

# 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	
Del Arrondale Campaign Committee		IGX4462	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
20484 Suite G Chart Well Center Drive Cornelius NC 28031		7-23-13	
		e. Phone Number	
		7048958025	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	July 16, 2013	July 26, 2013	Delbert Lyn Arrondale
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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	Semi-annual
		<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. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input checked="" type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Aquesta Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Checking Account for Committee	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1000.00		\$
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.			
Delbert Lyn Arrondale		[Signature]	7-23-13
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	MECKLENBURG COUNTY	Employee:	CCW
Date Postmarked:	JUL 24 2013	Employee:	
Date Scanned:	BOARD OF ELECTIONS	Employee:	CCW
Date Data Entered:		Employee:	
			Delivery Method
			<input checked="" type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<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	
<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	
Start of Election Cycle: January 1, <u>2013</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>100.00</u>	\$ <u>100.00</u>
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <u>0</u>	\$ <u>0</u>
6) Contributions from Individuals (CRO-1210)		\$ <u>0</u>	\$ <u>0</u>
7) Contributions from Political Party Committees (CRO-1220)		\$ <u>0</u>	\$ <u>0</u>
8) Contributions from Other Political Committees (CRO-1230)		\$ <u>0</u>	\$ <u>0</u>
9) Loan Proceeds (CRO-1410)		\$ <u>100.00</u>	\$ <u>100.00</u>
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ <u>0</u>	\$ <u>0</u>
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ <u>0</u>	\$ <u>0</u>
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ <u>0</u>	\$ <u>0</u>
11c) Outside Sources of Income (CRO-1250)		\$ <u>0</u>	\$ <u>0</u>
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ <u>0</u>	\$ <u>0</u>
11e) Exempt Purchase Price Sales (CRO-1265)		\$ <u>0</u>	\$ <u>0</u>
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <u>0</u>	\$ <u>0</u>
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ <u>0</u>	\$ <u>0</u>
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ <u>0</u>	\$ <u>0</u>
13c) Coordinated Party Expenditures (CRO-1310)		\$ <u>0</u>	\$ <u>0</u>
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ <u>0</u>	\$ <u>0</u>
15) Loan Repayments (CRO-1420)		\$ <u>0</u>	\$ <u>0</u>
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ <u>0</u>	\$ <u>0</u>
17) In-Kind Contributions (CRO-1510)		\$ <u>0</u>	\$ <u>0</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>0</u>	\$ <u>0</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>0</u>	\$ <u>0</u>
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ <u>0</u>	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ <u>0</u>	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ <u>0</u>	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ <u>0</u>	
24) Account Transfers Within the Committee (CRO-1720)		\$ <u>0</u>	
25) Administrative Support (CRO-1710)		\$ <u>0</u>	\$ <u>0</u>
26) Forgiven Loans (CRO-1440)		\$ <u>0</u>	\$ <u>0</u>
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ <u>0</u>	\$ <u>0</u>
28) Contributions to be Refunded (CRO-1215)		\$ <u>0</u>	\$ <u>0</u>

# Loan Proceeds

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Del Arrendale Campaign Committee		IGX44Q	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	d. Comments
Delbert Lyn Arrendale 1825 Sunset Cove Cornelius NC 28031 704 895 0710		CEO Arrendale Associates Inc Businessman	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Arrendale Associates, Inc Computer Software	7-23-13
			f. End Date (mm/dd/yyyy)
			Nov. 30, 2013
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
3 %	∅	1	Check
k. Amount			
			\$ 100.00
l. Full Name of Lending Institution			m. Loan Number
W.A. Aronson Bank Delbert Lyn Arrendale			1
4. Endorsers/Makers (The people who guarantee the loan)			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
Delbert L. Arrendale 20484 G Chantwell Chr Dr Cornelius N.C. 28031 704 895 8025		CEO / Technology	Arrendale Associates, Inc Healthcare
		d. Percentage	e. Amount
		50.3 %	\$ 100.00
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
WAKE-FORREST COUNTY JUL 24 2013 BOARD OF ELECTIONS			
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 100.00