


STATE BOARD OF
ELECTIONS
CAMPAIGN FINANCE
FORMS GUIDE



Forms to Establish a Committee

CRO #	NAME OF FORM	USE OF FORM
2100A	Statement of Organization-Candidate Committee	Has basic information about the committee. MUST be updated when any information 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.
2100C	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.
2100D	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.
2100E	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
2100F	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.
2100G	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.
CERTIFICATIONS		
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.
3900	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
3900A	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 REPORTS MUST HAVE AT LEAST THE CRO – 1000 & CRO - 1100		
1000	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).
1010	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).
1100	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 throughout the term, which begins on January 1 following the last election for the office sought.
FORMS FOR CONTRIBUTIONS		
1205	Aggregated Contributions from Individuals	Contributions \$50 and under received during the reporting period can be 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 their subsequent contributions must be disclosed on the Contributions from Individuals form. <i>All in-kind contributions must also be shown on the In-Kind Contributions Form (CRO-1510) as well as the (1205).</i>
1210	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>All in-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
1215	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).
1220	Contributions from Political Party Committees	All contributions from political parties received during the reporting period. Payments must be check/in-kind/electronic transfer. <i>All in-kind contributions must also be shown on the In-Kind Contributions Form (CRO-1510) as well as the (1220).</i>
1230	Contributions from Other Political Committee	All contributions from other committees received during the reporting period. Payments must be check/in-kind/electronic transfer. <i>All in-kind contributions must also be shown on the In-Kind Contributions Form (CRO-1510) as well as the (1230).</i>
1240	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 receipts on this form. Be certain that only refunds or reimbursements TO the committee 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.
1270	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 FOR DISBURSMENTS

CRO#	NAME OF FORM	USE OF FORM
1310	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 form to distinguish which category the page of disbursements represents.
1315	Aggregated Non-Media Expenditures	All non-media expenditures from the committee \$50 and under during the reporting period can be disclosed on this form.
1320	Refunds and Reimbursements FROM 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 the reporting 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.
1510	In-Kind Contributions	All “In-Kind,” or non-monetary, contributions should be listed on the appropriate contributions page (1205, 1210, 1220, 1230, and 1240) in addition 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.
1710	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 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 on this form.
<u>1420</u>	Loan Repayments	Any payments on an existing loan during a reporting period will be shown 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 in full.
<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 loan and is required to accompany the Loan Proceeds Form (CRO-1410) in the disclosure report. If the loan is from an individual, the lender's signature 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 accompany the 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 Owed 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 referendum committees 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.
3300	Certification to Return to Active Status	This certification is used by candidate, party, PACs and referendum committees which have previously filed the Certification of Inactive Status (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 but will 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 the threshold</i> are required to file a 'Final Report' showing proper disbursement of all remaining funds, no outstanding debts or obligations and 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	<i>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</i>

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> 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 City, State and Zip Code)		e. Date Organized	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
c. Phone Number	d. Email Address	g. Next Election Year	h. Commission
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	c. Account Code	d. Type
Send report notices by email		Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Custodian of Books Information (keeper of books)		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
Email copy of report notice		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p style="text-align: center;"> Printed Name of Treasurer _____ Signature of Appointed Treasurer _____ Date _____ </p> <p>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.</p> <p style="text-align: center;"> Printed Name of Candidate _____ Signature of Candidate _____ Date _____ </p>			

Statement of Organization - Party Committee

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

Use this form to create a new or update an existing party 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	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		e. Phone Number	
2. Party Information			
a. Type		b. Party Name	
<input type="checkbox"/> Executive <input type="checkbox"/> Affiliated (Caucus) <input type="checkbox"/> Subordinate			
3. Treasurer Information		4. Chairman of Board Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	e. Account Code	d. Type
<input type="checkbox"/> Email copy of _____			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

Statement of Organization - Political Action Committee

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

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 Organized	
		e. Phone Number	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance		<input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input type="checkbox"/> Other / Not listed	
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		c. Phone Number	
c. Definition of Type		d. Definition	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
6. Associated Treasurer Information		7. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> 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 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.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

Statement of Organization - Referendum Committee

Amendment
 Yes No

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	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		Phone Number	
2. Referendum Information			
a. Full Name		b. Date of Referendum	Declaration
			<input type="checkbox"/> Support
3. Treasurer Information		4. Custodian of Funds Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> 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 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.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	

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 CRD-3500 (when amending, only re-submit if applicable)

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

I. Fund Information			
a. Full Name		c. ID Number	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		e. Home Number	
f. Purpose			
II. Affiliated Entity Information			
a. Candidate's Name		b. Candidate's Political Committee Name	
c. Office Sought/Held		d. Any Other Affiliation	
e. Mailing Address (include City, State, and Zip Code)			
III. Treasurer Information		IV. Custodian of Books Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
<input type="checkbox"/> I prefer no notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
V. Account Information		VI. Account Information	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22M, including that no funds are commingled with candidate committee funds or other non-disclosed funds. I further say that this report is complete, true and correct.			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

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

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			
a. Full Name		c. ID Number	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		e. State Number	
2. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
CERTIFICATION			
<p>I certify that the Committee or Fund complies with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I certify that the above named political committee is registered with the North Carolina State Board of Elections and does not and will not make any contributions as defined by N.C. Gen. Stat. 163-278.6(6), directly or indirectly, to a candidate or a political committee that makes contributions as defined. Political committees signing this certification are not subject to the contribution limitations set forth in sections (a) and (b) of N.C. Gen. Stat. 163-278.13 but must abide by all other provisions of Article 22A of Chapter 163 of the North Carolina General Statutes. If the political committee determines that it no longer wishes to adhere to this certification, then it must immediately notify the North Carolina State Board of Elections before any further deposits or expenditures are made by the political committee.</p>			
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	

Statement of Organization Addendum

Page of

Amendment
 Yes No

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	
<input type="text"/>		<input type="text"/>	
3. Assistant Treasurer Information		4. Account Information (see CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
<input type="text"/>		<input type="text"/>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
<input type="text"/>		<input type="text"/>	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Assistant Treasurer Information		4. Account Information (see CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
<input type="text"/>		<input type="text"/>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
<input type="text"/>		<input type="text"/>	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Assistant Treasurer Information		4. Account Information (see CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
<input type="text"/>		<input type="text"/>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
<input type="text"/>		<input type="text"/>	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Assistant Treasurer Information		4. Account Information (see CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
<input type="text"/>		<input type="text"/>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
<input type="text"/>		<input type="text"/>	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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. I further say that this report is complete, true and correct.			
<input type="text"/>		<input type="text"/>	
Printed Name of Signer		Signature of Appointed Treasurer	
		<input type="text"/>	
		Date	

Additional Committee Funds

Amendment
 Yes No

Use this form to notify the Election Board that the Candidate or Party Committee has set up an additional fund

1. Committee Full Name		2. Set-up Date	3. ID Number
4. Fund Information			
a. Name of Fund		b. ID Number	
c. Type		e. Account Information (incl. CWO-3500)	
<input type="checkbox"/> "Booster" or "Support" Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> Other: _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
d. Fund Manager Full Name <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant		iii. Account Code	
iv. Type			
4. Fund Information			
a. Name of Fund		b. ID Number	
c. Type		e. Account Information (incl. CWO-3500)	
<input type="checkbox"/> "Booster" or "Support" Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> Other: _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
d. Fund Manager Full Name <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant		iii. Account Code	
iv. Type			
4. Fund Information			
a. Name of Fund		b. ID Number	
c. Type		e. Account Information (incl. CWO-3500)	
<input type="checkbox"/> "Booster" or "Support" Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> Other: _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
d. Fund Manager Full Name <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant		iii. Account Code	
iv. Type			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer	

		Date	



NORTH CAROLINA STATE BOARD OF ELECTIONS

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip)

Treasurer Phone: _____

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial accounts used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purpose of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

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

Date Signed

Signature of Candidate or Treasurer

For Candidate Committees Only

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.



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend more than \$1,000 of money in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

Check One:

I certify that this 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



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: _____

Committee Name: _____

Treasurer Name: _____

If Candidate is own treasurer, designate an alternate to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county specify: _____

I, _____ (Name of Candidate) hereby direct that in the event of my death or incapacity all

funds remaining in any Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <i>(Select from 81-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. _____	_____
2. _____	_____
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: _____



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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 death. The representative is limited in the designation as outlined in N.C. Gen. Stat. 163-278.16B (a) (3).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: _____

Committee Name: _____

Personal Representative of the Estate: _____

Committee ID #: _____

Level Registered: [State] [County] [City], specify: _____

I, _____ (Name of Representative) hereby request that all funds remaining in the above reference campaign Committee accounts(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B (a) (3).

<u>Name</u>	<u>Entity</u>	<u>Plan for Disbursement (eg. Amount or %)</u>
<small>(N.C. Gen. Stat. 163-278.16B (a) (3))</small>		
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 Representative: _____ Date: _____

Disclosure Report Cover

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

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

1. Committee Information									
a. Full Name		c. ID Number							
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 <input type="checkbox"/> PAC <input type="checkbox"/> Referendum Independent Expenditure Joint Fundraiser 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 <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election runoff <input checked="" type="checkbox"/> Pre-election runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election runoff <input checked="" type="checkbox"/> Pre-election runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election runoff <input checked="" type="checkbox"/> Pre-election runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
7. Type of Fund (if applicable, check one)		10. Special Report Name							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund Other: _____									
8. Number of Fundraisers this Report									
11. Account Information		12. 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									
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.									
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	_____ Date						
FOR OFFICE USE ONLY									
Date Received: _____	Employee: _____	Delivery Method							
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							
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									

Disclosure Report Cover Addendum

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

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Account Information		3. 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	
\$		\$	
3. Account Information		3. 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	
\$		\$	
3. Account Information		3. 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	
\$		\$	
3. Account Information		3. 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 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	
Please Note: This cover sheet cannot be used to amend committee information such as the committee name or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
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 Organizations	(CRO-126)	\$	\$
11c) Outside Sources of Income	(CRO-125)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-127)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-128)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e)		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-131)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-131)	\$	\$
13c) Coordinated Party Expenditures	(CRO-131)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-131)	\$	\$
15) Loan Repayments	(CRO-142)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-132)	\$	\$
17) In-Kind Contributions	(CRO-151)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	\$
ADDITIONAL INFORMATION			
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-220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page ____ of ____

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remov					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remov					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remov					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remov					\$
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<input type="checkbox"/> Remov					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remov					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remov					\$
4. Total only this Page					\$
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg ____ of ____

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

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. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$

Contributions to be Reimbursed

Pg ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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		2. ID Number	
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page		\$	
5. Total of ALL CRO-1215 Pages		\$	

Contributions from Political Party Committees

Pg ____ of ____

Amendment

Yes

No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$	

Contributions from Other Political Committees

Pg ____ of ____

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

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			Federal County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			Federal County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			Federal County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
					\$
4. Total only this Page					\$
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					\$

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 Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
		e. Level Registered (Specify) Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/>		h. Original Expenditure Date	
				i. Original Expenditure Amt \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
3. Contributor Informatic <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
		e. Level Registered (Specify) Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/>		h. Original Expenditure Date	
				i. Original Expenditure Amt \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
3. Contributor Informatic <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
		e. Level Registered (Specify) Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/>		h. Original Expenditure Date	
				i. Original Expenditure Amt \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
4. Total only this Page				\$	
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$	

Other Receipt Sources

Pg. ____ of ____

Amendment
 Yes No

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation	e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
5. Total only this Page					\$
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contributions)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$

Exempt Purchase Price Sales

Page ____ of ____

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

Political Party Executive Committees use this form to report purchases from an approved Exempt Sales Plan (CRO-2600)

1. Plan Description (i.e. September 2008 Apple Pie Sale)		2. Plan Submission Date
3. Number of items sold		4. Total amount raised
		5. Election cycle sum-to-date <i>(all exempt party sales during this cycle)</i>
#	\$	\$
6. Was this sale conducted according to the Exempt Sales Plan approved by the State Board of Elections?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
7. Did any purchaser make total purchases exceeding \$50?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
1. Plan Description (i.e. September 2008 Apple Pie Sale)		2. Plan Submission Date
3. Number of items sold		4. Total amount raised
		5. Election cycle sum-to-date <i>(all exempt party sales during this cycle)</i>
#	\$	\$
6. Was this sale conducted according to the Exempt Sales Plan approved by the State Board of Elections?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
7. Did any purchaser make total purchases exceeding \$50?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
1. Plan Description (i.e. September 2008 Apple Pie Sale)		2. Plan Submission Date
3. Number of items sold		4. Total amount raised
		5. Election cycle sum-to-date <i>(all exempt party sales during this cycle)</i>
#	\$	\$
6. Was this sale conducted according to the Exempt Sales Plan approved by the State Board of Elections?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
7. Did any purchaser make total purchases exceeding \$50?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
8. Total only this Page <i>(This should be the sum of all item '4' from this page)</i>		\$
9. Total of ALL CRO-1265 Pages <i>(This line goes in line 11e of Detailed Summary Page CRO-1100)</i>		\$

Legal Expense Fund - Other Receipt Sources

Page ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

1. Legal Expense Fund Full Name				2. ID Number	
3. Donor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Donor Description		c. Comments	
		<input type="checkbox"/> Corporation *			
		<input type="checkbox"/> Business Entity *			
		<input type="checkbox"/> Labor Union *			
		<input type="checkbox"/> Professional Association *			
		<input type="checkbox"/> Insurance Company *			
		<input type="checkbox"/> Individual			
		<input type="checkbox"/> Political Committee		d. Year Sum to Date	
				\$	
e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount	
				\$	
				\$	
3. Donor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Donor Description		c. Comments	
		<input type="checkbox"/> Corporation *			
		<input type="checkbox"/> Business Entity *			
		<input type="checkbox"/> Labor Union *			
		<input type="checkbox"/> Professional Association *			
		<input type="checkbox"/> Insurance Company *			
		<input type="checkbox"/> Individual			
		<input type="checkbox"/> Political Committee		d. Year Sum to Date	
				\$	
e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount	
				\$	
				\$	
3. Donor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Donor Description		c. Comments	
		<input type="checkbox"/> Corporation *			
		<input type="checkbox"/> Business Entity *			
		<input type="checkbox"/> Labor Union *			
		<input type="checkbox"/> Professional Association *			
		<input type="checkbox"/> Insurance Company *			
		<input type="checkbox"/> Individual			
		<input type="checkbox"/> Political Committee		d. Year Sum to Date	
				\$	
e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount	
				\$	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1270 Pages				\$	
<i>(This line goes in line 11d of Detailed Summary Page CRO-1100)</i>					

Disbursements

Pg ____ of ____

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

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committee			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				Federal _____ County: _____ State <input type="checkbox"/> Municipality _____			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				Federal _____ County: _____ State <input type="checkbox"/> Municipality _____			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				Federal _____ County: _____ State <input type="checkbox"/> Municipality _____			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Page _____ of _____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee

Pg ____ of ____

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

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		
<input type="checkbox"/> Federal <input type="checkbox"/> County:		<input type="checkbox"/> State <input type="checkbox"/> Municipality		i. Original Receipt Amount
		f. Purpose Code		\$
				j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		n. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		
<input type="checkbox"/> Federal <input type="checkbox"/> County:		<input type="checkbox"/> State <input type="checkbox"/> Municipality		i. Original Receipt Amount
		f. Purpose Code		\$
				j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		
<input type="checkbox"/> Federal <input type="checkbox"/> County:		<input type="checkbox"/> State <input type="checkbox"/> Municipality		i. Original Receipt Amount
		f. Purpose Code		\$
				j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$
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)				

Non-Monetary Gifts Given to Other Committees Pg ____ of ____

Amendment
 Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
4. Total only this Page		\$	
5. Total of ALL CRO-1330 Pages		\$	
<i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

Pg ____ of ____

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

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or candidate.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
3. Contributor Information Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	

Administrative Support

Amendment

Yes

No

PACs use this form to report administrative support from their specified parent entity.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Name of Parent Entity			
4. Administrative Support Items			
Specific Support Service(s) Listed Below			
a. Description		b. Amount	
Record Keeping		\$	
Computer Services		\$	
Billings		\$	
Mailings		\$	
Fundraising Activities		\$	
Membership Development		\$	
Office Supplies		\$	
Office Space		\$	
List Other Support Services Below			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Special Support Service(s) Listed Below			
Parent Entity Employee Labor Cost		\$	
<i>(Employee must have spent more than 35% of time during normal business hours on committee work)</i>			
5. Total of CRO-1710 Page		\$	
<i>(This line must be on line 25 of Detailed Summary Page CRO-1100)</i>			

SAMPLE

Loan Proceeds

Pg ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
				\$	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				\$	
5. Total of ALL CRO-1410 Pages				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Repayments

Use this form to report payments on an existing loan.

Pg ____ of ____

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
3. Lender Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				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	
\$				\$	
\$					
3. Lender Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				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	
\$				\$	
\$				\$	
3. Lender Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				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 Page				\$	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$	

Outstanding Loans

Pg ____ of ____

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

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

1. Committee Full Name (and Fund if applicable)			2. ID Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	Remaining Loan Balance
		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$

Forgiven Loans

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

Pg _____ of _____

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

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 (include city, state, & zip)	b. Comments		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date	
		\$	
	d. Original Loan Amount	g. Date (mm/dd/yyyy)	
	\$		
	e. Remaining Loan Balance	h. Forgiven Amount	
	\$	\$	
3. Lender Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date	
		\$	
	d. Original Loan Amount	g. Date (mm/dd/yyyy)	
	\$		
	e. Remaining Loan Balance	h. Forgiven Amount	
	\$	\$	
3. Lender Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date	
		\$	
	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 <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$	
<i>The lender information should contain the same information as supplied on the original loan proceed statement.</i>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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 loan 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 committee's reports are filed.

- Name of committee to receive loan: _____
- Person or committee to make loan: _____
- Date of loan to committee: _____
- Name of lending institution and account number (source): _____
- Amount of loan: _____
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____
- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

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.

Signature of Lender _____ **Date Signed** _____

Signature of Treasurer of Committee _____ **Date Signed** _____



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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 accompany the next filed report.

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

Name of Lender:

Committee receiving loan:

Date of loan:

Amount of original loan:

***Amount of loan to be forgiven:**

I, _____, do not wish to be reimbursed for the amount of the loan indicated above and will consider the amount loaned a contribution to the committee.

I understand and confirm that other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer

Debts and Obligations Owed By the Committee

Pg ____ of ____

Amendment

Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$	\$	\$	\$
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page		\$	
(This should be the sum of all items 'g3.' from this page)			
5. Total of ALL CRO-1610 Pages		\$	
(This line must be on line 22 of Detailed Summary Page CRO-1100)			
6. Purpose Codes (List detailed expenditure code in (g4.))			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			

Debts and Obligations Owed To the Committee

Pg ____ of ____

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

Use this form to report debts and obligations owed to the Committee.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
3. Debtor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.	
			b. Description of Debtor	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance	
\$	\$	\$	\$	
g. Incurred Debts (what the Committee gave)				
g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description		
	\$			
	\$			
	\$			
	\$			
	\$			
3. Debtor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.	
			b. Description of Debtor	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance	
\$	\$	\$	\$	
g. Incurred Debts (what the Committee gave)				
g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description		
	\$			
	\$			
	\$			
	\$			
	\$			
4. Total only this Page			\$	
<i>(This should be the sum of all item '3f' from this page)</i>				
5. Total of ALL CRO-1620 Pages			\$	
<i>(This line must be on line 23 of Detailed Summary Page CRO-1100)</i>				



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office when the committee's campaign reports are filed.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

I certify that the named 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



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

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

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status 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



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or expend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office when the committee's campaign reports are filed.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

Check One:

I certify that this 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



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

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

FILED BY:

Committee Name: _____

Treasurer Phone: _____

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

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

Date Signed

Signature



NORTH CAROLINA STATE BOARD OF ELECTIONS

Certification to Close NC Federal Political Committee

This Certification is used to express the intent to no longer make contributions 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 that the above mentioned Federal Committee no longer intends to make any contribution to North Carolina political committees. Upon signing this certification, I declare that all required disclosure reports have been filed and all required disclosure provided. If the Federal 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