

# Detailed Summary 2nd Qtr 2024

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☒ Yes ☐ No

|                                                                              |            |                             |                           |
|------------------------------------------------------------------------------|------------|-----------------------------|---------------------------|
| 1. Committee Full Name (and Fund if applicable)                              |            | 2. Type of Report           | 3. ID Number              |
| Rafe Walters for County Commissioner                                         |            | 2nd Qtr 2024                | 9CQ75S                    |
| Start of Election Cycle: January 1, 2023                                     |            | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     |            | \$ 413.82                   | \$ 1,114.14               |
| <b>RECEIPTS</b>                                                              |            |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          | \$                        |
| 6) Contributions from Individuals                                            | (CRO-1210) | \$ 700.00                   | \$ 2,934.70               |
| 7) Contributions from Political Party Committees                             | (CRO-1220) | \$                          | \$                        |
| 8) Contributions from Other Political Committees                             | (CRO-1230) | \$                          | \$                        |
| 9) Loan Proceeds                                                             | (CRO-1410) | \$                          | \$                        |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240) | \$ 378.26                   | \$ 378.26                 |
| 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) |            | \$ 1,078.26                 | \$ 3,312.96               |
| <b>EXPENDITURES</b>                                                          |            |                             |                           |
| 13) Disbursements                                                            |            |                             |                           |
| 13a) Operating Expenditures                                                  | (CRO-1310) | \$ 247.50                   | \$ 2,143.38               |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310) | \$ 79.50                    | \$ 79.50                  |
| 13c) Coordinated Party Expenditures                                          | (CRO-1310) | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures                                        | (CRO-1315) | \$ 464.76                   | \$ 464.76                 |
| 15) Loan Repayments                                                          | (CRO-1420) | \$                          | \$                        |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320) | \$                          | \$                        |
| 17) In-Kind Contributions                                                    | (CRO-1510) | \$                          | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$ 791.76                   | \$ 2,683.14               |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ 700.32                   | \$ 700.32                 |
| <b>ADDITIONAL INFORMATION</b>                                                |            |                             |                           |
| 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) | \$                          | \$                        |

CRO-1100

NC State Board of Elections

August 2008

# Disbursements *2nd Qtr*

Page 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)<br><b>Ralf Walters for County Commissioner</b>                                                                                                                                                                                                     |                    |                 |                      |                                                                                                                                            |                        | 2. ID Number<br><b>900755</b>       |  |
| 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<br>(include city, state, & zip)<br><b>Carter Publishing Co.<br/>300 East Mountain St.<br/>Kearnsville, UT 84254<br/>(336) 993-2161</b>                                                                                                                       |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                        | d. Comments                         |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                        | e. Election Sum to Date             |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | <b>\$180.00</b>                     |  |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks    |                                     |  |
| <b>1</b>                                                                                                                                                                                                                                                                                           | <b>Debit Card</b>  | <b>A</b>        | <b>03/08/24</b>      | <b>\$180.00</b>                                                                                                                            | <b>Advertising</b>     |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | \$                                                                                                                                         |                        |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Irons Inc<br/>100 N. 18th St<br/>Philadelphia, PA 19103<br/>(484) 254-5555</b>                                                                                                                                         |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                        | d. Comments                         |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                        | e. Election Sum to Date             |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | <b>\$67.50</b>                      |  |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks    |                                     |  |
| <b>1</b>                                                                                                                                                                                                                                                                                           | <b>Debit Card</b>  | <b>0</b>        | <b>03/18/24</b>      | <b>\$67.50</b>                                                                                                                             | <b>Website hosting</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | \$                                                                                                                                         |                        |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                        |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(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:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | <b>\$</b>                           |  |
| 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                                                                                                                                                                                                                                                                            |                    |                 |                      |                                                                                                                                            |                        | <b>\$ 247.50</b>                    |  |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                                                                                                                                     |                    |                 |                      |                                                                                                                                            |                        | <b>\$ 327.00</b>                    |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(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)                                                                                                                                                                                                                                 |                    |                 |                      |                                                                                                                                            |                        |                                     |  |

2 QTR 2024

# Disbursements

Page 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                        |  |
| Ralf Walters for County Commissioner                                                                                                                                                     |  |                    |  |                                                                                                                                                       |  | 90075 S                             |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                              |  |                    |  |                                                                                                                                                       |  |                                     |  |
| <input type="checkbox"/> Operating Expenses <input checked="" 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<br>(include city, state, & zip)                                                                                                                    |  |                    |  | b. Coordinated Committee Name                                                                                                                         |  | d. Comments                         |  |
| North Carolina Republican Party<br>1506 Hillsborough St.<br>Raleigh, NC 27605<br>(919) 828-6423                                                                                          |  |                    |  | c. Level Registered (Specify)                                                                                                                         |  | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |  |                    |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |  |                                     |  |
| f. Account Code                                                                                                                                                                          |  | g. Form of Payment |  | h. Purpose Code                                                                                                                                       |  | i. Date (mm/dd/yyyy)                |  |
| 1                                                                                                                                                                                        |  | Debit Card         |  | 0                                                                                                                                                     |  | 05/24/2024                          |  |
|                                                                                                                                                                                          |  |                    |  |                                                                                                                                                       |  | j. Amount                           |  |
|                                                                                                                                                                                          |  |                    |  |                                                                                                                                                       |  | \$ 79.50                            |  |
|                                                                                                                                                                                          |  |                    |  |                                                                                                                                                       |  | k. Required Remarks                 |  |
|                                                                                                                                                                                          |  |                    |  |                                                                                                                                                       |  | State Convention                    |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |  |                    |  |                                                                                                                                                       |  |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(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:<br><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<br>(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:<br><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                                                                                                                                                                  |  |                    |  |                                                                                                                                                       |  | \$ 79.50                            |  |
| 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)                                                                                   |  |                    |  |                                                                                                                                                       |  | \$ 327.00                           |  |
| (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)                                                                                                                       |  |                    |  |                                                                                                                                                       |  |                                     |  |