

Disclosure Report Cover

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.

Amendment
☐ Yes ☒ No

1. Committee Information

a. Full Name	2017 NOV -2 AM 10:07 Committee to Elect Tim Flinchum	b. Number	1CQC67
b. Mailing Address (include City, State and Zip Code)	7206 Broad Street Rural Hall NC 27045	d. Date Filed	10/30/2017
		e. Phone Number	336-403-2191

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	09/27/2017	10/23/2017	Timothy Matthew Flinchum

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)	10. Special Report Name
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser	Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☒ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special	

7. Type of Fund (if applicable, check one)	8. Number of Fundraisers this Report	11. Account Information
☐ Booster Fund ☐ Building Fund ☐ Other:	none	a. Financial Institution Full Name First Citizens Bank
		b. Purpose Deposit and Spend campaign Funds
		c. Account Code 1
		d. Period Begin Balance \$ 1537.87

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.

Timothy Matthew Flinchum
Printed Name of Signer
Signature of Appointed Treasurer
10/30/17
Date

FOR OFFICE USE ONLY

Date Received:	11/2/17	Employee:	kg	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:		Employee:		☒ Registered Mail
Date Data Entered:		Employee:		☐ 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 Tim Flinchum		Pre-Election	1CQC67
Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,537.87	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 108.99	\$ 108.99	
6) Contributions from Individuals (CRO-1210)	\$ 2,406.14	\$ 2,511.14	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 1,500.00	\$ 3,390	
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 Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 4,015.13	\$ 6,010.13	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 3,461.40	\$ 3,918.53	
13b) Contributions to Candidates/Political Committees (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)	\$ 1,050.13	\$ 1,050.13	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,511.53	\$ 4,968.66	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,041.47	\$ 1,041.47	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
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)	\$	\$	

Page 1 of 1☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)

1CQC 67

[illegible]

\$ 108.99

\$ 108.99

April 2007

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	
Committee to Elect Tim Flinchum				1CQC67	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Timothy Matthew Flinchum 7206 Broad Street Rural Hall NC 27045			Real Estate		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Self		\$ 500.67
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In Kind	Printed letters	10/07/2017	\$ 195.67
☐	1	In Kind	Stamps/Postage	10/07/2017	\$ 98.00
☐	1	In Kind	Stamps/Postage	10/19/2017	\$ 102.00
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Timothy Matthew Flinchum 7206 Broad Street Rural Hall NC 27045			Real Estate		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Self		\$ 1,111.14
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In Kind	Postage Stamps	10/20/2017	\$ 238.00
☐	1	In Kind	Printed Letters	10/23/2017	\$ 112.72
☐	1	In Kind	Printed Letters	10/23/2017	\$ 259.75
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Timothy Matthew Flinchum 7206 Broad Street Rural Hall NC 27045			Real Estate		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Self		\$ 2,511.14
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/17/2017	\$ 800.00
☐	1	Check		10/19/2017	\$ 600.00
☐					\$
4. Total only this Page					\$ 2,406.14
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Disbursements

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

Amendment ☒ Yes ☐ No Pg 1 of 5

1. Committee Full Name (and Fund if applicable)	Committee to Elect Tim Finchem
2. ID Number	1000067

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)	☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	Staples 430 E Hanes Mill Road Winston Salem NC 27105 336-377-3436
b. Coordinated Committee Name	
c. Level Registered (Specify)	☐ State ☐ Federal ☐ County
d. Comments	
e. Election Sum to Date	\$ 643.13
f. Account Code	1
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	08/27/2017
j. Amount	\$ 195.66
k. Required Remarks	Print Letters

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Buildasign.com 11525A Stoney Hollow Dr Austin TX 78758
b. Coordinated Committee Name	
c. Level Registered (Specify)	☐ State ☐ Federal ☐ County
d. Comments	
e. Election Sum to Date	\$ 366.52
f. Account Code	1
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	09/28/2017
j. Amount	\$ 366.52
k. Required Remarks	Yard Signs

a. Full Name, Mailing Address & Phone (include city, state, & zip)	First Citizens Bank 8175 Broad St Rural Hall NC 27045 336-969-4230
b. Coordinated Committee Name	
c. Level Registered (Specify)	☐ State ☐ Federal ☐ County
d. Comments	
e. Election Sum to Date	\$ 43.00
f. Account Code	1
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	09/29/2017
j. Amount	\$ 7.00
k. Required Remarks	Bank Fee

a. Full Name, Mailing Address & Phone (include city, state, & zip)	First Citizens Bank 8175 Broad St Rural Hall NC 27045 336-969-4230
b. Coordinated Committee Name	
c. Level Registered (Specify)	☐ State ☐ Federal ☐ County
d. Comments	
e. Election Sum to Date	\$ 43.00
f. Account Code	1
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	09/29/2017
j. Amount	\$ 7.00
k. Required Remarks	Bank Fee

5. Total only this Page	\$ 822.30
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6. Total of ALL CRO-1310 Pages	(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)
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7. Purpose Codes (List detailed expenditure code in (h) above)	A* - Media E - Salaries I - Postage O* - Other B* - Printing F* - Equipment J - Penalties K* - Office Expenses D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund
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Disbursements

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Amendment
☐ 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 Tim Flinchum					1CQC67	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
US Postal Service 7840 North Point Blvd Winston Salem NC				c. Level Registered (Specify)		
				☒ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date \$ 294.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	I	10/02/2017	\$ 147.00	Postage	
1	Debit	I	10/02/2017	\$ 147.00	Postage	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Campaign Partner 16 Dudley Street Fitchburg MA 01420 617-500-7251				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date \$ 92.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	A	10/02/2017	\$ 29.00	Website	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Wendy Wood 5309 Shattalon Dr Winston-Salem NC 27106				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date \$ 620.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	O	10/02/2017	\$ 282.50	Distribute literature	
1	check	O	10/12/2017	\$ 237.50	Distribute literature	
5. Total only this Page					\$ 843.00	
6. Total of ALL CRO-1310 Pages					\$ 3461.40	
<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)						

Disbursements

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

Amendment ☒ No ☐ Yes ☐

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1. Committee Full Name (and Fund if applicable) **Committee to Elect Tim Flinchum**

2. ID Number **1C9C67**

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone
US Postal Service
7840 North Point Blvd
Winston Salem NC
 (include city, state, & zip)

b. Coordinated Committee Name
 d. Comments

c. Level Registered (Specify)
☐ Federal ☐ County ☐ Municipality

e. Election Sum to Date
\$ 441.00

f. Account Code
1

g. Form of Payment
Debit

h. Purpose Code
I

i. Date (mm/dd/yyyy)
10/03/2017

j. Amount
\$ 147.00

k. Required Remarks
Postage

4. Payee Information

a. Full Name, Mailing Address & Phone
Wendy Wood
5309 Skatlon Dr
Winston Salem NC 27106
 (include city, state, & zip)

b. Coordinated Committee Name
 d. Comments

c. Level Registered (Specify)
☐ Federal ☐ County ☐ Municipality

e. Election Sum to Date
\$ 1420.00

f. Account Code
1

g. Form of Payment
Check

h. Purpose Code
0

i. Date (mm/dd/yyyy)
10/16/2017

j. Amount
\$ 400.00

k. Required Remarks
Prepaid mail cards

4. Payee Information

a. Full Name, Mailing Address & Phone
VistaPrint.com
217 Westminster St
Providence RI 02903
1-866-614-8002
 (include city, state, & zip)

b. Coordinated Committee Name
 d. Comments

c. Level Registered (Specify)
☐ Federal ☐ County ☐ Municipality

e. Election Sum to Date
\$ 173.67

f. Account Code
1

g. Form of Payment
Debit

h. Purpose Code
B

i. Date (mm/dd/yyyy)
10/17/2017

j. Amount
\$ 121.66

k. Required Remarks
Post Cards

5. Total only this Page
\$ 1088.68

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
\$ 3461.40
 (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 L* - Donation to Legal Expense Fund
 O* Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment ☒ No ☐ Yes ☐ Pg 4 of 5

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)	Committee to Elect Tim Flinchum
2. ID Number	100067

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)	☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures
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4. Payee Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Vista Print 217 Westminster St Providence RI 02903
b. Coordinated Committee Name	
c. Level Registered (Specify)	
d. Comments	
e. Election Sum to Date	\$ 356.19
f. Amount	\$ 356.19
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	10/18/2017
j. Amount	\$ 50.16
k. Required Remarks	Post Cards

4. Payee Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Vista Print 217 Westminster St Providence RI 02903
b. Coordinated Committee Name	
c. Level Registered (Specify)	
d. Comments	
e. Election Sum to Date	\$ 620.90
f. Amount	\$ 620.90
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	10/18/2017
j. Amount	\$ 50.16
k. Required Remarks	Post Cards

4. Payee Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Vista Print 217 Westminster St Providence RI 02903
b. Coordinated Committee Name	
c. Level Registered (Specify)	
d. Comments	
e. Election Sum to Date	\$ 620.90
f. Amount	\$ 620.90
g. Form of Payment	Debit
h. Purpose Code	B
i. Date (mm/dd/yyyy)	10/19/2017
j. Amount	\$ 125.95
k. Required Remarks	Post Cards

4. Payee Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Wendy Wood 5309 Skatston Pl Winston-Salem NC 27106
b. Coordinated Committee Name	
c. Level Registered (Specify)	
d. Comments	
e. Election Sum to Date	\$ 1623.65
f. Amount	\$ 1623.65
g. Form of Payment	Check
h. Purpose Code	
i. Date (mm/dd/yyyy)	10/19/2017
j. Amount	\$ 203.65
k. Required Remarks	Distribute Literature

5. Total only this Page		\$ 650.88
6. Total of ALL CRO-1310 Pages		\$ 3461.40

7. Purpose Codes (List detailed expenditure code in (h.) above)	
A* - Media	B* - Printing
E - Salaries	F* - Equipment
I - Postage	J - Penalties
O* Other	K* - Office Expenses
	L* - Holding Public Office Expenses
	M - To Another Candidate
	N* - Donation to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k)	
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Disbursements

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Amendment
☐ 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 Tim Flinchum					1CAC67	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Staples 430 E Hanes mill Rd Winston Salem NC 27105 336-377-3436				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date
						\$ 699.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	B	10/23/2017	\$ 28.27	Print Letters	
1	Debit	B	10/23/2017	\$ 28.27	Print Letters	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				☐ 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	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				☐ 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	
				\$		
				\$		
5. Total only this Page					\$ 56.54	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 3,461.40	
(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)						

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.

1. Committee Full Name (and Fund if applicable)		Committee to Elect Tim Flahum		2. ID Number		109667	
3. Lender Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Timothy Matthew Flahum 7206 Broad Street Rural Hall NC 27045		b. Job Title/Profession		Real Estate	
c. Employer's Name/Specific Field		Self		d. Comments		open	
e. Start Date (mm/dd/yyyy)		10/10/2017		f. End Date (mm/dd/yyyy)			
g. Rate		0 %		h. Security Pledged		NONE	
i. Account Code		1		j. Form of Payment		check	
k. Amount		\$ 500		l. Loan Number			
4. Endorsers/Makers (The people who guarantee the loan.)							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession			
c. Employer's Name/Specific Field				d. Percentage		%	
e. Amount		\$		f. Percentage		%	
g. Full Name, Mailing Address & Phone (include city, state, & zip)				h. Job Title/Profession			
i. Employer's Name/Specific Field				j. Percentage		%	
k. Full Name, Mailing Address & Phone (include city, state, & zip)				l. Job Title/Profession			
m. Employer's Name/Specific Field				n. Percentage		%	
o. Full Name, Mailing Address & Phone (include city, state, & zip)				p. Job Title/Profession			
q. Employer's Name/Specific Field				r. Percentage		%	
s. Full Name, Mailing Address & Phone (include city, state, & zip)				t. Job Title/Profession			
u. Employer's Name/Specific Field				v. Percentage		%	
w. Full Name, Mailing Address & Phone (include city, state, & zip)				x. Job Title/Profession			
y. Employer's Name/Specific Field				z. Percentage		%	
aa. Full Name, Mailing Address & Phone (include city, state, & zip)				ab. Job Title/Profession			
ac. Employer's Name/Specific Field				ad. Percentage		%	
ae. Full Name, Mailing Address & Phone (include city, state, & zip)				af. Job Title/Profession			
ag. Employer's Name/Specific Field				ah. Percentage		%	
ai. Full Name, Mailing Address & Phone (include city, state, & zip)				aj. Job Title/Profession			
ak. Employer's Name/Specific Field				al. Percentage		%	
am. Full Name, Mailing Address & Phone (include city, state, & zip)				an. Job Title/Profession			
ao. Employer's Name/Specific Field				ap. Percentage		%	
aq. Full Name, Mailing Address & Phone (include city, state, & zip)				ar. Job Title/Profession			
as. Employer's Name/Specific Field				at. Percentage		%	
au. Full Name, Mailing Address & Phone (include city, state, & zip)				av. Job Title/Profession			
aw. Employer's Name/Specific Field				ax. Percentage		%	
ay. Full Name, Mailing Address & Phone (include city, state, & zip)				az. Job Title/Profession			
ba. Employer's Name/Specific Field				bb. Percentage		%	
bc. Full Name, Mailing Address & Phone (include city, state, & zip)				bd. Job Title/Profession			
be. Employer's Name/Specific Field				bf. Percentage		%	
bg. Full Name, Mailing Address & Phone (include city, state, & zip)				bh. Job Title/Profession			
bi. Employer's Name/Specific Field				bj. Percentage		%	
bk. Full Name, Mailing Address & Phone (include city, state, & zip)				bl. Job Title/Profession			
bm. Employer's Name/Specific Field				bn. Percentage		%	
bo. Full Name, Mailing Address & Phone (include city, state, & zip)				bp. Job Title/Profession			
bq. Employer's Name/Specific Field				br. Percentage		%	
bs. Full Name, Mailing Address & Phone (include city, state, & zip)				bt. Job Title/Profession			
bu. Employer's Name/Specific Field				bv. Percentage		%	
bv. Full Name, Mailing Address & Phone (include city, state, & zip)				bw. Job Title/Profession			
bx. Employer's Name/Specific Field				by. Percentage		%	
bz. Full Name, Mailing Address & Phone (include city, state, & zip)				ca. Job Title/Profession			
cb. Employer's Name/Specific Field				cc. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				ce. Job Title/Profession			
ce. Employer's Name/Specific Field				cf. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, & zip)				cf. Job Title/Profession			
ce. Employer's Name/Specific Field				cg. Percentage		%	
cd. Full Name, Mailing Address & Phone (include city, state, &							

Loan Proceeds

Pg 2 of 2

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)				2. ID Number	
Committee to Elect Tim Flinchum				1CQC67	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Timothy Matthew Flinchum 7206 Broad Street Rural Hall NC 27045		Real Estate			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		self		10/12/2017	
				f. End Date (mm/dd/yyyy)	
				open	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	NONE	1	check	\$ 1,000	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage	
				e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage	
				e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage	
				e. Amount	
				% \$	
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				\$ 1,500.00	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

In-Kind Contributions

Pg 1 of 2

Amendment

☐ Yes

☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Tim Flinchum		1CQC67	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Brian Miller 4395 Sandalwood Ct Winston Salem NC 27106		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 34.00	
e. Description		f. Date (mm/dd/yyyy)	
Postage Stamps		10/21/2017	
		g. Fair Market Amount	
		\$ 34.00	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Sara Blackburn 2261 King George Ct Winston Salem NC 27103		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 3.40	
e. Description		f. Date (mm/dd/yyyy)	
Postage Stamps		10/23/2017	
		g. Fair Market Amount	
		\$ 3.40	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Timothy Matthew Flinchum 7206 Broad St Rural Hall NC 27045		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 395.67	
e. Description		f. Date (mm/dd/yyyy)	
Printed Letters		10/07/17	
		g. Fair Market Amount	
		\$ 195.67	
Stamps / Postage		10/07/17	
		g. Fair Market Amount	
		\$ 98.00	
Stamps / Postage		10/19/17	
		g. Fair Market Amount	
		\$ 102.00	
4. Total only this Page		\$ 433.07	
5. Total of ALL CRO-1510 Pages		\$	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

In-Kind Contributions

Pg 2 of 2

Amendment	☐ Yes	☒ No
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Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Tim Flinchum		1CQ C 67	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Timothy Matthew Flinchum 7206 Broad St Rural Hall NC 27045		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date	
			\$1,006.14
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Postage Stamps	10/20/17	\$ 238.00	
Printed Letters	10/23/17	\$ 112.72	
Printed Letters	10/23/17	\$ 259.75	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Timothy Matthew Flinchum 7206 Broad St Rural Hall NC 27045		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date	
			\$ 1,012.73
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Postage / Postoffice	10/12/17	\$ 6.59	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date	
			\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 617.06	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1050.13	