

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 A. L. COLLINS COMMISSIONER | | c. ID Number ICQ-474-0-000 | | | | | | | |
| b. Mailing Address (include City, State and Zip Code) 430 WEST MOUNTAIN STREET KERNERSVILLE, NC 27284 | | d. Date Filed 10/25/2018 | | | | | | | |
| | | e. Phone Number (336) 996-6475 | | | | | | | |
| 2. Report Year 2018 | 3. Period Start Date (mm/dd/yy) 04/22/2018 | 4. Period End Date (mm/dd/yy) 06/30/2018 | 5. Treasurer Full Name WHITNEY E HUNTER | | | | | | |
| 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"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table> | | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| Municipal | State/County | Referendum | | | | | | | |
| <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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 Amendment to 2nd Oct | | | | | | | |
| 8. Number of Fundraisers this Report 0 | | | | | | | | | |
| 3. Account Information | | 3. Account Information | | | | | | | |
| a. Financial Institution Full Name COMMITTEE TO ELECT A. L. COLLINS COMMISSIONER | | a. Financial Institution Full Name | | | | | | | |
| b. Purpose FOR CAMPAIGN RELATED ACTIVITY | c. Account Code 1 | b. Purpose | c. Account Code | | | | | | |
| | d. Period Begin Balance \$ 9,274.78 | | 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 Whitney E Hunter | | Signature of Appointed Treasurer [Signature] | | | | | | | |
| | | Date 10/25/2018 | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |
| Date Received: | 10/26/18 | Employee: | [Signature] | | | | | | |
| 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. | | | | | | | | | |

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| 1. Committee Information | | | | |
| a. Full Name COMMITTEE TO ELECT A. L. COLLINS COMMISSIONER | | | c. ID Number ICQ-474-0-000 | |
| b. Mailing Address (include City, State and Zip Code) 430 WEST MOUNTAIN STREET KERNERSVILLE, NC 27284 | | | d. Date Filed 10/25/2018 | |
| | | | e. Phone Number (336) 996-6475 | |
| 2. Report Year 2018 | 3. Period Start Date (mm/dd/yy) 07/01/2018 | 4. Period End Date (mm/dd/yy) 10/20/2018 | 5. Treasurer Full Name WHITNEY E HUNTER | |
| 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 | | 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 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"/> <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 COMMITTEE TO ELECT A. L. COLLINS COMMISSIONER | | a. Financial Institution Full Name | | |
| b. Purpose FOR CAMPAIGN RELATED ACTIVITY | c. Account Code 1 | b. Purpose | c. Account Code | |
| | d. Period Begin Balance \$ 6547.75 | | 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 | | | | |
| Whitney E. Hunter Printed Name of Signer | | [Signature] Signature of Appointed Treasurer | | 10/25/2018 Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: 10/26/18 | Employee: [Signature] | 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. | | | | |