

# 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)

|   |  |   |  |
|---|--|---|--|
| <b>1. Committee Information</b>   |  |   |  |
| a. Full Name  |  | c. ID Number  |  |
| b. Mailing Address (include City, State and Zip Code)   |  | d. Date Organized   |  |
|   |  | e. Phone Number   |  |
| <b>2. Political Action Committee Information</b>  |  | <b>3. Connected Organization or Affiliated Committee</b>        |  |
| a. Category (Check only one)  |  | a. Full Name  |  |
| <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal<br><input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority<br><input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of<br>Party Plan of Org.<br><input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Religious<br><input type="checkbox"/> Health <input type="checkbox"/> Trade<br><input type="checkbox"/> Information Technology / <input type="checkbox"/> Utilities<br>Telecommunications <input type="checkbox"/> Other / Not listed<br><input type="checkbox"/> Insurance |  | b. Mailing Address (include City, State, and Zip Code)          |  |
| b. Type (Check only one)  |  | c. Phone Number   |  |
| <input type="checkbox"/> Parent Entity  |  | d. Relationship   |  |
| <input type="checkbox"/> Economic Interest  |  |   |  |
| <input type="checkbox"/> Political Purpose  |  |   |  |
| c. Definition of Type   |  | d. Member Definition  |  |
|   |  |   |  |
| <b>4. Treasurer Information</b>   |  | <b>5. Custodian of Books Information</b>                        |  |
| 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   |  | c. Phone Number   |  |
| d. Email Address  |  | 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                  |  |
| <b>6. Assistant Treasurer Information</b>   |  | <b>7. Account Information (incl. CRO-3500)</b>                  |  |
| a. Full Name  |  | a. Financial Institution Full Name                              |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |  |
| b. Mailing Address (include City, State, and Zip Code)  |  | b. Purpose  |  |
| c. Phone Number   |  | c. Account Code   |  |
| d. Email Address  |  | d. Type   |  |
| <input type="checkbox"/> Email copy of notices  |  |   |  |
| <b>CERTIFICATION</b>  |  |   |  |
| 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 & Ethics Enforcement

*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 account 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 purposes 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.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer



# NORTH CAROLINA

## State Board of Elections & Ethics Enforcement

**Additional account numbers:**

| Type of Account | Financial Institution | Address | Account Number | Account Code |
|-----------------|-----------------------|---------|----------------|--------------|
|                 |                       |         |                |              |
|                 |                       |         |                |              |
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|                 |                       |         |                |              |
|                 |                       |         |                |              |
|                 |                       |         |                |              |

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

# Disclosure Report Cover

Amendment

Yes  No

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

| 1. Committee Information   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|--|---|--|------------------------|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|---------------------------------------|---------------------------------|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| a. Full Name   |   | c. ID Number   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Mailing Address (include City, State and Zip Code)  |   | d. Date Filed  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  |   | e. Phone Number  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2. Report Year   | 3. Period Start Date (mm/dd/yy)         | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 6. Type of Committee (Check One)   |   | 9. Type of Report (check only one type of report from one category)  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |                        | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| Municipal  | State/County                            | Referendum   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational  | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day   | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary   | <input type="checkbox"/> First          | <input type="checkbox"/> Final   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election  | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual   | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year       |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final   | <input type="checkbox"/> Year End       |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special   | <input type="checkbox"/> Final          |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  | <input type="checkbox"/> Special        |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 7. Type of Fund (if applicable, check one)   |   | 10. Special Report Name  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 8. Number of Fundraisers this Report   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 11. Account Information  |   | 11. Account Information  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| a. Financial Institution Full Name   |   | a. Financial Institution Full Name   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Purpose   |   | b. Purpose   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| c. Account Code  |   | c. Account Code  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| d. Period Begin Balance  |   | d. Period Begin Balance  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| \$   |   | \$   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| CERTIFICATION  |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.</p> |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| _____  |   | _____  | _____                  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Printed Name of Signer   |   | Signature of Appointed Treasurer   | Date                   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| FOR OFFICE USE ONLY  |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received: _____   | Employee: _____                         | <u>Delivery Method</u>   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked: _____   | Employee: _____                         | <input type="checkbox"/> Normal Mail   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned: _____  | Employee: _____                         | <input type="checkbox"/> Registered Mail   |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered: _____   | Employee: _____                         | <input type="checkbox"/> Hand Delivered  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  |   | <input type="checkbox"/> Electronically Filed  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|  |   | <input type="checkbox"/> Signer has not received mandatory training  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br/>         You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>   |   |  |                        |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |

# Detailed Summary

Amendment

Yes  No

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

| 1. Committee Full Name (and Fund if applicable)                              | 2. Type of Report | 3. ID Number                |                           |
|--|-------------------|-----------------------------|---------------------------|
| Start of Election Cycle: January 1, _____                                    |                   | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                   | \$                          | \$                        |
| <b>RECEIPTS</b>  |                   |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                   | \$                          | \$                        |
| 6) Contributions from Individuals (CRO-1210)                                 |                   | \$                          | \$                        |
| 7) Contributions from Political Party Committees (CRO-1220)                  |                   | \$                          | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                  |                   | \$                          | \$                        |
| 9) Loan Proceeds (CRO-1410)  |                   | \$                          | \$                        |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |                   | \$                          | \$                        |
| 11) Other Receipt Sources  |                   |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |                   | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |                   | \$                          | \$                        |
| 11c) Outside Sources of Income (CRO-1250)                                    |                   | \$                          | \$                        |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |                   | \$                          | \$                        |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |                   | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |                   | \$                          | \$                        |
| <b>EXPENDITURES</b>  |                   |                             |                           |
| 13) Disbursements  |                   |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       |                   | \$                          | \$                        |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |                   | \$                          | \$                        |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |                   | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |                   | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)   |                   | \$                          | \$                        |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |                   | \$                          | \$                        |
| 17) In-Kind Contributions (CRO-1510)   |                   | \$                          | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                   | \$                          | \$                        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$                          | \$                        |
| <b>ADDITIONAL INFORMATION</b>  |                   |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |                   | \$                          |                           |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |                   | \$                          |                           |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |                   | \$                          |                           |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |                   | \$                          |                           |
| 24) Account Transfers Within the Committee (CRO-1720)                        |                   | \$                          |                           |
| 25) Administrative Support (CRO-1710)  |                   | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1440)  |                   | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |                   | \$                          | \$                        |
| 28) Contributions to be Refunded (CRO-1215)                                  |                   | \$                          | \$                        |