

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 PAC4NEW		c. ID Number 007-9 202020 007 27 PH 0:17	
b. Mailing Address (include City, State and Zip Code) 710 POLO ROAD WINSTON-SALEM, NC 27106		d. Date Filed 10/27/2020	
		e. Phone Number 615-545-1644	
2. Report Year 2020	3. Period Start Date (mm/dd/yy) 07/01/2020	4. Period End Date (mm/dd/yy) 10/17/2020	5. Treasurer Full Name ARCANDERS HUNTER
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <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 State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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 Referendum <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)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name TRULIANT CREDIT UNION		a. Financial Institution Full Name	
b. Purpose CAMPAIGN SUPPORT	c. Account Code P4N2020	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 287.47		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 of Elections			
ARCANDERS HUNTER, Jr		ARCANDERS HUNTER	
Printed Name of Signer		Signature of Appointed Treasurer	
		10/27/2020	
		Date	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:	Employee:		
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>			

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	
PAC4NEW		Quarterly			
Start of Election Cycle: January 1, 2020		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 287.47		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 5.00		\$	
6) Contributions from Individuals (CRO-1210)		\$ 50.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 00		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 00		\$	
9) Loan Proceeds (CRO-1410)		\$ 00		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 00		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 00		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 00		\$	
11c) Outside Sources of Income (CRO-1250)		\$ 00		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 00		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 00		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 55.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 267.61		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 00		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 00		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 00		\$	
15) Loan Repayments (CRO-1420)		\$ 00		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 00		\$	
17) In-Kind Contributions (CRO-1510)		\$ 00		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 267.61		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 74.86		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 00			
25) Administrative Support (CRO-1710)		\$ 00		\$	
26) Forgiven Loans (CRO-1440)		\$ 00		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 00		\$	
28) Contributions to be Refunded (CRO-1215)		\$ 00		\$	

Disbursements

Pg 1 of 2 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) PAC4NEW						2. ID Number: IN COUNT OFFICE	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) <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) SPECTRUM BUSINESS 360 E HANES MILK RD W-S, NC 27406 846-842-4479				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 118.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
P4N2020	CHECK	K	09/04/2020	\$ 91.98	INTERNET		
P4N2020	DEBIT	K	09/28/2020	\$ 26.85	INTERNET		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTA PRINT HUDSON WEG8 VENIO, NETHERLANDS 5928LW				b. Coordinated Committee Name		d. Comments BUSINESS CARDS	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 214.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
P4N2020	DEBIT	B	07/15/2020	\$ 146.63	CAMPAIGN CARDS		
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT HUDSON WEG8 VENIO, NETHERLANDS 5928LW				b. Coordinated Committee Name		d. Comments HANDOUTS	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 67.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
P4N2020	DEBIT	B	04/26/2020	\$ 67.72	CAMPAIGN MATERIAL		
5. Total only this Page						\$ 265.41	
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)						\$ 265.41	
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

Pg 2 of 2 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			
DAC4NEW									
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)				b. Coordinated Committee Name		d. Comments			
PAYPAL PAYPAL.COM									
								c. Level Registered (Specify)	
								<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date			
						\$ 2.20			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
P4N2020	ACCT. DEDUCT	0	07/11/2020	\$ 1.75	Service Fee				
P4N2020	ACCT. DEDUCT	0	08/01/2020	\$.45	Service Fee				
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments			
PAYPAL PAYPAL.COM									
								c. Level Registered (Specify)	
								<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date			
						\$ 27.91			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
P4N2020	ACCT. DEDUCT	0	03/02/2020	\$ 27.91	Service Fee				
				\$					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments			
								c. Level Registered (Specify)	
								<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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						\$ 2.20			
6. Total of ALL CRO-1310 Pages						\$ 267.61			
<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).									

Contributions from Individuals

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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) <u>PAC4NEW</u>					2. ID Number 	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>KELLIE EASTON</u> <u>Kellie@EASTONRidgegroup.com</u>			b. Job Title/Profession 		d. Comments 	
			c. Employer's Name/Specific Field 			
			e. Election Sum to Date \$ <u>50.00</u>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>PAN 2020</u>	<u>PAYPAL</u>		<u>02/11/2020</u>	\$ <u>50.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession 		d. Comments 	
			c. Employer's Name/Specific Field 			
			e. Election Sum to Date \$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession 		d. Comments 	
			c. Employer's Name/Specific Field 			
			e. Election Sum to Date \$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>50.00</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <u>50.00</u>	

Page 1 of 1☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

2. ID Number

PAC4NEW

[illegible]**4. Total only this Page**

\$ 5.00

5. Total of ALL CRO-1205 Pages

\$ 5.12

(This line must be on line 5 of Detailed Summary Page CRO-1100)