Disclosure Re	eport Cover					Yes No
	neral report and committee	information	n, must be sign	ed and sub	mitted along with otl	her detailed forms.
	to update information		7,111			
1. Committee Info	mation					
a. Full Name Committee to Elect	Chris Reese					c. ID Number
Committee to Elect	Cill'is Reese					
b. Mailing Address (inc	lude City, State and Zip Code)					d. Date Filed
PO Box 1088						09/27/2019
Claremont, NC 286	10					
						e. Phone Number
						(828)446-1471
2. Report Year	3. Period Start Date (mm/s	1d/VVI	. Period End	Date	5. Treasurer Full	Name
		(1	mm/dd/yy)		Christopher Neal F	
2019	7/16/19		9/24/19	9	Christopher ivear i	ACCSC
6. Type of Committ		9. Type o	of Report	(check on	ly one type of report	from one category)
Candidate Campa	-	Municipal		State/Co		Referendum
PAC Independent	Referendum		rganizational		Organizational	Organizational
Expenditure	Joint Fundraiser	Th	nirty-five day		Quarterly	Pre-referendum
Legal Expense F						
7. Type of Fund "Booster Fund"	(if applicable, check one)	1 =	e-primary		First	Final
Building Fund			e-election e-runoff		Second Third	Supplemental Final Annual
		_	mi-annual	IH	Fourth	Special
			Mid Year	S	Semi-annual	Броси
Other:			Year End		Mid Year	10. Special Report Name
		Fin Fin	nal		Year End	•
8. Number of Fund	raisers this Report	Sp.	ecial		inal	
	0				pecial	
11. Account Inform a. Financial Institution I				1000 1000 1000 100	nformation	
a. Financial Institution 1	UII Name		a. Fi	nancial Insti	tution Full Name	
Peoples Bank						
Peoples Bank b. Purpose			b, Pı	urpose		c. Account Code
b. Purpose	c. Account Code	D	b. Pt	urpose		c. Account Code
b. Purpose Campaign Account For		R	b. Pı	urpose		c. Account Code
b. Purpose Campaign Account For Receipts and	c. Account Code		b. Pı	urpose		c. Account Code d. Period Begin Balance
b. Purpose Campaign Account For	c. Account Code CN d. Period Begin Balance		b. Pt	urpose		d. Period Begin Balance
b. Purpose Campaign Account For Receipts and Expenditures	c. Account Code CN d. Period Begin Balance		b. Pt	urpose		
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION	c. Account Code CN d. Period Begin Balance \$ 0					d. Period Begin Balance
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com	c. Account Code CN d. Period Begin Balance \$ 0	ance with a	ıll applicable p	rovisions o	f Article 22A, 22B, on-disclosed funds	d. Period Begin Balance \$ 22D-22M of Chapter 163 of
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Comthe NC General State	c. Account Code CN d. Period Begin Balance \$ 0 mmittee or Fund is in compliates and that no funds are co	ance with a	all applicable p	rovisions o	on-disclosed funds.	d. Period Begin Balance
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and	c. Account Code CN d. Period Begin Balance \$ 0 mmittee or Fund is in compliates and that no funds are co-correct and that I have been	ance with a	all applicable p	rovisions o	on-disclosed funds.	d. Period Begin Balance \$ 22D-22M of Chapter 163 of
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Comthe NC General State	c. Account Code CN d. Period Begin Balance \$ 0 mmittee or Fund is in compliates and that no funds are co-correct and that I have been	ance with a	all applicable p with prohibited the NC State	rovisions o	on-disclosed funds.	d. Period Begin Balance \$ 22D-22M of Chapter 163 of
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are co-correct and that I have been N Reese Printed Name of Signer NLY	ance with a	all applicable p with prohibited the NC State	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report O9 27 19 Date
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are co-correct and that I have been N Reese Printed Name of Signer	ance with a mmingled vatrained by	all applicable p with prohibited the NC State	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report O9 27 19 Date Delivery Method
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O Date Received:	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are co-correct and that I have been N Reese Printed Name of Signer NLY	ance with a mmingled was trained by	all applicable p with prohibited the NC State Signatur nployee:	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report OP 27/19 Date Delivery Method Normal Mail
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are co correct and that I have been N Reese Printed Name of Signer NLY	ance with a mmingled was trained by	all applicable p with prohibited the NC State	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report 09/27/19 Date Delivery Method
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O Date Received: Date Postmarked	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are co-correct and that I have been N Reese Printed Name of Signer NLY	ance with a mmingled was trained by	all applicable pwith prohibited the NC State Signatur	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report OP 27/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O Date Received:	c. Account Code CN d. Period Begin Balance \$ 0 mmittee or Fund is in compliates and that no funds are co- correct and that I have been N Reese Printed Name of Signer NLY SEP 27	ance with a mmingled was trained by	all applicable p with prohibited the NC State Signatur nployee:	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report OP 27/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O Date Received: Date Postmarked	c. Account Code CN d. Period Begin Balance \$ 0 mmittee or Fund is in compliates and that no funds are co- correct and that I have been N Reese Printed Name of Signer NLY SEP 27	ance with a mmingled was trained by WEEn 2019 En	all applicable pwith prohibited the NC State Signatur	rovisions of or other n	on-disclosed funds. I	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report OP 27/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
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b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are concorrect and that I have been N Reese Printed Name of Signer NLY SEP 27	ance with a mmingled was trained by En Em Em Em Em	all applicable p with prohibited the NC State Signatur nployee: nployee: nployee: nployee:	rovisions of or other n Board of E	on-disclosed funds. I	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report OP 27/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
b. Purpose Campaign Account For Receipts and Expenditures CERTIFICATION I certify that the Com the NC General Statu is complete, true and Christopher FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code CN d. Period Begin Balance \$ 0 amittee or Fund is in compliates and that no funds are concorrect and that I have been N Reese Printed Name of Signer NLY SEP 27	ance with a mmingled of trained by Em Em Em end comming to the comming the comming of books	all applicable p with prohibited the NC State Signatur nployee: nployee: nployee: ittee information information, o	on such as t	on-disclosed funds. I	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report OP 27/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training s, treasurer, assistant treasurer,

Amendment

Detailed Summary

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
Committee to Elect Chris Reese	35 Day		
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1325.00	\$ 1325.00
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)	\$	\$
11) Other Receipt Sources	· · · · · · · · · · · · · · · · · · ·		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 1325.00	\$ 1325.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1181.72	\$ 1181.72
13b) Contributions to Candidates/Political Commit	tees (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)	\$ 5.00	\$ 5.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1186.72	\$ 1186.72
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 138.28	\$ 138.28
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	rs) (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 Elec	-41		August 2008

Cont	ributions fro	om Individuals		ī	Pg 1 o	f 1	Amendme	
		dividual contributions						<u> </u>
1. Com	nittee Full Name	(and Fund if applic	able)			2. ID N	umber	
Commit	tee to Elect Chris	Reese						
2.0 10 10	ributor Informat			Add R	temove			5,000
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	ents	
	e city, state, & zip)			Dentist				
_	her N. Reese arleston Ct			77		-		
	nt, NC 28610			c. Employer's Name/ Christopher N. R		-		
	11, 110 20010			Ciristopiici iv. K	cese, DDS, FA	e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i In	Kind Description	2 D-4- (/11/		1325.00	
	CNR	Transfer	1. 111~	Kina Description	j. Date (mm/dd/y		k. Amount	
					07/17	/19	\$	120.00
	CNR	Transfer			08/16	5/19	\$	1000.00
	CNR	Transfer			09/06	5/19	\$	200.00
	ibutor Informati				emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	nts	
	city, state, & zip) ner N. Reese			Dentist				
_	arleston Ct.			c. Employer's Name/S	Snecific Field	-		
	nt, NC 28610			Christopher N. Re				
				•	, ,	e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		in kind	Filin	ng Fee	07/16/2	019	\$	5.00
							\$	
							\$	
	butor Informatio			Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comme	nts	
(include	city, state, & zip)							
				c. Employer's Name/S	pecific Field			
				to Emproy of Strangers	peeme Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page	e				\$		1325.00
5. Total	of ALL CRO-	-1210 Pages	"pr			ď		
(Thin Ii-		04-21-10	DO ****			\$		1325.00

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

				Amend	ment		
Disbursements	Pg	1	of <u>2</u>		Yes	\boxtimes	No
TTo a 41-in Comme An area and account Airconne Comme (1)	*** C	4.11		1 / 1:41	1		

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

1. Committee F		2. ID Number						
Committee to E								
3. Type of Disb	ursement (Plea	ise use separate C	CRC	0-1310 forms for each	type of Disbursen	ient.)		
Operating E	Expenses	Contributions to Ca	ndic	lates/Political Committees	☐ Co	ordinat	ed Party Expenditures	
4. Payee Inforn	nation	\boxtimes	P	\dd	Remove			
a. Full Name, Mail	ing Address & Phone		b	. Coordinated Committee N	lame	d. C	omments	
(include city, state,	& zip)							
Harland Clarke								
15955 La Cante	era Parkway		C.	Level Registered (Specify)				
San Antonio, T.	X 78256			Federal	County:			
				State	Municipality:	e. El	ection Sum to Date	
							10.05	
						\$	19.25	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
C) T)	D 0				010.05	Che		
CNR	Draft	K		07/24/19	\$19.25			
					\$			
4. Payee Inform	ation		A	dd	Remove			
	ng Address & Phone		b.	Coordinated Committee N	ame	d. Co	omments	
(include city, state,	_							
Elliott Design			1					
4378 Quiet Cov	e Ct.		c.	Level Registered (Specify)		1		
Denver, NC 280			Г	Federal	County:	1		
200	,5 ,		۱ħ	State	Municipality:	e. Election Sum to Date		
			-		171amorpanty.	C. Li	cetton Sum to Date	
	,			W		\$!	997.68	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
CNR	Check	В		08/16/19	\$997.68	1	ign, Print, ping	
						Jinp	F5	
	v=_=_				\$			
4. Payee Inform	ation		A	dd 🔲	Remove			
a. Full Name, Maili	ng Address & Phone		b.	b. Coordinated Committee Name			mments	
(include city, state,	& zip)							
Accent Signs								
and Graphics			c. Level Registered (Specify)					
PO Box 644			Federal County:					
Hildebran, NC 2	28637		ΙĒ	State Municipality:			ection Sum to Date	
						\$:	162.79	
f. Account Code	g Form of Devenont	h. Purpose Code		i Data (mm/dd/)	i Amount	þ. D.	quired Damawles	
1. Account Code	g. Form of Payment	m I at pose Code		i. Date (mm/dd/yyyy)	j. Amount		quired Remarks Shirts	
CNR	Check	K		09/06/19	\$162.79	ree	Snirts	
					\$			
5. Total only thi	s Page	T-1"-12"			AVERAGE VA	\$	1179.72	
	CRO-1310 Pages		1 -			Ψ	1117.12	
	line 13a of Detailed Sum	marv Page CRO-1100	0 if (Operating Expenses)				
				Contrib to Candidates/Politic	al Comm)	\$	1181.72	
_	•			Coordinated Party Expenditu				
	es (List detailed exp		_		m maniping a	19 10	7 III - DISCONDENS - CONTROL	
A* - Media	B* - Printing	C* - Fund			D - To Anothe	er Cand	lidate	
E - Salaries	F* - Equipment	G - Politic		0			Office Expenses	
I - Postage	J - Penalties	K* - Offic					gal Expense Fund	
O* - Other							- •	
* Codes require	detailed explanati	on in required re	ma	rks field (k)		E 11		

Amendment Yes

No

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

	Full Name (and Fun Elect Chris Reese	id if applicable)	=					2. ID Number	1.74
			cno	1210 6 6	25 2	cn: I	2.3		
3. Type of Dish Operating I				2-1310 forms for each ates/Political Committees	t		MANAGEMENT STATE	ID D P	
4. Payee Inform		Contributions to Ca		dd Committees	1		oorginate	ed Party Expenditures	
	ling Address & Phone		-	Coordinated Committee	N.	Remove	1 C		
(include city, state,			D.	Coordinated Committee	2 1.45	ante	u. Co	omments	
Peoples Bank	(& ZIP)								
PO Box 467			-	Level Registered (Specif			-		
Newton, NC 28	2658		-	Federal Federal	<i>y)</i> 1	County:	-		
110 W toll, 110 20	1030			State]]	Municipality:	a Fla	ection Sum to Date	
			-	State	<u> </u>	within cipanty.	C. ER	zuon Sum to Date	
							\$ 2	2.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		quired Remarks	
CNR	draft	0		08/30/19		\$2.00	bank	r fee	
						\$			
4. Payee Inform	nation		A	dd	1	Remove	-		N
	ing Address & Phone	- Inch	*	Coordinated Committee	Na		d. Co	mments	
(include city, state,	-								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1		
			c. }	Level Registered (Specify	v)				
			I	Federal		County:	7		
				State		Municipality:	e. Ele	ction Sum to Date	
				-			\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks	
						\$			
			-		-	Ψ	-		
						\$			
4. Payee Inform	ation		Ac	id 🔲		Remove			
a. Full Name, Maili	ng Address & Phone		b. 0	Coordinated Committee	Na	те	d. Co	mments	
(include city, state,	& zip)								
			c. I	evel Registered (Specify)				
			Federal County:						
				State		Municipality:	e. Ele	ction Sum to Date	
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Rec	quired Remarks	
						\$			
			T		7	\$			
5. Total only thi	is Page						Φ	2.00	
	CRO-1310 Pages				-		\$	2.00	
	line 13a of Detailed Sum	mary Page CRO-1100	n i e A	naratina Evnanças)					
				ontrib to Candidates/Polis	tica	d Comm)	\$	1181.72	
			-	oordinated Party Expendi		,			
	es (List detailed exp				- >41		7 11		
A* - Media	B* - Printing	C* - Fund				D - To Anoth	ner Cand	idate	
E - Salaries	F* - Equipment	G - Politic						Office Expenses	
I - Postage	J - Penalties	K* - Offic				Q* - Donatio	on to Le	gal Expense Fund	
O* - Other		1 1 1							
* Codes require	e detailed explanation	on in required re	mar	ks field (k)					

T	ゴブ・	1		4 *8	4.0
ın-	·Kin	a	Con	trib	utions

				ndment	nent				
Pg	1	of	1		Yes	\boxtimes	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. 1	D Number
Comittee to Elect Chris Reese							
3. Contributor Information	⊠ Add		Remov	e			
a. Full Name, Mailing Address & Phone	1,100			_	Contributor	c. Co	mments
(include city, state, & zip)					vidual	11.00	
Christopher N. Reese				Can	didate		
2726 Charleston Ct				Part			
Claremont, NC 28610				PAC			
				Refe	rendum	d. Ele	ection Sum to Date
				Othe	er Receipt Source	\$	
e. Description					£ Data (mm/dd/m		- Friedrick
Filing Fee					f. Date (mm/dd/yy		g. Fair Market Amount
					07/16/201	9	\$ 5.00
							\$
							\$
3. Contributor Information	Add		Remove				
a. Full Name, Mailing Address & Phone			b. Typ	e of C	ontributor	c. Co	nments
(include city, state, & zip)				Indiv	ridual		
			1 🗆	Cand			
				Party			
				PAC			
					rendum	d. Ele	ction Sum to Date
				Othe	Receipt Source	\$	
e. Description					f. Date (mm/dd/yy)	/y)	g. Fair Market Amount
							\$
							\$
							\$
3. Contributor Information	Add		Remove	N. V.	220 THE RESERVE	-	
a. Full Name, Mailing Address & Phone					ntributor	c. Con	aments
(include city, state, & zip)				Indivi	idual		
				Candi	date		
				Party			
				PAC			
					endum	d. Elec	ction Sum to Date
				Other	Receipt Source	\$	
e. Description					f. Date (mm/dd/yyy	y)	g. Fair Market Amount
							\$
							\$
							\$
A Total only this Page							
4. Total only this Page 5. Total of ALL CRO-1510 Pages						\$	5.00
5. 10tal of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summa	rv Page CRO-110	00)				\$	5.00