

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	c. ID Number
FRIENDS TO ELECT WALTER SPURLING	NOT-GIVEN-051
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
146 SAINT PETERS CH RD LAWNDALE, NC 28090	10/30/2022
	e. Phone Number

Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	07/01/2022	10/22/2022	PAMELA D KELLER

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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
Type of Fund (If applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<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"/> Special	
7. Number of Fundraisers this Report		10. Special Report Name		
0				

2. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BANK OF OZARKS		RECEIVED NOV - 2 2022	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 18.35		\$

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

Pamela D Keller Pamela D Keller 10/30/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 11-2-2022 Employee: CP Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ 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.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
FRIENDS TO ELECT WALTER SPURLING	2022 Third Quarter	NOT-GIVEN-0-1	
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 18.35	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 394.28
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 1,158.54
7) Contributions from Political Party Committees	(CRO-1220)	\$ 50.00	\$ 50.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 2,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 900.00	\$ 3,602.82
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 445.69	\$ 3,130.16
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0.00
15) Loan Repayments		(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 0.00
17) In-Kind Contributions		(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 445.69	\$ 3,130.16
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 472.66	\$ 472.66
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 2,000.00
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee		(CRO-1720)	\$ 0.00
25) Administrative Support		(CRO-1710)	\$ 0.00
26) Forgiven Loans		(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

Committee Full Name (and Fund if applicable)					ID Number	
FRIENDS TO ELECT WALTER SPURLING					NOT-GIVEN-0-1	
Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/> Add	01	Check		09/22/2022	\$	25.00
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add	01	Cash		09/22/2022	\$	25.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$50.00
5. Total of ALL CRO-1205 Pages					\$	\$50.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

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Contributions from Individuals

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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	
FRIENDS TO ELECT WALTER SPURLING						NOT-GIVEN-0-1	
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	
WALTER SCOTT SPURLING 146 SAINT PETERS CH RD LAWNDALE, NC 28090				INSTRUCTOR			
				c. Employer's Name/Specific Field			
				CLEVELAND COMMUNITY COLLEGE		e. Election Sum to Date	
						\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	01	Check		09/09/2022	\$ 500.00		
<input checked="" type="checkbox"/>	01	Check		10/04/2022	\$ 300.00		
<input checked="" type="checkbox"/>					\$		
l. Total only this Page						\$ 800.00	
m. Total of ALL CRO-1210 Pages						\$ 800.00	

CRO-1210

NC State Board of Elections

April 2007

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Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from a political party

1. Committee Name (and Fund if applicable)			2. ID Number	
FRIENDS TO ELECT WALTER SPURLING			NOT-GIVEN-0-1	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
WOMEN REPUBLICANS OF CLEVELAND COUNTY 107 COUNTRY CLUB ROAD KINGS MOUNTAIN, NC 28086			RECEIVED NOV - 2 2022	
			c. Election Sum to Date	
			\$ 50.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
01	Check		09/09/2022	\$ 50.00
				\$
				\$
Total on this Page			\$ 50.00	
Total of ALL CRO-1220 Pages			\$ 50.00	
<i>(This line must be on line 1 of Detailed Summary Page CRO-1100)</i>				

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

Committee Full Name (and fund if applicable)						Committee ID Number	
FRIENDS TO ELECT WALTER SPURLING						NO1-GIVEN-0-1	
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			
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	
FACEBOOK FACEBOOK FACEBOOK, AK						RECEIVED NOV - 2 2022	
				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:			
						\$ 419.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	09/15/2022	\$ 25.57	AD		
01	Debit Card	A	10/17/2022	\$ 64.48	AD		
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	
VISTAPRINT 95 HAYDEN AVE LEXINGTON, MA 02421							
				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:			
						\$ 755.93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	09/26/2022	\$ 355.64	CARDS AND STICKERS		
						\$ 445.69	
Total of All CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 445.69	
(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)							
Purpose Codes (List detailed spending 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							
Provide detailed explanation in required remarks field (k)							

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRIENDS TO ELECT WALTER SPURLING		NOT-GIVEN-0-1	
3. Lender Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
WALTER SCOTT SPURLING 146 SAINT PETERS CH RD LAWNDALE, NC 28090		INSTRUCTOR	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	12/06/2021
		CLEVELAND COMMUNITY COLLEGE	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,000.00
Total of ALL CRO-1430 Pages			\$ 2,000.00

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