



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Political Party Executive Committee Exempt Sales Plan

Committee Name: _____
Plan Description: _____
Dates Covered: _____
Treasurer Name: _____
Treasurer Address: _____
Treasurer Phone/FAX: _____

Item Description	Fair Market Value	Price Party will Charge	Quantity (maximum)	Anticipated Income (maximum)

I understand that no purchaser may make total purchases exceeding \$50. I further understand that the total amount raised from sales under all plans by this committee cannot exceed \$10,000 per election cycle.

I understand that the committee must disclose the number of items sold from this sale, the total amount raised from this sale, and the election cycle sum-to-date of all exempt sales on its next disclosure report (CRO-1265). I further understand that all in-kind contributions made to the committee for this sale must be disclosed on the committee's next disclosure report.

I certify that all of the information provided is complete, true and correct.

Date Signed

Signature of Treasurer

Office Use Only

Approved

Denied

Date Signed

SBOE Authorized Signature

