

Disclosure Report Cover

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.

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

1. Committee Information				
a. Full Name <i>Committee to Elect Larry Wright for City Council</i>			c. ID Number <i>3CE565</i>	
b. Mailing Address (include City, State and Zip Code) <i>1223 Chilton Drive Fayetteville, NC 28314</i>			d. Date Filed	
			e. Phone Number	
2. Report Year <i>2018</i>	3. Period Start Date (mm/dd/yy) <i>01/01/18</i>	4. Period End Date (mm/dd/yy) <i>06/30/18</i>	5. Treasurer Full Name <i>Sylvester Louins</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
12. Account Information		11. Account Information		
a. Financial Institution Full Name <i>First Citizens Bank</i>		a. Financial Institution Full Name		
b. Purpose <i>Campaign</i>	c. Account Code <i>01</i>	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ 888.50</i>		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.				
<i>Sylvester Louins</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer		<i>8/27/18</i> Date
FOR OFFICE USE ONLY				
Date Received	Employee	Delivery Method		
Date Postmarked	Employee	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand-Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned	Employee	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered	Employee			
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	
Committee to Elrod Leroy Wright				306565	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 888.50		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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)		\$ 888.50		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 452.17		\$	
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)		\$ 452.17		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 436.33		\$	
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)		\$		\$	

Disbursements

Pg ____ of ____

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	
Committee to Elect Larry Wright to City Council				3CE565	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input 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)			b. Coordinated Committee Name		d. Comments
F.C.C.M.C 5100 Polmetto Ln Fayetteville, NC 28314					
			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:		
					\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	check	0	1/11/18	\$ 250.00	Advent sermon
				\$	
4. 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
Continental Cafe Fayetteville, NC					
			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:		
					\$ 19.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	0	1/03/18	\$ 19.67	Food-meeting
				\$	
4. 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
First Citizens Bank P.O. Box 27131 Raleigh, NC 27611					
			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:		
					\$ 8.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	0	1/31/18	\$ 3.00	Paper Statement Fee
01	"	0	2/28/18	\$ 5.00	" " "
5. Total on this Page					\$ 277.67
6. Total for ALL CRO-1310 Pages					\$ 452.17
(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)					
7. Purpose Codes (List detailed expenditure code in (d) above)					
A - Media		B* - Printing		C - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
8. Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 if applicable)				2. ID Number	
Committee to Elect LARRY WRIGHT for City Council				3CE565	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input 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)		b. Coordinated Committee Name		d. Comments	
Ihop #2069 Fayetteville, NC					
		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:			
				\$ 43.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	0	2/01/18	\$ 43.00	Food-meetings
				\$	
4. 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	
First Citizens Bank P.O. Box 27131 Raleigh, NC 27611					
		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:			
				\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	0	3/30/18	\$ 5.00	Payee Statement Fee
01	"	0	4/30/18	\$ 5.00	" " "
4. 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	
First Citizens Bank P.O. Box 27131 Raleigh, NC 27611					
		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:			
				\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	0	5/31/18	\$ 5.00	Payee Statement Fee
01	"	0	6/29/18	\$ 5.00	" " "
5. Total only this Page				\$ 63.00	
6. Total of ALL CRO-1310 Pages				\$ 452.17	
(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)					
7. Purpose Codes (Use detailed expenditure code in (15) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
8. Codes require detailed explanation in required remarks field (6)					

Disbursements

Pg ____ of ____

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) Committee to Elect Larry Wright for City Council						2. ID Number 3CE565																					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)																											
<input 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) Walmart #3595 7701 South Rutherford Rd Fayetteville, NC 28314				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																							
<table border="1"> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th colspan="2">k. Required Remarks</th> </tr> <tr> <td>01</td> <td>Debit</td> <td>K</td> <td>5/29/18</td> <td>\$ 64.11</td> <td colspan="2">Office Supplies</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td colspan="2"></td> </tr> </table>							f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		01	Debit	K	5/29/18	\$ 64.11	Office Supplies						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
01	Debit	K	5/29/18	\$ 64.11	Office Supplies																						
				\$																							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																											
a. Full Name, Mailing Address & Phone (include city, state, & zip) Krispy Kreme Doughnuts Burgess Blvd Fayetteville, NC 28303				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																							
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
01	Debit	D	5/30/18	\$ 47.39	Food - meeting																						
				\$																							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																											
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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						\$ 111.50																					
6. Total of ALL CRO-1310 Pages						\$ 452.12																					
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7. Purpose Codes (List detailed expenditure code in this above)																											
<table border="0"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table>							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								
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I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																								
O* Other																											
Codes require detailed explanation in required remarks field (to)																											



First Citizens Bank

Central Bank Operations - DAC02
P.O. Box 27131
Raleigh, NC 27611-7131

ZE
034

10054

COMMITTEE TO ELECT LARRY WRIGHT
LARRY O WRIGHT
1223 CHILTON DR
FAYETTEVILLE NC 28314-5407

Your Account(s) At A Glance

Checking
Balance 436.33+

Statement Period: June 1, 2018 Thru June 30, 2018

Account Number : 000342230164



Basic Business Checking

Account Number : 000342230164

Enclosures In Statement: 0

Beginning Balance	441.33+	Statement Period Days	30
0 Deposits	0.00	Average Ledger Balance	441.00+
0 Other Credits	0.00		
0 Checks	0.00		
1 Other Debits	5.00-		
Monthly Service Charge	0.00		
Ending Balance	436.33+		

Other Debits From Your Account

Date	Description	Amount
06-29	Paper Statement Fee	5.00✓
	Total	5.00

Daily Balance Summary

Date	Balance
06-29	436.33+



Direct Customer Inquiry Calls To
FIRST CITIZENS DIRECT
Telephone Banking At 1-888-323-4732.

**Notice of Change
Disclosure of Products and Fees**

The following fee changes are in effect.
Unless otherwise noted, all other current fees remain unchanged.

If your annual Safe Deposit Box rental fee is automatically debited from your account, you'll be charged the new fee amount on the month your box was opened.

Annual Fees for Safe Deposit Boxes

2x4	\$45.00	3x5x15	\$50.00	5x10	\$100.00	8x15	\$150.00
2x5	\$45.00	3x5x18	\$50.00	5x10x20	\$100.00	9x10	\$150.00
2x5x11	\$45.00	3x6	\$50.00	5.5x10.5x18	\$100.00	10x10	\$150.00
2x10	\$50.00	3x7	\$50.00	6x10	\$100.00	10x12	\$150.00
2.5x5	\$45.00	3.5x5	\$50.00	6x11	\$100.00	10x15	\$150.00
2.5x5x13.5	\$45.00	4x4	\$50.00	6x13	\$100.00	11x10	\$150.00
2.5x10	\$50.00	4x5	\$50.00	7x10	\$100.00	11x15	\$150.00
3x4	\$45.00	4x5x13.5	\$50.00	8x10	\$150.00	11x16	\$150.00
3x5	\$50.00	4x5x18	\$50.00	8x11	\$150.00	11x17	\$150.00

SB 6/18

Statement Period: June 1, 2018 Thru June 30, 2018

Account Number : 000342230164

FOLLOW THESE EASY STEPS TO BALANCE YOUR CHECKING ACCOUNT

1. Write here the ending balance shown on the front of this statement.
2. Add deposits not credited in this statement. (Use table A.)
3. Total of lines 1 and 2.
4. Checks and other debits outstanding not charged to your account. (Use table B.)
5. Subtract line 4 from line 3. This should be your current checkbook balance.

1	\$	
2	+\$	
3	=\$	
4	-\$	
5	=\$	

A. Deposits/Credits	
Date	Amount
Total Amount	

B. Outstanding Checks/Debits	
Number	Amount
Total Amount	

Note: If your statement does not balance, please check to be sure you have entered in your check register all automatic transactions (service charges, advances, payments, drafts etc.) shown on the front of your statement. Please notify the Bank promptly of any discrepancy in your account statement.

How to Compute Interest Charges on Your Line of Credit. We figure the interest charge on your account by applying the periodic rate to your "average daily balance" (including current transactions). To get the "average daily balance," we first determine the daily balance of your Account each day. We take the beginning balance of your account each day, add any new advances and charges, and subtract any new payments or credits and any unpaid interest charges, credit insurance premiums, late charges and other charges that have been posted to the account. These calculations give us the daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance." Next, we multiply the "average daily balance" by the daily periodic rate applicable to your account. The daily periodic rate is determined by dividing the Annual Percentage Rate by 365. That result is then multiplied by the number of days in the billing cycle to obtain the monthly interest charge. Automatic payment debits are posted to your account after your "average daily balance" is calculated. Interest charges and any credit insurance premiums that accrue during each billing cycle are added to the balance of your account on the last day of the billing cycle prior to the calculation of your minimum payment.

Variable Rate. Unless the terms of your revolving line of credit specify that the rate is fixed, your daily periodic rate and Annual Percentage Rate are variable rates subject to change each month.

What To Do If You Think You Find A Mistake On Your Statement (Consumer Accounts Only). If you think there is an error on your statement, write to us at the address shown on page one of your statement. In your letter, give us the following information: (1) *Account information:* Your name and account number. (2) *Dollar amount:* The dollar amount of the suspected error. (3) *Description of Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true: (1) We cannot try to collect the amount in question, or report you as delinquent on that amount; (2) The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount; (3) While you do not have to pay the amount in question, you are responsible for the remainder of your balance; (4) We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases (Consumer Accounts Only). This section applies if you access your line of credit using a credit card. If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true: (1) The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.) (2) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify. (3) You must not yet have fully paid for the purchase. If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* at Credit Card Center-RVA01, P.O. Box 1580, Roanoke, VA 24007-9903; or by calling our Customer Contact Center at 1.888.323.4732. If you call, we may require you to provide us with a written statement concerning your dissatisfaction with the purchase. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

Liability for Unauthorized Use of Credit Card (Consumer Accounts Only). If you notice the loss or theft of your credit card or a possible unauthorized use of your card, you should write to us immediately at: Credit Card Center-RVA01, P.O. Box 1580, Roanoke, VA 24007-9903, or call us at our Customer Contact Center, 1.888.323.4732. You will not be liable for any unauthorized use that occurs after you notify us. You may, however, be liable for unauthorized use that occurs before your notice to us. In any case, your liability will not exceed \$50.

Credit History Errors. If you believe we have inaccurately reported information about your account history to a consumer reporting agency, please notify us in writing at the Bank address stated on page one of your statement.

Prompt Crediting of Payments. To receive credit for a payment on the date we receive the payment, we must receive your payment prior to 5:00 p.m. on a Bank business day (any day except Saturday, Sunday or a bank holiday). If paying at a branch or by mail, then payments must include the payment coupon. In addition, if paying by mail, payment must be mailed to the specific address furnished by the Bank. Payments received at any of our ATMs; payments received on a business day after 5:00 p.m.; payments received at a branch or by mail without a coupon; and, payments received on a day that is not a Bank business day, will be credited to your account no later than the next Bank business day.

Preauthorized Deposits. If direct deposits are made to your account at least every 60 days by the same person or entity, you can call us at the telephone number shown on page one of your statement to find out whether the deposit has been made.



Statement Period: June 1, 2018 Thru June 30, 2018

Account Number : 000342230164

In Case of Errors or Questions About Your Electronic Transfers (Consumer Accounts Only).

If you think your statement or receipt is wrong or if you need more information about a transfer on a statement or receipt, telephone or write us as soon as you can at the telephone number or address which appears on page one of your statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. You must: (1) tell us your name and account number; (2) describe the error or the transfer you are unsure about (including the date it occurred), and explain as clearly as you can why you believe it is in error or why you need more information; and (3) tell us the dollar amount of the suspected error. We will investigate your complaint and correct any error promptly. We may take up to 45 days to complete our investigation (90 days for transfers initiated outside the U.S. or resulting from point-of-sale debit-card transactions). If we take more than 10 business days (5 days for certain Visa® Check Card transactions; 20 days for certain new accounts), we will recredit your account for the amount you think is in error, so that you will have the use of the money during the time it takes to complete our investigation.

Credit Limit.

When you make a payment on your account, we may, at our option, delay advancing additional funds from your line of credit in reliance on that payment until we confirm that your payment has been fully and finally collected. If we placed a hold on a credited payment pending our final determination of collectability, the "Available Credit" amount on the front page of this statement will not reflect this payment and funds in the amount of the hold will not be available to you for subsequent advances until we confirm that your payment has been fully and finally collected.

Interest Charge.

The term "Interest Charge" on your statement has the same meaning as the term "Finance Charge" that may appear in your revolving line of credit documents.