITICAL ACTION COMMITTEE P.O. BOX 99090 RALEIGH, NC 27624		b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments
		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 \$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		12/08/2015	\$ 100.00
				\$
				\$
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00

CRO-1230

NC State Board of Elections

April 2007

Loan Proceeds

Pg 1 of 1

Amendment

☐ 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 Name (and Fund if applicable) COMMITTEE TO ELECT JIM ARP				2. ID Number	
3. Lender 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		b. Job Title/Profession GOVT CONTRACTOR/RETIRED ARMY OFFICER		d. Comments	
		c. Employer's Name/Specific Field NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION		e. Start Date (mm/dd/yyyy) 12/08/2015	
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code 1	j. Form of Payment Check	k. Amount \$ 11.70	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 11.70	

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 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) BB&T 2507 BRAGG BLVD FAYETTEVILLE, NC 28303			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		d. Comments e. Election Sum to Date <div style="text-align: right;">\$ 164.00</div>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	O	11/02/2015	\$ 5.00	BANK FEE
1	Draft	O	12/01/2015	\$ 5.00	BANK FEES
5. Total only this Page					\$ 10.00
6. Total of ALL CRO-1310 Pages					\$ 10.00
<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)					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A* - Media</div> <div style="width: 50%;">B* - Printing</div> <div style="width: 50%;">C* - Fundraising</div> <div style="width: 50%;">D - To Another Candidate</div> <div style="width: 50%;">E - Salaries</div> <div style="width: 50%;">F* - Equipment</div> <div style="width: 50%;">G - Political Party</div> <div style="width: 50%;">H* - Holding Public Office Expenses</div> <div style="width: 50%;">I - Postage</div> <div style="width: 50%;">J - Penalties</div> <div style="width: 50%;">K* - Office Expenses</div> <div style="width: 50%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 50%;">O* Other</div> </div>					
* Codes require detailed explanation in required remarks field(k)					

CRO-1310

NC State Board of Elections

December 2009

Outstanding Loans

Pg 1 of 1

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) COMMITTEE TO ELECT JIM ARP		2. ID Number	
3. Lender 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		b. Job Title/Profession GOVT CONTRACTOR/RETIRED ARMY OFFICER	d. Comments
		c. Employer's Name/Specific Field NORTHPOINT SOLUTIONS GROUP LLC & SCIENTIFIC APPLICATION INTERNATIONAL CORP.	e. Start Date (mm/dd/yyyy) 12/08/2015
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 11.70	j. Remaining Loan Balance \$ 11.70
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 11.70
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 11.70

CRO-1430

NC State Board of Elections

December 2007