

# Disclosure Report Cover

Amendment

Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| 1. Committee Information   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|--|---|--|------------------------|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|---------------------------------------|---------------------------------|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| a. Full Name   |   | c. ID Number   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Mailing Address (include City, State and Zip Code)  |   | d. Date Filed  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  |   | e. Phone Number  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2. Report Year   | 3. Period Start Date (mm/dd/yy)         | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 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"/> Party<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |                        | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| Municipal  | State/County                            | Referendum   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational  | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day   | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary   | <input type="checkbox"/> First          | <input type="checkbox"/> Final   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election  | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual   | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year       |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final   | <input type="checkbox"/> Year End       |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special   | <input type="checkbox"/> Final          |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  | <input type="checkbox"/> Special        |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 7. Type of Fund (if applicable, check one)   |   | 10. Special Report Name  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 8. Number of Fundraisers this Report   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 11. Account Information  |   | 11. Account Information  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| a. Financial Institution Full Name   |   | a. Financial Institution Full Name   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Purpose   |   | b. Purpose   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| c. Account Code  |   | c. Account Code  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| d. Period Begin Balance  |   | d. Period Begin Balance  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| \$   |   | \$   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| CERTIFICATION  |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 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.</p> |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| _____  |   | _____  | _____                  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Printed Name of Signer   |   | Signature of Appointed Treasurer   | Date                   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| FOR OFFICE USE ONLY  |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received: _____   | Employee: _____                         | <u>Delivery Method</u>   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked: _____   | Employee: _____                         | <input type="checkbox"/> Normal Mail   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned: _____  | Employee: _____                         | <input type="checkbox"/> Registered Mail   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered: _____   | Employee: _____                         | <input type="checkbox"/> Hand Delivered  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  |   | <input type="checkbox"/> Electronically Filed  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  |   | <input type="checkbox"/> Signer has not received mandatory training  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br/>         You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |