

Contributions from Individuals

Pg _____ of _____

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	
APPLE FOR ALDERMAN					TCQC7L	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN A. STACHERSKI 470 BENT CREEK TRAIL KERNERSVILLE, NC. 27284			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED- RETIRED			
					e. Election Sum to Date	
					\$ 50.00	
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		09/29/2021	\$ 50.00	
<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)			b. Job Title/Profession		d. Comments	
WILLIS WADE APPLE (CANDIDATE) 445 BENT CREEK TRAIL KERNERSVILLE, NC. 27284			MEDIATOR/ARBITRATOR		TRANSFER FROM CANDIDATE'S RETIREMENT ACCOUNT	
			c. Employer's Name/Specific Field			
			APPLE MEDIATION, LLC			
					e. Election Sum to Date	
					\$ 2600.00	
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		08/05/2021	\$ 2600.00	
<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)			b. Job Title/Profession		d. Comments	
WILLIS WADE APPLE (CANDIDATE) 445 BENT CREEK TRAIL KERNERSVILLE, NC 27284			MEDIATOR/ ARBITRATOR		TO OPEN COMMITTEE CHECKING ACCOUNT	
			c. Employer's Name/Specific Field			
			APPLE MEDIATION, LLC			
					e. Election Sum to Date	
					\$ 2800.00	
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		08/02/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3875.94	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

Pg _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
APPLE FOR ALDERMAN					TCQC7L	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT REED 555 THOMAS ROSS LANE KERNERSVILLE, NC. 27284			NO JOB ITTLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED - RETIRED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		09/23/2021	\$ 100.00	
<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)			b. Job Title/Profession		d. Comments	
JOHN MICHAEL BLACKBURN 6935 OLD VALLEY SCHOOL ROAD KERNERSVILLE, NC. 27284			TAX CONSULTANT & PHOTOGRAPHER			
			c. Employer's Name/Specific Field			
			PARADIGM TAX GROUP			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		09/23/2021	\$ 20.00	
<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)			b. Job Title/Profession		d. Comments	
DENISE LANE WILLIAMS 5801 REGENTS PARK ROAD KERNERSVILLE, NC. 27284						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		09/23/2021	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 160.00	
5. Total of ALL CRO-1210 Pages					\$ 3875.94	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg ____ of ____

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) APPLE FOR ALDERMAN					2. ID Number TCQC7L	
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) THE PRESCOTT 126 SOUTH MAIN STREET, STE. G KERNERSVILLE, NC. 27284			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code			g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1			CREDIT CD.		09/23/2021	\$815.94
						\$
k. Required Remarks MEET & GREET FOR CAMPAIGN						
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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code			g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
						\$
						\$
k. Required Remarks						
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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
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						
						\$ 815.94
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)						\$ 2781.46
(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)						