

Disclosure Report Cover

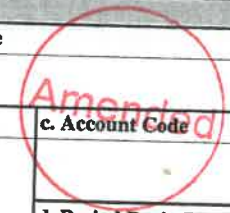
Amendment
 Yes No

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 <u>Apple For Alderman</u>	c. ID Number <u>TCQC7L</u>
b. Mailing Address (include City, State and Zip Code) <u>445 Beat Creek Trail Kernersville, NC 27284</u>	d. Date Filed <u>7/28/2002</u>
	e. Phone Number <u>(336) 894-4578</u>

2. Report Year <u>2001</u>	3. Period Start Date (mm/dd/yy) <u>07/17/2001</u>	4. Period End Date (mm/dd/yy) <u>9/21/2001</u>	5. Treasurer Full Name <u>Willis Wade Apple</u>
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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		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Final
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<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 <u>0</u>			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Pinnacle Financial Partners</u>	a. Financial Institution Full Name		
b. Purpose <u>Campaign</u>	b. Purpose		
c. Account Code <u>1</u>	c. Account Code		
d. Period Begin Balance \$ <u>0</u>	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.

Willis Wade Apple Willis Wade Apple 07/28/02
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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
 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	
Apple For Alderman		35 Day		TCRC 7L	
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 3565.94		\$ 3565.94	
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 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)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2215.52		\$ 2215.52	
13b) Contributions to Candidates/Political Committees (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)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2215.52		\$ 2215.52	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1850.42		\$ 1850.42	
ADDITIONAL INFORMATION					
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)		\$		\$	

Amended

Contributions from Individuals

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) APPLE FOR ALDERMAN	2. ID Number TCQC7L
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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
	c. Employer's Name/Specific Field	
		e. Election Sum to Date

Amended

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		
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIS WADE APPLE (CANDIDATE) 445 BENT CREEK TRAIL KERNERSVILLE, NC. 27284	b. Job Title/Profession MEDIATOR/ARBITRATOR	d. Comments TRANSFER FROM CANDIDATE'S RETIREMENT ACCOUNT
	c. Employer's Name/Specific Field APPLE MEDIATION, LLC	
		e. Election Sum to Date

\$ 3515.94

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) WILLIS WADE APPLE (CANDIDATE) 445 BENT CREEK TRAIL KERNERSVILLE, NC 27284	b. Job Title/Profession MEDIATOR/ ARBITRATOR	d. Comments TO OPEN COMMITTEE CHECKING ACCOUNT
	c. Employer's Name/Specific Field APPLE MEDIATION, LLC	
		e. Election Sum to Date

\$ 3,515.94

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	\$ 2700
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 6 of Detailed Summary Page CRO-1100)</small>	\$ 3565.94

Contributions from Individuals

Pg 2 of 2

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) APPLE FOR ALDERMAN	2. ID Number TCQC7L
------------------------------------------------------------------------------	-------------------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID P. CALHOUN 1640 TREDEGAR ROAD KERNERSVILLE, NC. 27284	b. Job Title/Profession MAGICIAN	d. Comments
	c. Employer's Name/Specific Field DAVID CALHOUN MAGIC	
		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		09/01/2021	\$ 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
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$

Amended

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		
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIS WADE APPLE (CANDIDATE) 445 BENT CREEK TRAIL KERNERSVILLE, NC. 27284	b. Job Title/Profession MEDIATOR/ARBITRATOR	d. Comments
	c. Employer's Name/Specific Field APPLE MEDIATION, LLC	
		e. Election Sum to Date \$ 3515.94

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CRED. CD.	PMT.FOR MEETGT	9/01/2021	\$ 815.94
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 865.94
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ 3565.94

CRO-1210

Disbursements

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

Pg ____ of ____

Amendment
 Yes No

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) FORSYTH COUNTY REGISTER OF DEEDS 201 NORTH CHESTNUT STREET WINSTON-SALEM, NC. 27101			b. Coordinated Committee Name		d. Comments RECORDING FEE - CERT. OF ASSUMED NAME	
			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 \$ 26.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH	ⓐ	07/19/2021	\$26.00	REDORDG. FEE - CERT. OF AS. NA	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PURA VIDA PROMOTIONS, INC. P.O. BOX 708 KERNERSVILLE, NC. 27285-0708			b. Coordinated Committee Name		d. Comments CAMPAIGN SIGNS & T-SHIRTS	
			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 \$ 1939.52	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	ⓑ	08/16/2021	\$1939.52	CAMPAIGN SIGNS & T-SHIRTS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTPRINT 170 DATA DRIVE WALTHAM MA. 02451			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 \$ 250	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CRED. CD.	ⓒ	07/16/2021	\$ 250	CAMPAIGN BUSINESS CARDS	
				\$		
5. Total only this Page						\$ 225.52
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)						\$ 225.52
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		
* Codes require detailed explanation in required remarks field (k)						