STATE BOARD OF ELECTIONS CAMPAIGN FINANCE FORMS GUIDE



# Forms to Establish a Committee

CRO #	NAME OF FORM	USE OF FORM
<u>2100A</u>	Statement of Organization- Candidate Committee	Has basic information about the committee. MUST be updated whenayinformation has changed. This form is NOT an Organizational Report. The candidate MUST designate a treasurer (themselves included) to handle all finance documents for the committee. The treasurer must be an NC resident and cannot be the candidate's spouse. Must be signed to give someone permission to sign any paperwork on behalf of the committee. When appointing a treasurer then the candidate needs to sign the document as well.
<u>2100C</u>	Statement of Organization – Party Committee	All party committees will complete this form. The Statement of Organization is used to show any changes in committee information. This form is NOT an Organizational Report. The entire form must be completed and resubmitted with the new information for an amendment to be correctly documented. Check the "Yes" box at the top of the page if this report is an amendment.
<u>2100D</u>	Statement of Organization – Political Action Committee (PAC)	All political action committees will complete this form. A political action committee is one that is either created by a corporation, business entity, insurance company, labor union or professional association; or a committee that is created with a major purpose to advance either an economic interest or a political purpose. The Statement of Organization is used to show any changes in committee information. The entire form must be completed and resubmitted with the new information for an amendment to be correctly documented. Check the "Yes" box at the top of the page if this report is an amendment.
<u>2100E</u>	Statement of Organization – Referendum Committee	A referendum committee is one that raises contributions to support or oppose the passage of any referendum on the ballot. The Statement of Organization is used to show any changes in committee information. The entire form must be completed and resubmitted with the new information for an amendment to be correctly documented. Check the "Yes" box at the top of the page if this report is an amendment.

CRO#	NAME OF FORM	USE OF FORM
<u>2100F</u>	Statement of Organization – Legal Expense Fund	A candidate committee that raises contributions to fund an existing legal action must file this form within 10 days of organizing the committee. The Statement of Organization is used to show any changes in committee information. The entire form must be completed and resubmitted with the new information for an amendment to be correctly documented. Check the "Yes" box at the top of the page if this report is an amendment.
<u>2100G</u>	Statement of Organization - Independent Expenditure Political Committee	An Independent Expenditure Political Committee must register with the appropriate Board of Elections within 10 days of organizing the committee. The Statement of Organization is used to show any changes in committee information. The entire form must be completed and resubmitted with the new information for an amendment to be correctly documented. Check the "Yes" box at the top of the page if this report is an amendment.
2110	Statement of Organization Addendum	This form serves to supply information for additional assistant treasurers or accounts for a Statement of Organization form (CRO-2100 A-E) or Additional Committee Funds (CRO-2120) form. It should be attached to either form when those forms are filed if necessary. They are ONLY necessary when there are more assistant treasurer's or accounts than the forms allow for.
2121	Additional Committee Funds	This form allows a candidate or party committee to notify the Board of Elections that they have set up an additional fund allowed to them under Article 22A. These additional funds will be assigned a separate ID Number that will be used when disclosure reports for these funds are filed.
CERTIF	ICATIONS	
3500	Certification of Financial Account Number Information	Provides the name and detailed information about the committee financial accounts for auditing purposes. This form is confidential and will not be published.
3600	Certification of Threshold	Committees can certify that they will not spend or receive over \$1000 for the current election cycle using this form. Committees under threshold are not required to submit scheduled finance reports for that election cycle. This form must be submitted at the start of each election cycle that a committee is active or if there is a change in its threshold status.
<u>3900</u>	Candidate Designation of Committee Funds	Used to declare what should happen to monies raised in the case of the candidate's death while running for office or serving in office.

CRO#	NAME OF FORM	USE OF FORM
<u>3900A</u>	Personal Representative Designation of Committee Funds	This form is used by candidate committees only and allows the personal representative of the estate of a deceased candidate who did not file a written designation prior to death to file such written designation within ninety days of the candidate's death. The representative is limited in the designation as outlined in 163-278.16B (a) (3), only a contribution to an organization described in section 170(c) of the Internal Revenue Code of 1986 (26 U.S.C. § 170(c)) provided that the organization does not employ direct family members of the deceased candidate is allowed.

# **Reporting Forms**

CRO#	NAME OF FORM	USE OF FORM			
ALL REP	ALL REPORTS MUST HAVE AT LEAST THE CRO – 1000 & CRO - 1100				
<u>1000</u>	Disclosure Report Cover	Describes the type of report, time period the report covers, and includes committee information. EVERY report will need to have a signed cover turned in with it – including amendments (Signed in ink –no electronic signatures).			
<u>1010</u>	Disclosure Report Cover Addendum	This form serves as a way to supply bank, depository or credit accounts for a Disclosure Report Cover form (CRO-1000).			
<u>1100</u>	Detailed Summary	Summarizes the totals of all pages submitted by totaling both "Reporting Period" and "Election Cycle" The reporting period is just the time frame of the report. The election cycle is the total throughoutthe term, which begins on January 1 following the last election for the office sought.			
FORMS	FOR CONTRIBUTIONS				
<u>1205</u>	Aggregated Contributionsfrom Individuals	Contributions \$50 and under received during the reporting period canbe disclosed on this form. Payment type can be either cash, check, in- kind, or electronic transfer. Name, address, and occupation are not required. IF a contributor's election sum-to- date exceeds \$50, all theirsubsequent contributions must be disclosed on the Contributions from Individuals form. <i>All in-kind</i> <i>contributions must also be shown on the In-Kind Contributions</i> <i>Form (CRO-1510) as well as the (1205).</i>			
<u>1210</u>	Contributions from Individuals	Used to disclose all contributions OVER \$50 received during the reporting period. If a contribution is described on this form, it must have the contributor's name, mailing address, and occupational information. Payments must be check/in-kind/electronic transfer. <i>Allin-kind contributions must also be shown on the In-Kind Contributions Form (CRO-1510) as well as the (1210).</i>			

CRO#	NAME OF FORM	USE OF FORM		
<u>1215</u>	Contributions to be Reimbursed	Use this form to report in-kind contributions of \$1,000 or less where there was an agreement between the committee and the contributor that they would be reimbursed for the money spent on the committee's behalf. These in-kind contributions may not exceed \$1,000, the committee must be notified with 45 days that money was spent on the committee's behalf, and the refund/reimbursement to the contributor must be made within 7 days (of the notification). The reimbursement must also be disclosed on the Refunds/Reimbursements from the Committee form (CRO1320).		
<u>1220</u>	Contributions from PoliticalParty Committees	All contributions from political parties received during the reportingperiod. Payments must be check/in-kind/electronic transfer. All in- kind contributions must also be shown on the In-Kind Contributions Form (CRO-1510) as well as the (1220).		
<u>1230</u>	Contributions from OtherPolitical Committee	All contributions from other committees received during the reportingperiod. Payments must be check/in-kind/electronic transfer. All in-kindcontributions must also be shown on the In-Kind Contributions Form (CRO-1510) as well as the (1230).		
<u>1240</u>	Refunds and Reimbursements TO the Committee	If the committee has received a refund or been reimbursed for a previous expenditure during the reporting period, list those receiptson this form. Be certain that only refunds or reimbursements TO thecommittee are disclosed on this form.		
1250	Other Receipt Sources	All other receipts received that have not been itemized on other forms will be disclosed on this form. Contributions from Not-For-Profit organizations, interest earned on bank accounts, and other sources are examples of the various receipt sources to include. Also, any other receipts can be listed and explained.		
1265	Exempt Purchase Price Sales	Political party executive and affiliated committees use this form to report purchases from an approved Exempt Sales Plan (CRO- 2600). Under the 'Exempt Sale', treasurers are not required to obtain the name, address, and employer information for each contributor (unless an individual contributor exceeds \$50). The treasurer records the total number of each item sold and the amount raised.		
<u>1270</u>	Legal Expense Fund - Other Receipt Sources	Use this form to disclose donations to a legal expense fund. NC Political Committees are prohibited from receiving contributions from prohibited sources (*) identified on this form.		

FORMS	FORMS FOR DISBURSMENTS				
CRO#	NAME OF FORM	USE OF FORM			
<u>1310</u>	Disbursements	Form used to show all expenditures from the committee during the reporting period. Use a separate (CRO-1310) form for each of the 3 types of disbursements. Check the box on Line 3 of the formto distinguish which category the page of disbursements represents.			
<u>1315</u>	Aggregated Non- MediaExpenditures	All non-media expenditures from the committee \$50 and under duringthe reporting period can be disclosed on this form.			
<u>1320</u>	Refunds and ReimbursementsFROM the Committee	Refunds and reimbursements FROM the committee would include returned contributions, reimbursements for in-kind contributions and any other refunds from the committee, that occurred during thereporting period.			
1330	Non-Monetary Gifts Given to Other Committees	If a committee gives an "in-kind", non-monetary gift, service, or item to another committee, it should be listed on this form. The total will NOT be entered in the RECEIPTS or EXPENDITURES on the Detailed Summary (CRO-1100) form but will be included for information purposes at the bottom of the Detailed Summary (CRO1100) form. The committee receiving the gift will continue to report the gift as an "in-kind" contribution.			
<u>1510</u>	In-Kind Contributions	All "In-Kind," or non-monetary, contributions should be listed on the appropriate contributions page (1205, 1210, 1220, 1230, and 1240) inaddition to the In-Kind Contributions form. In-Kind Contributions MUST be shown on <i>BOTH</i> forms to show the value of the contribution without affecting the committee account balance on the Detailed Summary.			
<u>1710</u>	Administrative Support	If a political committee defines a "parent entity" on their Statement of Organization (CRO-2100D) form, they are entitled to accept reasonable administrative support from that "parent entity". These costs must be disclosed as directed in N.C.G.S. 163-278.19(e) on every report. This form will be used to disclose any and all administrative support. All committees with "parent entities" must submit this form. If there has been no administrative support from the "parent entity", a \$0 should be entered as the total at the bottom and submitted. If the disclosure report is amended, then all information on this form must be provided again. Amendments to this form are NOT based on individual entries.			

FORMS	FORMS FOR LOANS				
CRO#	NAME OF FORM	USE OF FORM			
<u>1410</u>	Loan Proceeds	Loans received by the committee during the reporting period. A Loan Proceeds Statement (CRO-6100) form MUST accompany each entry onthis form.			
<u>1420</u>	Loan Repayments	Any payments on an existing loan during a reporting period will beshown on this page.			
<u>1430</u>	Outstanding Loans	Any loans that have not been satisfied should be shown on this form. All loans that are shown on the Outstanding Loans (CRO- 1430) form will continue to be listed on future reports until the loan is satisfied infull.			
<u>1440</u>	Forgiven Loans	Any loans that have been forgiven during the reporting period should be listed on this form. Attached should be a copy of the Forgiven Loan Statement (CRO-6200) for each loan being forgiven.			
<u>6100</u>	Loan Proceeds Statement	This statement is used to report detailed information about a new loanand is required to accompany the Loan Proceeds Form (CRO-1410) in the disclosure report. If the loan is from an individual, the lender'ssignature is required on this form.			
<u>6200</u>	Forgiven Loan Statement	This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompanythe Forgiven Loans (CRO-1440) form in the disclosure report.			
<u>1610</u>	Debts and Obligations Owed BY the Committee	Any debts or obligations that are owed by a committee and have not been satisfied should be listed on this form. If a payment on the debt is made during the present reporting period, the payment should also be listed on the Disbursements (CRO-1310) form. Loans should not be listed on this form. Loans received during a previous reporting period should be listed on the Outstanding Loans (CRO- 1430) form. Loans received during the present reporting period should be listed on the Loan Proceeds (CRO-1410) form. When a disclosure report is amended only include changed information and check "Yes" at the top of the page.			
<u>1620</u>	Debts and Obligation Owned TO the Committee	If there are debts and obligations owed to the committee, they should be listed on this form. If a payment is made during the present reporting period, it should also be listed on the appropriate contributions form. When a disclosure report is amended only include changed information and check "Yes" at the top of the page.			

## Forms for Change Your Committee Status

CRO#	NAME OF FORM	USE OF FORM
3200	Certification of Inactive Status	This certification is used by candidate, party, PACs, and referendumcommittees to declare their intent to be inactive, which means the committee will not raise or spend any money or receive in-kind contributions on behalf of the campaign. No reports will be due in inactive status.
<u>3300</u>	Certification to Return to ActiveStatus	This certification is used by candidate, party, PACs and referendum committees which have previously filed the Certification of InactiveStatus (CRO-3200) and now would like to return to active status. Reports will now be due. The next report due would cover from the end date of the last report before the committee went inactive to the end date of the next reporting period in the current election cycle. The inactive time must be accounted for.
3600	Certification of Threshold	This certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle. If a committee selects to remain under the threshold, they are still required to keep track of all transactions related to the committee butwill not file regular disclosure reports. <i>If a committee wishes to stay under threshold, they MUST submit a NEW Certification of Threshold at the beginning of each election cycle.</i>
3400	Certification to Close Committee	This certification is used to express the intent to close the committee after all funds have been properly disbursed. <i>Committees that are under the threshold</i> (county and municipal candidates and party committees that indicated by filing the Certification of Threshold (CRO-3600) at the beginning of their election cycle that they did not plan to raise or spend in excess of \$1,000) will only file the Certification to Close Committee (CRO-3400) in order to close. <i>All other committees that are not under thethreshold</i> are required to file a 'Final Report' showing proper disbursement of all remaining funds, no outstanding debts or obligationsand no outstanding loans. Must end with a \$0 balance. <i>Once the form is submitted, the committee is still subject of a final audit BEFORE the committee is officially closed with the county board of elections. The committee would still be obligated to make amendments until all disclosure reports are compliant with campaign finance rules and regulations.</i>
3410	Certification to Close Federal Committee	This certification is used to express the intent of a NC Federal Political Committee to no longer make contributions in the state of North Carolina. This certification is filed at the Board of Elections office where the committee's campaign reports are filed

#### Statement of Organization - Candidate Committee

Is	this sta	atement:
	New	Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information					
a. Name of Committee			d. ID Number		
b. Mailing Address (include Ci	ity, State and Zip Code)		e. Date Organized		
g			······		
c. Committee Website (Option	al)		f. Phone Number		
2. Candidate Informati	ion				
a. Full Name		e. Party Affiliation			
b. Mailing Address (include Ci	ty, State, and Zip Code)	f. Office Sought			
c . Phone Number	d. Email Address	g. Next Ele Year			
Email copy of repor			1		
3. Treasurer Informati	on		tion		
a. Full Name		a. Financig titution Full Nan.			
b. Mailing Address (include Ci	ity, State, and Zip Code)	b. yg Address (include City, State and	d Zip Code)		
c. Phone Number	d. Email Address	c. A .ount Code d. Type			
c. I none Number		c. A count code d. Type			
Send report notic	es by email Yes No				
5. Custodian of Books		6. Account Informatio	(incl. CRO-3500)		
a. Full Name		a. Financial Institution Full Name			
b. Mailing Address (inc' Ci	ity, State, and Zip Code)				
c. Phone Number	d. Email Addr	b. Account Code c. Type			
Email copy of report not	tice Yes No				
I certify that the Com	mittee is in compliance with all applicable provision	s of Article 22A of Chapter 163 of	the NC General Statutes and that no		
funds are commingled	l with prohibited or other non-disclosed funds. I furt	her certify that this report is comple	ete, true and correct.		
Printed N	Name of Treasurer Sig	nature of Appointed Treasurer	Date		
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities					
	imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.				
Printed N	ame of Candidate	Signature of Candidate	Date		

Use this form to create a new or update an exi		
This form must be accompanied by form CRC	0-3500 (when amending, only re-sub	mit if applicable)
1. Committee Information		
a. Full Name		c. ID Number
b. Mailing Address (include City, State and Zip Code	)	d. Date Organized
		e. Phone Number
2. Party Information	h Beste Mana	
A. Type Executive	b. Party Name	
Affiliated (Caucus)		
Subordinate		
3. Treasurer Information	4. C 7 of b.	's Informer 4
a. Full Name	ee	
b. Mailing Address (include City, State, and Zip Code	e) vilir adress (in	clude City, State, and Zip Code)
c. Phone Number d. Email Address	s me Num. Jer	d. Email Address
I prefer to receive notices by email	Email copy of	
5. Assistant Treasurer Inforation	Account Inform	
		Contraction Contraction
b. Mailing Address (include City, Stats v o Code	e) b. Purpose	
c. Phone Nun	c. Account Code	d. Type
Email copy of		
CERTIFICATION		
I certify that the Committee or Fund is in co	mpliance with all applicable provision	ons of Article 22A, 22B & 22D-22M of
Chapter 163 of the NC General Statutes and		
further certify that this report is complete, tr		-
Printed Name of Signer	Signature of Appointed Trea	asurer Date

#### Statement of Organization - Political Action Committee



Use this form to create a new or update an existing political action committee (PAC). This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information						
a. Full Name				c. ID Number		
b. Mailing Address (include City, State and Zip Code)				d. Date Organ	ized	
				e. <sup>7</sup> ae Num	ber	
2. Political Action C	Committee Info	rmation	3. Connected Organiza	atios. Affiliat	ommittee	
a. Category (Chu	ck only one)		a. Full Name			
Banking/Finance		Legal				
Building/Real Estate	_	Manufacturing	h. Mailing Ads Vinclude	Cir. But. and T		
Conservative/Libera	' H	Minority Political Party not part of	n. Mailing Ads. Unclude	City, State, and Zip		
Get Out the Vote		Party Plan of Org.				
Health		Religious				
Information Technol	logy /	Trade	hone Numb	anip		
Telecommunication		Utilities				
Insurance		Other / Not listed				
h. Type (Check only on	e. Definition (	d Type	d. Ocfinition			
Parent Entity Economic Interest						
Political Purpose						
4. Treasurer Inform	nation		5. Sodian of Books Information			
a. Full Name			a. Fult			
b. Mailing Address (incl	ada (	d Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
a, Annuag Aduress (incl		a selection (	n. Hanning Address (Include	eny, staw, and rap Cod		
c. Phone Nur-	d. Email As		c. Phone Number	d. Email Address		
I pr r to receiv	y em.	Yes 🔲 No	Email copy of noti	ces		
6. Assi	rer Info ation	Add	7. Account Information (incl. CRO-3500)			
a. Full Name		Remove	a. Financial Institution Full		Remove	
h. Mailing Address (incl	ade City State or	(Zin Code)	h. Purpose			
a, statting Address (incl	aue City, State, an	a sele court)	n. Furpose			
c. Phone Number	d. Email Address		c. Account Code	d. Type		
Employee of action						
-	Email copy of notices					
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of						
		d is in compliance with a tutes and that no funds a				
		nplete, true and correct.	e committee with pro-	Content of States Indiana	and the second sec	
the overery date	and report in Col	and the same context.				
Printe	d Name of Signer	Sig	nature of Appointed Treasurer		Date	
CRO-2160D		NC State Boa	rd of Elections		July 2014	

#### Statement of Organization - Referendum Committee



Use this form to create a new or update an existing referendum committee. This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information			
a. Full Name		c. ID Number	
a. Full Name		c. ID Number	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		chone Number	
2. Referendum Information			
a. Full Name	b. Date of Referendum	.charation	
3. Treasurer Information		s Informatio	
a. Full Name	a.F		
b. Mailing Address (include City, State, and Zip Code)	Mailing A ess (inch	de City, State, and Zip Code)	
c. Phone Number d. Email Address	Phone No. 7 d	. Email Address	
I prefer to receive notices by email	Email copy of n	otices	
5. Assistant Treasurer Information	. Account Informat	ion (incl. CRO-3500)	dd
a. Full Name	a. Financial Institution F	ull Name 🔲 R	emove
b. Mailing Address (include City, Stav od Code)	b. Purpose		
c. Phone Nu yr atl x yw	a Assessed Code and	Trees	
e. Phone Nu vr anti x vas	c. Account Code d	Type	
Email copy consti-			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with a	Il applicable provision	s of Article 22A, 22B & 22D	22M of
Chapter 163 of the NC General Statutes and that no funds a			
further certify that this report is complete, true and correct.			
Printed Name of Signer Sig	nature of Appointed Treasu	per Date	
Frinte Come of alguer ang	same or opposited treate	exate	
CRO-2100E NC State Box	rd of Elections		July 2014

# Statement of Organization - Legal Expense Fund Use this form to create a new or update an existing Legal Expense Fund. This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)



I. Fund Information				
au. Mail Na ma			j	c. ID Number
				14
h. Mailing Address (Include City, Sinis and Sip Cade	9			d. Date Organized
				ana Number
f. Purpose				
2 Amutated Endty Information	<i>201</i>			
n. Cendidate Name	. Candidata's Pa	itical Canadir Vena	(	
r. Office Sought Ticki	d. Any Elther Am	Hat-		
s. Mailing Address (Include, City, Sinte, and Zip Cod	0			
3. Treasurer Information		4.C		
n. Full Stame		Full Nam		
h. Mailing Address (Include (31), Sinis, and Za		h. Malling Address (in	chulo (City, Stati	s, and Hip Code?
r. Phone Number d. En. Address		e. Phone Number	A. Rimail Raid	
I prosente notices a small	Yes No	Email copy o	Instee	
S.A. And Trenant Startin. 10	L. 44	6. Account Inform	and and the	CAND-JANKY LAN
		a. Hasacial Invitation	Fall Name	C Hanaires
h. Mailing Address (Include	a)	b. Parpase		
p. Phate Number d. Easall Address		7. Accusal Cada	d. Type	
Email copy of notices				
CERTIFICATION				
I certify that the Cummittee is in compliance with candidate committee funds or other ac				
Friend Name of Signar		guarante of Approximited Tran	in the second	Date
CR0-2108F	M Sec. H.	and of the node		Fully 2015

Amendm	ent			
Yes No				
Comm	ittee			

#### Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

This form must be accompanied by form CRO-3500. 1. Committee Information c. ID Number Full Name Mailing Address (include City, State and Zip Code) d. Date Organized a Numbe 2. Treasurer Information 4. Custodian of Books Info. ion Full Name . Full Name Mailing Address (include City, State, and Zip Code) b. Mailing Add (include City, State, and Zip. ar Num. Phone Number d. Email Address d. h. Vddry 5. Assistant Treasurer Information Accon/ **⊿formation** (incl. CRO-3500 Add Full Name **Anstitution Full Name** Ren Mailing Address (include City, State, and Zip Code) urpose d. Email Address Account Code Phone Number d. Type ERTIFICATION I certify that the Commit. or Fundamentation of Fundamentation of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General structure and trust no funds are commingled with prohibited or other non-disclosed funds. hat this rep complete, true and correct and that I certify that the above named political committee I furthe ered with the North Collina State Board of Elections and does not and will not make any contributions as is re de ed by N.C. G st. 163 [8.6(6), directly or indirectly, to a candidate or a political committee that makes ibution Pol cal committees signing this certification are not subject to the contribution limitations CI assections (and (b) of N.C. Gen. Stat. 163-278.13 but must abide by all other provisions of Article 22A set of Chapter 163 of the North Carolina General Statutes. If the political committee determines that it no longer wishes to adhere to this certific a, then it must immediately notify the North Carolina State Board of Elections before any further deposits or es are made by the political committee. If Treasurer is outside of NC, both the Treasurer and NC Assistant Treasurer must sign Certification. Printed Name of Signer Signature of Appointed Treasurer Date Printed Name of Signer Signature of NC Assistant Treasurer Date

CRO-2100G

NC State Board of Elections

March 2013



Statement of Organization Addendum Page \_\_\_\_\_\_ of \_\_\_\_\_\_ Use this form to supply additional assistant treasurer information or additional account information This form must be accompanied by form CRO-3500 if additional accounts are being reported

1. Committee Full Name (and Fund if applicable)			2. ID Number	
3. Assistant Treasurer Informs	ation [	Add	4. Account Information	(trei CRO-3500) 🔲 Add
a. Full Name		Remove	a. Financial Institution Full No	Remove
b. Mailing Address (include City, Stat	e, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address		c. Account Code	Туре
3. Assistant Treasurer Informs	ation [	Add	4. Account <sup>T</sup> uformation	. 🗢 100) 🔲 Add
a. Full Name		Remove	a. Financial ). tion Full No	ame Remove
b. Mailing Address (include City, Stat	e, and Zip Code)		/urpeac	
c. Phone Number	d. Email Address		c. ant Code	d. Type
3. Assistant Treasurer Informs	ation	Ado	Count Information	(mei. CRO-3500) 🔲 Add
a. Full Name		Remo	a. k. sial Institution Full No	
b. Mailing Address (include City, Stat	<sup>1</sup> Zip Code)		b. Purpeac	
c. Phone Number	d. 1 ddress		c. Account Code	d. Type
3. Ansistant T asurer 7		] Aid	4. Account Information	(haci. CRO-3500) 🔲 Add
a. Full Name		Remove	a. Financial Institution Full No	Remove
b. Mailing Address (include	c, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address		c. Account Code	d. Type
CERTIFICATION				
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. 1 further say that this report is complete, true and correct.				
_				
Printed Name of Sign	ar	Sign	stare of Appointed Treasurer	Date

Additional Committee Funds Use this form to notify the Election Board that the Candidate	Page or Party Comn		Amendment Yes No an additional fund
1. Committee Full Name		Set-up Date	3. ID Number
4. Fund Information			
a. Name of Fund			b. ID Number
c. Type	e. Account In	iformation (i	ncl. CRO-3500) Add
"Booster" or "Support" Fund	i. Financial Inst	itution Full Name	Remove
Building Fund NC Public Campaign Financing Fund			
NC Political Party Financing Fund	ii. Purpose		
Presidential Election Year Candidates Fund			
Other:			
d. Fund Manager Full Name Treasurer Assistant	iii. Account Cod	ie iv. Tyj	н
4. Fund Information			
a. Name of Fund			b. V amber
	7		
c. Type	c. Account J	rmation	L CRO-3500) Add
Booster" or "Support" Fund	Financial 7	oution Full Name	Remove
Building Fund     NC Public Campaign Financing Fund			
NC Political Party Financing Fund	i. Purp.		
Presidential Election Year Candidates Fund			
d. Fund Manager Full Name 1, 10 Novistant	iii. Acc. ant Cod	le iv. Typ	
4. Fund Information	~		
a. Name of Fund			h. ID Number
r. Type "Booster" , "Fund	e. Account In	iformation () itution Full Name	nel. CRO-3500) Add Remove
Build and	C Financial Inst	itution Full Same	Remove
NC die Campaign Finning Fun.			
NC itical Part seeing 1	ii. Purpose		
Press			
Other:			
d. Fund Manager Assistant	iii. Account Cod	le iv. Tyj	н
CERTIFICATION	II		
I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds a			
further certify that this report is complete, true and correct.	ine commingiou	and promotion	or other non-unclosed rankly. I
Printed Name of Signer Si	gnature of Appoint	ed Treasurer	Date
	beams or otherway		1.000
CRO-2120 NC State Box	ard of Elections		December 2007



#### Confidential

#### Certification of Financial Account Inforn. ion

This Certification is used to report confidential bank accourt information for all are al accounts established by the committee and must accompany the tement of Organiza. In Form.

#### **FILED BY:**

Comm	ittee	Name:
COIIIII	ΠΠΕΕ	Iname.

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

I certify that the information provided below is and accenter. I am providing all account information for the above named Committee. These account number include all the accounts utilized, credit card accounts, money market or savings accounts, or any other financial count. I for any arpose by the Committee.

The information provided on this orm considered confidential and is not subject to public disclosure. The information provided is only used the purple of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or ce indate) must design at below an account code (any number or letter or combination of numbers and letters) by when the purple of the approximation of the purple of the

The treasurer shall maintain all oneys of the political committee in a bank account or bank accounts used exclusively by the political committee and all one commingle those funds with any other moneys.

Type of account	<b>Financial Institution</b>	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

Signature of Candidate or Treasurer

#### For Candidate Committees Only

Date Signed

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.



### **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or  $s_{F} = (\$1,000 \text{ c})$  css in the current election cycle.

This Certification is only valid for political party committees an andidates for a county office, municipal office, local school board office, soil & water rvate district br d of supervisors, or sanitary district board.

This Certification is filed at the Board of Election flice where the committee's campaign reports are filed.

#### FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

#### Treasure Pho

Check One:

I certify the committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Date Signed

Signature



### Candidate Designation of Committy Fund

This form is used by candidate committees only and allows the candidate to designa.  $int^{\prime}$  event of the r death, how the committee's funds are to be disbursed using the eight allowable methods outline in 163-27 16B(a).

This Designation is filed at the Board of Elections office where the mmittee's campais eports are filed.

Candidate Nam	e:
---------------	----

Committee Name:

Treasurer Name:

If Candidate is own treasurer, designate an ve. to can, but designations:\_\_\_\_\_

\_\_\_\_\_

Committee ID #:

I,

Level Registered:

(Name of Candidate)

[State] [Coun. ] If co to pecify:\_\_\_\_\_

'v direct that in the event of my death or incapacityall

funds remaining by Cam, son Committee account(s) (after payment of permitted outstanding debts or reachable expenses for winding up the Committee or closing office) be paid in the following nonner a sum ted y N.C. Gen. Stat. 163-278.16B(a).

3.\_\_\_\_\_

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:	
Date:	
CRO-3900	Candidate Designation of Committee Funds



### Personal Representative Designation of C mmit .e Funds

This form is used by candidate committees only and allows the personal representative f the estate f a deceased candidate who did not file a written designation prior to death to file such written design. n who in ninety days of death. The representative is limited in the designation as outlined n, 63-278.16B (a) (3).

This Designation is filed at the Board of Elections office the convittee's $c^{\alpha}$ paign reports are filed.
Candidate Name:
Committee Name:
Personal Representative of the Estate:
Committee ID #:
Level Registered: [State] [C nty] n. ty, specify:
I,
1
2
By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B (a) (3). I understand that the candidate or the candidate's spouse, children, parents, brothers or sisters are not employed by the organization. A copy of this form should be maintained with the committee records.

Signature of Repres	sentative: Date:	_
CRO-3900A	Personal Representative Designation of Committee Funds	

Disclosure Report Cover Do not use this form to update information.

1. Committee Information						
a. Full Name			c. ID Number			
b. Mailing Address (include City, State and Zip Co	de)		d. Date Filed			
			e. Phone Number			
2. Report Ye: 3. Period Start Date (mm/	dd/yy 4. Period End D	ate (mm/dd/yy 5. 7 . as	surer Full Name			
6. Type of Committee (Check One)	9. Type of Report (c	check only one ty, of r	srt from o category)			
Candidate Campaign Party PAC Referendum	Municipal	State/County	Refer um			
Independent Expenditure Joint Fundraiser	Organizational Thirty-five day	Organizational Quarterly	Organizational			
Legal Expense Fund	Pre-primary	_	Pre-referendum Final			
	Pre-election Ire	First Sec	Supplemental Final			
7. <b>Type of Fund</b> ( <i>if applicable, check one</i> )	runoff	ird 1 th				
Booster Fund	Semi-an <sup>*</sup>	Semi-annı.	Special			
Building Fun	Mi ar	Mid Year	10. Special Report Name			
Other:	Year È.	Year End				
8. Number of Fundraisers this Report	F. 1 Spc al	Final				
		Special				
11. Account Information		Account Information				
a. Financial Institution Full Name		ancial Institution Full Name				
b. Purpose c. nt	Code b. Pui	rpose	c. Account Code			
	egin Balance		d. Period Begin Balance			
\$			\$			
CERTIFICA ON	<b>.</b>		ł			
I certify that the committee or Fu is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 16						
of the NC General Statutes and at no funds						
report is complete, tru.	have been trained by the N	C State Board of Elections				
Printed Name of Signer	Signature	of Appointed Treasurer	Date			
FOR OFFICE USE ONLY	<u> </u>	**				
Date Received:	Employee:		Delivery Method			
	Employee.		Normal Mail			
Date Postmarked:	Employee:		Registered Mail			
			Hand Delivered Electronically Filed			
Date Scanned:	Employee:		Electronically Flice			
Date Data Entered:	Employee:		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 Statem	ent of Organization (CR	O-2100A-E) to make co	mmittee changes.			

Disclosure Report Co	ver Addendum		Amendment
		hat did not fit on the Disclosure R	
1. Committee Full Name (and )			2. ID Number
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance	]	. Period Begin Balance
	\$		\$
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	·
h. Purpose	e. Account Code	h. Purpose	e. Acco. Code
	d. Period Begin Balance		▲ Period Begin Balance
	\$		\$
3. Account Information		Information	
a. Financial Institution Full Name		a. F. al Institution Full Name	
h. Purpose	e. Account Code	h. pase	e. Account Code
	d. Period Bep. Mance		d. Period Begin Balance
		ľ	\$
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
h. Purpose	e. ount Code	b. Purpose	c. Account Code
	. Period Begin Balance		d. Period Begin Balance
	5		\$
CERTIFICATION			
-	-	ll applicable provisions of Article	
		re commingled with prohibited or	
ranner certify that this report i	s complete, true and correct a	and that I have been trained by the	PAC State Board of Elections
Dista New 70		nation of American Terrore	Dete
Printed Name of Sign Please Note: This cover she		nature of Appointed Treasurer ommittee information such as the	Date committee name or account
a rease reuse: this cover she		nation.	communee name or account
	the Statement of Organizatio	n (CRO-2100A-E) to make comn	nittee changes.
CRO-1010	NC State Box	rd of Elections	December 2007

**Detailed Summary** Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment **No** Sea Yes

1. Committee Full Name (and Fund if applicable)2. Type of		of Report	3. ID Number	
Start of Election Cycle: January 1,		Total this Reporting Peri	od Total this Election Cycle	
4) Cash on Hand at Start		\$	\$	
<u>RECEIPTS</u>				
5) Aggregated Contributions from Individuals	(CRO-120	\$	\$	
6) Contributions from Individuals	(CRO-121	\$	\$	
7) Contributions from Political Party Committees	(CRO-122	\$	\$	
8) Contributions from Other Political Committees	(CRO-123	\$	\$	
9) Loan Proceeds	(CRO-141	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-124	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-125	\$		
11b) Contributions from Not-For-Profit Organizatio	(CRO-!	\$	\$	
11c) Outside Sources of Income	(CRO-125	7	\$	
11d) Legal Expense Fund - Other Sources	(CRO	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11, 11b,1),	1d .11e	\$	\$	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	~RO-131	\$	\$	
13b) Contributions to Candidates/Po. Tal C mi. ?	(CRO-131	\$	\$	
13c) Coordinated Party Freenditures	(CRO-131	\$	\$	
14) Aggregated Non-Media Ł venu.	(CRO-131	\$	\$	
15) Loan Repayments	(CRO-142	\$	\$	
16) Refunds/Re <sup>:</sup> Jurs ments free the Committee	(CRO-132	\$	\$	
17) In-Kind ( ntributie-	(CRO-151	\$	\$	
<b>18) TOTAL E.</b> Add lines 13a, 13b, 13c, 14,	15, 16 and17	\$	\$	
<b>19) Cash on Hand at End</b> (Ad nes 4 and 12 together, then su	btract line 18	\$	\$	
ADDITIONAL L. MATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-133	\$		
21) Outstanding Loans (incl. ones from other campaigns	(CRO-143	\$		
22) Debts and Obligations owed by the Committee	(CRO-161	\$		
23) Debts and Obligations owed to the Committee	(CRO-162	\$		
24) Account Transfers Within the Committee	(CRO-172	\$		
25) Administrative Support	(CRO-171	\$	\$	
26) Forgiven Loans	(CRO-144	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220	\$	\$	
28) Contributions to be Refunded	(CRO-1213	\$	\$	

### Aggregated Contributions from Individuals

Page \_\_\_\_

of

Amendment Yes No

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

1. Comm	2. ID Number								
3 Contri	3. Contributor Information								
a. Amend	b. Account Code		d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount				
Add	billecould could	er i or in or i uj mene							
Remov					\$				
Add Remov					\$				
Add Remov					\$				
Add					\$				
					A				
Remov					\$				
Add Remov					¢				
Add					\$				
Remov Add					4				
Remov					\$				
Add Remov					\$				
Add Remov					\$				
Add					\$				
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A 11					\$				
Add					\$				
Remov Add									
Remov					\$				
Add					\$				
Remov Add									
Remov					\$				
Add Remov					\$				
Add					\$				
	only this D.	-							
	only this Pag				\$				
	of ALL CRO	)-1205 Pages Detailed Summary Page (	( <b>RO-1100</b> )		\$				

NC State Board of Elections

Amendment No No

Contributions from Individuals Pg of Of Yes 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	
3. Cont	tributor Inform	ation	L	Add R	emove	
	ame, Mailing Add			b. Job Title/Pro	fession	d. Comments
(inclue	le city, state, & zip					
				a Employar's N	ame/Specific Field	
				c. Employer s N	ame/specific Fleid	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	intion	j. Date (md/y	yyy) k. Amount
	g. necount cour	in i offit of i uyincht		iption	j. Dute (i)	
						\$
						\$
						\$
3. Cont	tributor Inform	nation		Add 🗋	emove	
	ame, Mailing Add			+le/Pro		d. Comments
(inclue	le city, state, & zip	l i i i i i i i i i i i i i i i i i i i				
				<u>c. Emr</u> er's N	ame/Specific Field	
						e. Election Sum to Date
		•				\$
f. Prio	g. Account Code	h. Form of Payr	· In-Kind scr	ipı.	j. Date (mm/dd/y	yyy) k. Amount
						\$
						\$
						\$
3. Cont	tributor Ir	ion		Add R	emove	
	ame, Ma <sup>r</sup> g Add			b. Job Title/Pro	fession	d. Comments
(inclue	de city, s e, & zip					
				- Ell- N	/S: <b>f</b> : [-]-]-]	
				c. Employer s N	ame/Specific Field	
						e. Election Sum to Date
						¢
						\$
f. Prio	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/y	yyy) k. Amount
						\$
						\$
						\$
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages						
(This line must be on line 6 of Detailed Summary Page CRO-1100)				\$		

#### Contributions to be Reimbursed

Amendment	
Yes	No No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name							D Number
3. Contributor Information		Add		Rer	nove		
Full Name & Mailing Address of the Payee					Mailing Address		
(the original vendor)		(the pe	rso	n to	whom the camp	aign	check is written)
a. Contribution Description	b. Date	(mm/dd	m	)	c. Credit Car		d. An
3. Contributor Information		Add		Rer	nove		
Full Name & Mailing Address of the Payee					failing Address	of t	h, imi see
(the original vendor)		(the pe	rso	n ti.	om the camp	aign	ches
a. Contribution Description	b. Date	चत	hnr	7 _	c. Credit Card Y/N		d. Amount
							\$
3. Contributor Information	<b>``∟</b>	Ndd	Ŀ	Per	nove		
Full Name & Mailing Address of the Payee			ame		<b>Sailing Address</b>	of ti	he Reimbursee
(the original vendor)		(th.	750	n to	whom the camp	aign	check is written)
a. Contribution Description	s zate	(mm/dd	m	<u>()</u>	c. Credit Card Y/N		d. Amount
							\$
3. Contribute ation		Add			nove		
Full Name Mailing Address of Payee (the original vendor)					Mailing Address whom the camp		he Reimbursee (check is written)
a. Contribution Description	h. Date	(mm/dd	6773	0	c. Credit Card Y/N		d. Amount
							s
4. Total only this Page						\$	
5. Total of ALL CRO-1215 Pages						\$	
(This line goes in line 28 of Detailed Summary Page CRO-11) CRO-1215 NC State Board of Flee							August 100

Pg

	ns from Political report contributions fr	-	of	Amendment Yes No
	Full Name (and Fund i			2. ID Number
3. Contributor	r Information	Add R	emove	
a. Full Name, Ma (include city, st	iling Address & Phone		-	b. Comments
(include city, st	are, & zip)			c. Election Sum to Date
				\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mr ./y	yyy) h. Amount
				\$
				\$
				0
3. Contributor	r Information	Add R	emove	
a. Full Name, Ma	iling Address & Phone			b. Comments
(include city, st				c. Election Sum to Date
d. Account Code	e. Form of Payment	Tn-Kind Desu Thion	g. Date (mm/dd/y	vvv) h. Amount
			gi 2 att (min da j	\$
				\$
				\$
3. Contributor	r Information	Add R	emove	b. Comments
(include city, s				c. Election Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/y	yyy) h. Amount
				\$
				\$
				\$
4. Total onl				\$
	ALL CRO-1220 Pag			\$

### Contributions from Other Political Committees <sub>Pg</sub> \_\_\_\_

Amendment Yes No

of

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee	Full Name (and Fund if	pplicable)			2. ID Number
3. Contributor	r Information	L	Add R	emove	
	iling Address & Phone		b. Type of Com		d. Comments
(include city, st	tate, & zip)		Candidate	PAC	
			c. Level Register	red (Snecify)	
			Federal	County:	
			State	Municipality	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Descripti	on	i. Date (r dd/y	yyy) j. Amount
					\$
					¢
					S
3. Contributo	r Information		Add 🗖	move	
	iling Address & Phone		Com		d. Comments
(include city, st	tate, & zip)		Can ite	D. 9/	
			C. Lev Argister	n red (Specify)	
			rederal	County:	
			Ttate	Municipality	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	ind Desc. tie	on	i. Date (mm/dd/y	yyy) j. Amount
					\$
					\$
					\$
3. Contributo				emove	
	ag Address & Phone		b. Type of Com	parang (	d. Comments
(include city, s	e, & zip'		Candidate	PAC	
			C. Level Register		
			Federal	County:	
			State	Municipality	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	on	i. Date (mm/dd/y	yyy) j. Amount
					\$
					\$
					\$
4. Total only t	this Page				\$
5. Total of AI	L CRO-1230 Pages				\$
	be on line 8 of Detailed Summ	ary Page CRO-1100)			Φ

#### **Refunds/Reimbursements To the Committee**

Pg\_\_\_\_\_

of \_\_\_\_

Amendment Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Contributor Inf	iormatio	n	L	Add R	emove	
a. Full Name, Mailing		& Phone		d. Type of Com		g. Comments
(include city, state,	& zip)			Candidate Referendum	PAC Party	
				e. Level Register	-	h. Original Expenditure Date
				Federal	County:	<del>0</del> 1
				State	Municipality	
						i. Original Expenditure Amt
						\$
b. Job Title/Profession	n	c. Employer's Na	me/Specific Field	f. Purpose		Election Sum to Date
						\$
k. Account Code	l. Forn	n of Payment	m. In-Kind Des	cription	n. Date (n. <sup>1</sup> d/y	yyy) mount
						\$
3. Contributor In	formatio	1		Add 🗖	`move	<u>кун I</u>
a. Full Name, Mailing		& Phone		ryp Com	h. •	g. Comments
(include city, state,	& zip)			Can ate Ref ndum		
					red (Specify)	h. Original Expenditure Date
				rederal	County:	
				•tate	Municipality	
						i. Original Expenditure Amt
						\$
b. Job Title/Profession	n	c. Employer's N	Spr. Fier	f. Purpose		j. Election Sum to Date
						\$
k. Account Code	l. Form	of l ment	m. Ind Des	cription	n. Date (mm/dd/y	yyyy) o. Amount
						\$
3. Contributor <sup>1</sup>	Jrm.d			Add 🔲 R	emove	
a. Full Name, Ma ag		&, Dhone		d. Type of Com		g. Comments
(include city, s e, )	& zir)			Candidate Referendum	PAC	
				e. Level Register		h. Original Expenditure Date
				Federal	County:	
				State	Municipality	
						i. Original Expenditure Amt
						\$
b. Job Title/Profession	n	c. Employer's Na	me/Specific Field	f. Purpose		j. Election Sum to Date
						\$
k. Account Code	l. Forn	n of Payment	m. In-Kind Des	cription	n. Date (mm/dd/y	yyy) o. Amount
						\$
4. Total only t	his Pag	ge				\$
5. Total of AL						¢
(This line must be on line 10 of Detailed Summary Page CRO-1100)					\$	

Other Rec	eipt Sources		Pg	of		Amendment Yes No
Use this form to	report income not report	ed on another form. i	i.e. interest incor	ne, not for profit	coni	tributions etc.
1. Committee F	ull Name (and Fund if a	pplicable)			2.1	D Number
	ipt Source (Please use					
Interest		ions from Not-for-Profit (			ounce	n of Income
4. Contributor				nove	-	
	ing Address & Phone		b. Not-fer-Profit F	ederal ID#	4. C	omments
(include city, stat	k, & zip)		-			
			c. Outside Source	Evolution		
				- sprana men		
					Æ	lection Sum to Date
					s	
					\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mnvs. 👘 🦄	v	Amount
						s
					_	
4. Contributor	Information		Add Ren			
	ing Address & Phone			eder.	- 6	omnents
(include city, sta-						
			Publide F	Explanation		
					e, El	lection Sum to Date
					s	
					-	
f. Account Code	g. Form of Payment	Kind Descrip yn		i. Date (mm/dd/yyy	71	j. Amount
						\$
						\$
4. Contributor	Information		Add Ren	nove		
a. Full Name, Mail			b. Not-fer-Profit F	ederal ID #	4.0	omments
(include city, stat						
			c. Outside Source	Explanation		
					e, El	lection Sum to Date
					\$	
f. Account Code	g. Formoff Provid	h. In-Kind Description		i. Date (mm/dd/yyy	7)	j. Amount
						s
						S
5. Total only this Page					\$	
6. Total of ALL CRO-1250 Pages						
			nest)		s	
	(This line goes in line 11a of Detailed Summary Page CRO-1109 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1109 if Not-for-Profit Contribution)					
(This line goes in	line H c of Detailed Summary	Page CRO-1100 if Out	ide Sources of Inco	ma)		
CRO-1250		NC State Boa	rd of Elections			December 2007

Exempt Purchase	Price Sale	15	Pg of	Amendment Yes No
Political Party Executive Com	mittees use this	form to report purchases from an app	roved Exempt Sales P	lan (CRO-2600)
1. Plan Description (i.e. Septem)	2. Plan Submission Date			
3. Number of items sold		4. Total amount raised	5. Election cy	cle sum-to-date
			(all exempt pa	rty sales during this cycle)
#		\$	s	
<ol><li>Was this sale conducted</li></ol>	according to t	he Exempt Sales Plan approved b	y the State Board of	Elections?
Yes	No No	Comments:		
<ol><li>Did any purchaser make</li></ol>	total purchase	s exceeding \$50?		
Yes	No No	Comments:		
I. Plan Description (i.e. Septem)	her 2008 Apple P	ie Sale)		San Submiss' Jate
3. Number of items sold		4. Total amount raised	5. Election cy	cle sum-to-date rty x during this cycle)
				A and a give the type of the
#		\$	5	
<ol><li>Was this sale conducted</li></ol>	according to t	he Exempt Sales Pix prove	y the State Board of	Elections?
Yes	No No	vents:		
<ol><li>Did any purchaser make</li></ol>	total purchase	s exceeding \$: ?		
Yes	No No	Con. ents:		
1. Plan Description (i.e. Septemb	her 2008 Apple P	ie Sax		2. Plan Submission Date
3. Number of items sold		smoun, raised		cle sum-to-date
			(all exempt pa	rty sales during this cycle)
*		s	s	
6. Was thi ale cond-	Ming 1	he Exempt Sales Plan approved b	y the State Board of	Elections?
	V No	Comments:		
7. Did any purchas	kal purchase	s exceeding \$50?		
Yes	No No	Comments:		
8. Total only this Pag (This should be the sum of all		pare)		\$
9. Total of ALL CRO	-1265 Page	8		s
(This line goes in line 11e of 1 CRO-1265	letailed Summary	Page CRO-1100) NC State Board of Elections		August 2008
		CAL MARK DUGING OF EASYSTERS		August 2008

#### Legal Expense Fund - Other Receipt Sources

Amendment Yes

ed.

No

Only use this form to disclose donations to a legal expense fund. NC Political Committees are prohibited from receiving contributions from prohibited sources (\*) identified on this form.

Pg

1. Legal Expens	se Fund Full Name				2, ID	) Number
3. Donor Inform	nation		Add Ren	nove		
a. Full Name, Maili	ing Address & Phone		b. Donor Descripti	on	c. Con	nments
(include city, stat	e, & zip)		Corporation			
			Business Er			
			Labor Unio			
				l Association *		
			Insurance C	ompany *		ar Sum to Date
			Individual		5	
e. Account Code	f. Form of Payment	g. In-Kind Description	Political Co		L	mount
e. Account Code	t. Form of Payment	g. in-King Description		h. Date (m. 757)	_	
						\$
3. Donor Inform			Add 🔄 Ren			
	ing Address & Phone		b. Dor 'sti		۲ <u>_</u>	nments
(include city, stat	e, & zip)		- corpora			
			Business A			
			Labor			
				l Association *		
				ompany *	d. Yea	ar Sum to Date
			Indi val		\$	
e. Account Code	f. Form of Payment	r Sind Descript	<u>Politic. X</u>	mmittee h. Date (mm/dd/yyy		Amount
e. Account Code	t. Form of Payment	y som nesempe		n. Date (min/od/yyy		
					_	\$
						\$
3. Donor Inform				sove		
	ng Address & Phom		b. Donor Descripti		c. Con	nments
(include city, stat	u, & zip)		Corporation			
			Business Er			
			Labor Unio			
				Association *		and the second sec
			Insurance C Individual	ompany *	d. Yes	ar Sum to Date
			Political Ce	mmittee	\$	
e. Account Code	L Forr	g. In-Kind Description		h. Date (mm/dd/yyy	w) i	Amount
and the second s						
					_	s
						\$
4. Total only					\$	
5. Total of ALL CRO-1270 Pages					\$	
						R
	line 11d of Detailed Summary				2	December 2009

#### **Disbursements**

Pg \_\_\_\_ of

Amendment Ves 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							
	ine (and I und it appr	icabic <sub>j</sub>					2. ID Mullioti
3. Type of Disburseme	ent <i>(Please use sep</i>	arate CRO-1310 f	forms for	r each type a	of Disbursen	nent.)	
Operating Expenses		ntributions to Candida					nated Party Expenditures
4. Payee Information				Add	Remov	-	
a. Full Name, Mailing	Address & Phone			b. Coordina	ted Committe	e Name	d. Comments
(include city, state, & zip)							
					• • • • •	e \	
					gistered (Specif	•	-
				Federa State		y: .unicipalit	v e. Election Sum to Date
				State		Junicipant	. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy	j. Amor		. Requ <sup>2</sup> 1 Remarks
	g	*		(	\$		
					\$		
4. Payee Information				Add 📐	Remov		
a. Full Name, Mailing Add				rdina	Committe	e .ne	d. Comments
(include city, state, & zip							
					gistered (Specif	<b>c</b> \	
			٦	c. I <u>.1 Reg</u> Federa	· · ·	<b>y)</b> County:	-
				State		Jounty. Municipality	v e. Election Sum to Date
				State		viunicipant	
							\$
f. Account Code	g. Form of Payment	י"rpose Code	i. Da	nm/dd/yyyy	j. Amount	ŀ	x. Required Remarks
					\$		
					\$		
4. Payee Information			~	Add	Remov		
a. Full Name, Mailing Add	ress & Phone			b. Coordina	ted Committe	e Name	d. Comments
(include city, state, & zip							
					gistered (Specif		_
				Federa State		County:	v e. Election Sum to Date
				State	ľ	Municipalit	y e. Election Sum to Date
							\$
f. Account Code	g. Form of P <sup>2</sup> ent	h. Purpose Code	i. Date	(mm/dd/yyyy	j. Amount	ŀ	x. Required Remarks
	g	A		(	\$		•
					\$		
5. Total only this Pag	e				ψ		\$
6. Total of ALL CRO							Ψ
		CD0 1100 .00		<b>`</b>			
(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 Contrib to Canalaates/Political Comm)(1 his line goes							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media       B* - Printing       C* - Fundraising       D - To Another Candidate							
A* - Media E - Salaries	B* - Print F* - Equip			blitical Party			ling Public OfficeExpenses
I - Postage	J - Penalt	ies		ffice Expense			ation to Legal Expense Fund
O* Other					o. 1		
* Codes require detailed explanation in required remarks field (k)							

### **Aggregated Non-Media Expenditures**

Page of

Amendment ☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)			2. ID Number				
3. Payee Information							
	Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
	Add		•	<b>`</b>		\$	
片	Remov					\$	
H	Add Remov					\$	
	Add					\$	
H	Remov					\$	
Ы	Add Remov					\$	
	Add					\$	
	Remov Add						
	Remov					\$	
	Add					\$	
	Remov Add						
	Remov					-	
	Add Remov					\$	
	Add						
	Remov					\$	
	Add					\$	
	Remov Add						
	Remov					\$	
	Add Remov					\$	
D	Add					¢	
	Remov					\$	
	Add Remov					\$	
	Add					\$	
R	Remov Add					\$	
Н	Remov					\$	
	Add					\$	
┢	Remov Add						
	Remov					\$	
	Add					\$	
4	Remov Total	only this Pag	e			\$	1
	5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	
6	. Purpo		t detailed expend				1,
	B* - PrintingC* - FundraisingD - To Another CandidateE - SalariesF* - EquipmentG - Political PartyH* - Holding Public Office Expenses1 - PostageJ - PenaltiesK* - Office ExpensesQ* - Donations to Legal Expense Fund						
	I - Posta	age J -	Penalties	K* - Office I	Expenses Q*	- Donations to Leg	gal Expense Fund
O* - Other							
* Codes require detailed explanation in required remarks field (g)							

**Refunds/Reimbursements Fromthe Committee** 

ee Pg \_\_\_\_

of \_\_\_\_

Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name	2. ID Number				
3. Payee Information	C	Add 📙 R	emove		
a. Full Name, Mailing Address	& Phone	d. Type of Com	mittee	h. Original Receipt Date	
(include city, state, & zip)		Candidate	PAC		
		Referendun	Party		
		e. Level Registe		i. Original Receipt Amount	
		Federal State	County: Municipality	\$	
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
D. JOD THE/TTOESSION	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment m. Rec	uired Remarks		n. Date 1/	yyyy) o. A unt	
3. Payee Information		_	emov		
a. Full Name, Mailing Address	& Phone		vittee	h. Original Receipt Date	
(include city, state, & zip)		date	PAC		
		Refe dun e. Level R ste		i. Original Receipt Amount	
			County:		
		ate	Municipality	\$	
		f. nose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer' 'Specific Fi	mments و		k. Account Code	
l. Form of Payment m. Rec	uired Remarks		n. Date (mm/dd/	yyyy) o. Amount	
				\$	
3. Payee Information		Add 🗖 R	emov	<u>. 1</u>	
a. Full Name, Mailing Address	& Phone	d. Type of Com	mittee	h. Original Receipt Date	
(include city, state.		Candidate	PAC		
		Referendum			
		e. Level Registe		i. Original Receipt Amount	
	State	County: Municipality	\$		
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
b. 500 True/Trocssion	e. Employer s traine/Specific Field	g. Comments		K. Account Cour	
l. Form of Payment m. Rec	uired Remarks		n. Date (mm/dd/y		
				\$	
4. Total only this Page	\$				
5. Total of ALL CRO-132 (This line must be on line 16 of	\$				
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)					
* Codes require detaile	a explanation in required rema	rks field (m)			

Non-Monetary Gifts Given to Other Com	mittees Pr		Amendment Yes No
Use this form to report any in-kind, non-monetary gift, servic			
1. Committee Full Name (and Fund if applicable)			2. ID Number
3. Payee Information	Add Ren	00000	
a. Full Name, Mailing Address & Phone	b. Type of Commit		d. Comments
(include city, state, & zip)	Candidate	PAC	
	Referendum	Party	
	c. Level Registered Federal	(Specify) County:	
	State	Municipality:	
e. Type of Gift Coordinated Party Expenditure	Contributio	n to Candid	litical Cor
L Description	Contributio		y) h.F. Jarket Amount
			+
3. Payee Information	Add Re.	4	
a. Full Name, Mailing Address & Phone	b. Type of Commi	the design of the second se	d. Corr vents
(include city, state, & zip)			
	.ceferendu	Party	
	Federal	(Specify)	
	State	Municipality:	
e. Type of Gift Coordinated Party Expenditure	Contri	n to Candidate/Po	litical Committee
f. Description		g. Date (mm/dd/yyy	
			S
			*
			\$
3. Payee Information	Add Ren	nove	
a. Full Name, Mailing Address hone	b. Type of Commi	tiee	d. Comments
(include city, state, & zip)	Candidate	PAC	
	. Level Registered	Party	
	Federal	County:	
	State	Municipality:	
Coordinated Party Exp ature	Contributio	n to Candidate/Po	litical Committee
f. Description		g. Date (mm/dd/yyy	
			s
			s
4. Total only this Base			-
4. Total only this Page			\$
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)			\$
	rd of Elections		December 2

#### **In-Kind Contributions**

Pg

Amendment

No No

of Use this form to report non-monetary contributions, donations, goods or services provided to the committee or  $\underline{Wes}$ Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	5		2. ID Number
3. Contributor Information	Add K	emove	
a. Full Name, Mailing Address & Phone	b. Type of Cont	ributor	c. Comments
(include city, state, & zip)			
	Candidate		
	Party PAC		
	Referendum	1	d. Election Sum to Date
	Other Recei		\$
e. Description		f. Date (r	yyy) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information		move	
a. Full Name, Mailing Address & Phone (include city, state, & zin)	Cont	tor	c. Comments
(include city, state, & zip)	Indi ual		
	PAC		
	eferendun	1	d. Election Sum to Date
	- C Recei	pt Source	\$
e. Description		f. Date (mm/dd/y	yyy) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor J' inc. ion		emove	
a. Full Name, Ma     1g Address & Phone (include city, s    e, & zip)	b. Type of Contr Individual	ributor	c. Comments
(include ex.), a c, ee ap	Candidate		
	Party		
	PAC		
	Referendum		d. Election Sum to Date
	Other Recei	-	\$
e. Description		f. Date (mm/dd/y	yyy) g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$
5. Total of ALL CRO-1510 Pages			\$
(This line must be on line 17 of Detailed Summary Page CRO-1100)			ψ

Administrative Support	e support from their specified parent entity.	Amendment Yes No
1. Committee Full Name (and Fund if a)		2. ID Number
3. Name of Parent Entity		
of runne of Farence Energy		
4. Administrative Support Items		
Specific Support Service(s) Listed Below		
a. Description		b. Amount
Record Keeping		\$
Computer Services		\$
Billings		\$
Mailings		\$
Fundraising Activities		φ
Membership Development		\$
Office Supplies		\$
Office Space		\$
List Other Support Services Below		-
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Special Support Service(s) Listed Below		1
Parent Entity Employee Labor Cost		\$
	e during normal business hours on committee work)	
5. Total of CRO-1710 Page (This line must be on line 25 of Detailed Summa	my Page CRO_1100)	\$
(Inis time must be on time 25 of Detailed Summa CRO-1710	NC State Board of Elections	December 2007

#### **Loan Proceeds**

Pg \_\_\_\_

of

- 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		
3. Lender Information	L	Add	Remove				
a. Full Name, Mailing Address & Phone		b. Job Title	/Profession	d. Con	nments		
(include city, state, & zip)							
				e. Start Date (mm/dd/yyyy)			
		c. Employe	r's Name/Specific Fie	ld			
				f. End	Date (mm/dd/yyyy)		
				1			
g. Rate h. Security Pledged	i. Acco	unt Code	j. Form of ' me	nt k.	Amount		
q				\$			
I. Full Name of Lending Institution				m. Le	Number		
		•			r		
4. Endorsers/Makers (The people who guarantee the loc	an.)						
a. Full Name, Mailing Address & Phone		/ ob Title	ofessio	c. Employe	r's Name/Specific Field		
(include city, state, & zip)							
		d. Per	ge	e. Amount			
				¢			
				\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	/Profession	c. Employe	r's Name/Specific Field		
(include eng, state, et Zp)							
	d. Percenta	ge	e. Amount				
		d	\$				
a. Full Name, Maili Address &	_	b. Job Title	Drofogion		r's Name/Specific Field		
(include city, state zix)		D. JOD THE	Trolession	c. Employe	s Name/Specific Field		
		d. Percenta	ge	e. Amount			
			q	\$			
a. Full Name, Mailing Address & Phone	-	b. Job Title	/Profession	c. Employe	r's Name/Specific Field		
(include city, state, & zip)							
		d. Percenta	<b>TO</b>	e. Amount			
		u. i ci centa	ξı.				
			0	\$			
5. Total of ALL CRO-1410 Pages				\$			
(This line must be on line 9 of Detailed Summary Page CRO-	1100)						

		Amendment
Pg	 of	 Yes

No

**Loan Repayments** Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
3. Lender Information	3. Lender Information Add Remove					
a. Full Name, Mailing Address	& Phone				b. Comments	
(include city, state, & zip)						
					c. Original Loan Date	
					d. Original Loan Amount	
					\$	
			LD ( /			
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm'	vyyy)	. Repayment Amount	
\$					\$	
\$						
3. Lender Information		Add	Pmove			
a. Full Name, Mailing Address	& Phone				b. Comments	
(include city, state, & zip)						
					c. Original Loan Date	
					d. Original Loan Amount	
					\$	
e. Remaining Loan Balance	f. Account Cou	g. 1 of P. ment	h. Date (mm/dd	/yyyy)	i. Repayment Amount	
\$					\$	
\$					\$	
3. Lender Information	4	Add	Remove			
a. Full Name, Mailir .uur s	& Phone				b. Comments	
(include city, s' ., & zip)						
					c. Original Loan Date	
					d. Original Loan Amount	
					\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd	/yyyy)	i. Repayment Amount	
\$					\$	
\$					\$	
4. Total only this Pag	ge				\$	
5. Total of ALL CRC	-				\$	
(This line must be on line 15 o	*					

CRO-1420

NC State Board of Elections

December 2007

# **Outstanding Loans**

Pg \_\_\_\_ of

Amendment Yes No

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

1. Commi	ittee Full Name (and Fund if applicable)	2. ID Number			
3. Lender	Information	A	.dd 🗌 Remove		
	e, Mailing Address & Phone	b.	. Job Title/Profession	d. Comments	
(include c	rity, state, & zip)				
	I			e. Start Date (mm/dd/yyyy)	
	l l l l l l l l l l l l l l l l l l l	c.	Employer's Name/Specific Field	c. Start Date (Inni Car JJJJ)	
	l l l l l l l l l l l l l l l l l l l				
	l l l l l l l l l l l l l l l l l l l			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original Loan A	Remaining Loan Balance	
q			\$	\$	
k. Full Nam	e of Lending Institution			l. Le Number	
	Information	A	dd 🔲 move		
a. Full Nam	e, Mailing Address & Phone		-ve 19/Proi 1n	d. Comments	
(Include C	city, state, & zip)				
				e. Start Date (mm/dd/yyyy)	
1			.ployer's Name/Specific Field		
				f. End Date (mm/dd/yyyy)	
			i. Original Loan Amount		
g. Rate	h. Security Pledged	j. Remaining Loan Balance			
q			\$	\$	
k. Full Nam	e of Lending Institution			l. Loan Number	
3. Lender		1	dd 🔲 Remove		
a. Full Nam (include c	e, Ma ag Address & <sup>Dh</sup> one	b.	. Job Title/Profession	d. Comments	
(Include c	ity, s e, & zip'				
				e. Start Date (mm/dd/yyyy)	
		c.	Employer's Name/Specific Field		
1	I			f. End Date (mm/dd/yyyy)	
	1				
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance	
(			\$	\$	
k. Full Nam	e of Lending Institution			l. Loan Number	
	- <del></del>				
4. Total	only this Page			\$	
	of ALL CRO-1430 Pages				
5. 10tal 01 ALL CKO-1450 Fages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$	

**Forgiven Loans** Use this form to report any loan which has been forgiven by the lender.

Pg of Amendment No No **Ves** 

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number	
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Comments	
(include city, state, & zip)		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		¢
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Bala	Forgiven Amount
	\$	\$
	Add Cemove	
a. Full Name, Mailing Address & Phone	b. Comment.	
(include city, state, & zip)		>
	. Original an Date 7' yyyy)	f. Election Sum to Date
		\$
	a. ginal Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	°maining Loan Balance	h. Forgiven Amount
	\$	\$
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Ph	b. Comments	
(include city, state, & zip)		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		<b>.</b>
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
4. Total only this Page		\$
5. Total of ALL CRO-1440 Pages		\$
(This line must be on line 26 of Detailed Summary Page CRO-1100) The lender information should contain the same information as suppli	ed on the original loan proceed statement	4
The conter information should contain the same information as suppli	a on the original toan proceed suitement	

CRO-1440

NC State Board of Elections

December 2007



# **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the Lan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the comn. pe's reports are filed.

Name of committee to receiveloan:     Person or committee to makeloan:     Date of loan tocommittee:
Data of loan to committee
<ul> <li>Name of lending institution and accc it number (source):</li> </ul>
Amount of loan:
Description (if in-kindloar):
<ul> <li>Names of all parties responsible in yment of loan (guarantors):</li> </ul>
runes of an parties responsible in yment of four (guaranters).
Period of loop:
Rate of interest of loan
Securit, "'
gou le cum
I,, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.
Oliverative of London Data Oliverad
Signature of Lender Date Signed
Signature of Treasurer of Committee Date Signed

Loan Proceeds Statement

CRO-6100



# Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The ender's st nature is required on this form and it must accompany the next filed port.

This Statement is to be filed with the Election Board where the commin. 's reportion are filed.

Name of Lender:

Committee receiving loan:

Date of loan:

Amount of original loan:

\*Amount of loan to be forgiven:

I, \_\_\_\_\_, a not wish to be reimbursed for the amount of the loan indicated ab value and will insider the amount loaned a contribution to the committee.

I understand ... onfirm other parties are responsible for payment of this loan. I may not forgive loan for which here is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer

Debts and Ob	of _	Amendment Yes No					
	ort any unpaid debts or obliga		by the c	committee, to	o inclu	ide cam	
1. Committee Full N	ame (and Fund if applicab	ole)					2. ID Number
3. Creditor Informa	ition		Add	Remov	e		•
a. Full Name, Mailing A	ddress & Phone		Note: A	All payments m	ade to	ward de	bts should be listed on form CRO-
(include city, state, & z	zip)					payee li	sted as this creditor.
			b. Desci	ription of Cred	itor		
c. Beginning Balance	d. Total Amount Paid		e. Total	Amount Incur	red	72	f. Remaining Balance
\$	\$		\$				\$
	the committee received this perio	d)			_	. —	
	Name, Mailing Address & Phone	(d)	g2. Date	e (mm/dd/yyyy)	)	g3. A.	nt
(include city, state, & z						\$	
						+	
			g4. Pur	pose Coa	g5. R	equired	Pemarks
-1. Device and Discon Fault 2	Name Matting Address 0 Diama			. (			4
(include city, state, & z	Name, Mailing Address & Phone zip)		g2. Date	<u>e (mr d/yyyy)</u>	)	.Amo	unt
(include eng), state, et	(h)					\$	
			<u>g4.</u> Pւ	se Code	g5. R	equired	Remarks
g1. Purchase Place Full 1	Name, Mailing Address		g2. D.	(mm/dd/yyyy)	)	g <mark>3.</mark> Amo	unt
(include city, state, & z	zip)					\$	
			la4 Pur	pose Code	of D	oguinod	Remarks
			g4. rui	pose Code	дэ. к	equireu	Kelliarks
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g1. Purchase Place Full 1	Nar Mo <sup>27</sup> Address & Phone		a2 Date	e (mm/dd/yyyy)		g3. Amo	unt
(include city, state, & z			g2. Dau	e (iiiii/dd/yyyy)	)	0	
	<u>^</u>					\$	
			g4. Pur	pose Code	g5. R	equired	Remarks
	D				1		
<b>4. Total only this</b>		( <b>n</b> 000)				\$	
	um of all items 'g3.' from this	s page)					
	CRO-1610 Pages	w Dogo CD(	2 1100)			\$	
	line 22 of Detailed Summar						
6. Pupose Codes A* - Media	(List detailed expendit B* - Printing		<u>e in (g</u> 4 Fundrai		D - '	To Ano	other Candidate
E - Salaries	F* - Equipment		olitical P				ing Public Office Expenses
I - Postage	J - Penalties	K* - (	Office E	xpenses		Other	•
	iled explanation in required r						
CRO-1610		NC State Bo	ard of Ele	ctions			February 2011

<b>Debts and Oblig</b> Use this form to report of	gations Owe	ed To the Com	mitte	e Pg of	Amendment Yes No
1. Committee Full Nan			minuee.		2. ID Number
	iie (una 1 una n				
3. Debtor Information			Add	Remove	
a. Full Name, Mailing Addr	ess & Phone		Note	+ All normants received tow	ard debts should be listed on the
(include city, state, & zip)					e contributor listed as this debtor.
			b. Descr	iption of Debtor	
c. Beginning Balance	d. Total Amo	unt Paid	e. Total	Amount Incurred	f. R fining Balance
\$	\$		\$		0
g. Incurred Debts (what the	-				
g1. Date (mm/dd/yyyy)	g2. Amount		g3. Item	Desc tion	
	\$				
	\$				
	\$		L .		
	\$				
	\$				
3. Debtor Information			Add	Remove	
a. Full Name, Mailing Addr (include city, state, & zip)					ard debts should be listed on the e contributor listed as this debtor.
			h Descr	iption of Debtor	
			bi Deser	iption of Desitor	
c. Beginning Balanc	d. Total Ai	nt Paid	e. Total	Amount Incurred	f. Remaining Balance
\$	\$		\$		\$
g. Incurred Debts (what the			-		
g1. Date (mm/dd/yyyy)	\$		g3. Item	Description	
	\$				
	\$				
	\$				
	\$				
4. Total only this P (This should be the sum of		is page)			\$
5. Total of ALL Cl (This line must be on line 2					\$
CD 0 1 (00	-				



# **Certification of Inactive Status**

This certification is used by Candidate, Party, PACs and Referendum Completes to declare their intent to be inactive, which is not raising or spending any morpletes to behalt the campaignees of the campa

This Certification is filed at the Board of Election frice when the con. e's campaign reports are filed.

#### **FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasur Phor

I certify that the commed candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

Date Signed

Signature

CRO-3200

Certification of Inactive Status



## Certification to Return to Active S. +

This Certification is used by Candidate, Party, PACs and Referendum Committees where the previously filed the Certification of Inactive Status and now wish preturn to an active dus.

This Certification is filed at the Board of Elections	off	<b>;</b> ,,	e th	ie	mmitte	•	ampaign reports
are filed.							

### **FILED BY:**

Committee Name:	
Treasurer Name:	
Treasurer Address:	
(include city, state, & zip)	
Treasure chone:	

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure mosts, intends to accept contributions and/or make expenditures. This intention of activity alters the sames of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

Date Signed

Signature

Certification to Return to Active Status



## **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise compending,000 or less in the current election cycle.

This Certification is only valid for political party committees d candidates for a cy office, municipal office, local school board office, soil & water conserv. In district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Election \_\_\_\_\_\_\_ fice whe \_\_\_\_\_\_ the con. \_\_\_\_\_\_ ce's campaign reports are filed.

#### FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip

Treasur Phone:

Check One:

I certify that this consistee intends to neither receive nor expend more than \$1,000 during the current election cycle unexprocedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Date Signed

Signature

Certification of Threshold



## Certification to Close Commit\* e

This Certification is used to express the intent to close the committee af all funds have been properly disburse

This Certification is filed at the Board of Elections office where the concersion campaign reports are filed.

#### FILED BY:

Committee Name:

**Treasurer Phone:** 

I certify that the above mended mining e intends to close and cease existence. Upon signing this certification, I decert that the inds have been distributed and reported (if required). In addition no contribution will be accepted or disbursements made after the "Final Report" is filed or this the is signed, the Committee at any future time intends to accept or spend funds in support or opp, the of any candidate or ballot issue, a new political committee must be formed and regiment with Board of Elections before such activities may comment

Connittees that have full under the \$1,000 threshold will only be required to sign this Cennication to "nonlike port" will be required for committees meeting this criterion. Any Comment that did nonlike the \$1,000 threshold must submit a "Final Report" with this Certification. This nonret must have a zero balance with no outstanding loans or debts.

Date Signed

Signature

Certification to Close Committee



### **Certification to Close NC Federal Political Committee**

This Certification is used to express the intent to no longer make contractions in the state of North Carolina.

FILED BY:
Committee Name:
Treasurer Name:
NC Asst. Treasurer Name:
NC Asst. Treasurer Address:
(include city, state, & zip)
NC Asst. Treasurer Phone:
Effective Date: (use end date listed on final report)
I certify nat the above a philoned Federal Committee no longer intends to make any contril tion to New Caro na political committees. Upon signing this certification, I declare that a require disclosure reports have been filed and all required disclosure provided. If the Fed al Committee at any future time intends to make contributions to North Carolina political committees, the Federal Committee must once again register with the NC State Board of Elections before such activities may commence.

Date Signed

Signature

CRO-3410

Certification to Close NC Federal Political Committee