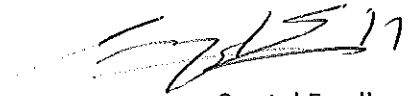


To Whom It May Concern,

I am the newly appointed treasurer for 2015. Upon gathering data for my first report I noticed the previous year end report was submitted with an excess of \$159.25 being reported that does not match with the account balance. I worked with the previous treasurer to try to identify where the accounting may have slipped but we were unable to determine the source. I reached out to Campaign Finance in Raleigh and was advised to start my report with the correct balance and to submit my report with a note summarizing the difference.



Crystal Ewell

MECKLENBURG COUNTY

JUL 31 2015

BOARD OF ELECTIONS

Disclosure Report Cover

| | | |
|-----------|------------------------------|--|
| Amendment | <input type="checkbox"/> Yes | <input checked="" 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 |
| COMMITTEE TO ELECT MICHAEL BARNES | MEC-CGX9ID-C-001 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| P.O. BOX 481629 CHARLOTTE, NC 28269 | 07/29/2015 |
| | e. Phone Number |
| | |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2015 | 01/01/15 | 06/30/15 | CRYSTAL MONIQUE EWELL |

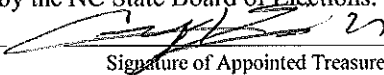
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
|--|---|---|---|---|
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | <input type="checkbox"/> Municipal | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | 10. Special Report Name |
| | | <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 | |
| 8. Number of Fundraisers this Report | | | | |
| 1 | | | | |

| 11. Account Information | | 11. Account Information | |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| SUNTRUST BANK | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CAMPAIGN FINANCING | 1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 30,313.64 | | \$ |

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.

CRYSTAL EWELL
Printed Name of Signer


Signature of Appointed Treasurer

07/29/15
Date

FOR OFFICE USE ONLY

Date Received: MECKLENBURG COUNTY Employee: CCN

Date Postmarked: JUL 31 2015 Employee: _____

Date Scanned: BOARD OF ELECTIONS Employee: CCN

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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.

Detailed Summary

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" 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 | |
|--|--|----------------------|--|-----------------------------|--|
| COMMITTEE TO ELECT MICHAEL BARNES | | MID YEAR SEMI-ANNUAL | | MEC-CGX9ID-C-001 | |
| Start of Election Cycle: January 1, | | 2014 | | Total this Reporting Period | |
| 4) Cash on Hand at Start | | \$ 30,313.64 | | \$ 30,313.64 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | | (CRO-1205) | | \$ | |
| 6) Contributions from Individuals | | (CRO-1210) | | \$ 18,850.00 | |
| 7) Contributions from Political Party Committees | | (CRO-1220) | | \$ | |
| 8) Contributions from Other Political Committees | | (CRO-1230) | | \$ 500.00 | |
| 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) | | \$ | |
| 11 e) Exempt Purchase Price Sales | | (CRO-1265) | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 19,350.00 | | \$ 19,350.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | | (CRO-1310) | | \$ 1054.17 | |
| 13b) Contributions to Candidates/Political Committees | | (CRO-1310) | | \$ 405.00 | |
| 13c) Coordinated Party Expenditures | | (CRO-1310) | | \$ | |
| 14) Aggregated Non-Media Expenditures | | (CRO-1315) | | \$ 83.40 | |
| 15) Loan Repayments | | (CRO-1420) | | \$ | |
| 16) Refunds/Reimbursements From the Committee | | (CRO-1320) | | \$ 50.00 | |
| 17) In-Kind Contributions | | (CRO-1510) | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1,592.57 | | \$ 1,592.57 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 48,071.07 | | \$ 48,071.07 | |
| ADDITIONAL INFORMATION | | | | | |
| 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-2200) | | \$ | |
| 28) Contributions to be Refunded | | (CRO-1215) | | \$ | |

Contributions from Individuals

Amendment
 Yes 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| EDGAR BARNARD 5519 BRICKSTONE DR CHARLOTTE, NC 28227 | | | FIREFIGHTER | | | |
| | | | c. Employer's Name/Specific Field CITY OF CHARLOTTE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | EFT | | 02/11/2015 | | \$ 50.00 |
| <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 | |
| DANIEL S. LEVINE P.O. BOX 2439 MATTHEWS, NC 28106 | | | BUSINESS OWNER | | | |
| | | | c. Employer's Name/Specific Field LEVINE PROPERTIES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 800.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 03/27/2015 | | \$ 800.00 |
| <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 | |
| ALVIN E. LEVINE 3411 WINDBLUFF DR CHARLOTTE, NC 28277 | | | BUSINESS OWNER | | | |
| | | | c. Employer's Name/Specific Field LEVINE PROPERTIES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 800.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 03/27/2015 | | \$ 800.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1650.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 18,850.00 | |

Contributions from Individuals

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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| RICHARD LAZES 19401 OLD JETTON RD STE 101 CORNELIUS, NC 28031 | | | BUSINESS OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | THE ARK GROUP | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 04/16/2015 | | \$ 250.00 |
| <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 | |
| NOAH F. LAZES 19401 OLD JETTON RD STE 101 CORNELIUS, NC 28031 | | | BUSINESS OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | THE ARK GROUP | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 04/16/2015 | | \$ 250.00 |
| <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 | |
| NIGEL LONG 3619 HENNESSEY PLACE CHARLOTTE, NC 28210 | | | INVESTMENT BANKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | THE DILWORTH COMPANIES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | ETF | | 04/06/2015 | | \$ 1,000.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1,500.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 18,850.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| GEORGE MALOUMIAN 4709 CAMBRIDGE CRESCENT DR CHARLOTTE, NC 28226 | | | REAL ESTATE | | | |
| | | | c. Employer's Name/Specific Field CAMBRIDGE PROPERTIES INC. | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 350.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | ETF | | 04/09/15 | \$ 350.00 | |
| <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 | |
| JEROME GEATHERS 12333 SOJOURN COURT HUNTERSVILLE, NC 28078 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field GEATHERS ENTERPRISE, INC. | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | ETF | | 04/13/2015 | \$ 250.00 | |
| <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 | |
| RACHEL GEATHERS 8228 TOSOMOCK LANE HUNTERSVILLE, NC 28078 | | | SELF EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field GEATHERS ENTERPRISE, INC. | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | ETF | | 04/13/2015 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 650.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 18,850.00 | |

Contributions from Individuals

Pg 4 of 10

| | | |
|-----------|------------------------------|--|
| Amendment | <input type="checkbox"/> Yes | <input checked="" 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| GEORGE V. LAUGHRUN, II 301 SOUTH MCDOWELL STE 602 CHARLOTTE, NC 28204 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ATTORNEY | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 04/16/2015 | | \$ 1,000.00 |
| <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 | |
| TIMOTHY MCKINNEY 4574 CALHOUN MEMORIAL HIGHWAY EASLEY, SC 29640 | | | ENTREPRENEUR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | e. Election Sum to Date | |
| | | | | | \$ 4,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | ETF | | 04/29/2015 | | \$ 4,000.00 |
| <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 | |
| JACQUELINE FORD 2486 SUSIE BRUMLEY PL NW CONCORD, NC 28027 | | | MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | GREAT FOOD SERVICES | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | ETF | | 04/29/2015 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 5,500.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 18,850.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

| | | |
|-----------|------------------------------|--|
| Amendment | <input type="checkbox"/> Yes | <input checked="" 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| WILLIAM MORGAN 735 ALHAMBRA DR JACKSONVILLE, FL 32207 | | | REAL ESTATE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | VESTCOR | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 04/27/2015 | | \$ 1,000.00 |
| <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 | |
| LINDA HOLDEN 7311 WINDALIERE DR CORNELIUS, NC 28031 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HOLDEN PROPERTIES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | ETF | | 04/30/2015 | | \$ 200.00 |
| <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 | |
| FRANK DEATON 3211 MONROE RD CHARLOTTE, NC 28205 | | | REALTOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | KELLER WILLIAMS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | ETF | | 05/07/2015 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1,250.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 18,850.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

| | | |
|-----------|------------------------------|--|
| Amendment | <input type="checkbox"/> Yes | <input checked="" 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| WILLIAM BYRON 2740 LEMON TREE LN CHARLOTTE, NC 28211 | | | FINANCIAL SERVICES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FINANCIAL SERVICES | | e. Election Sum to Date | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | CHECK | | 05/07/2015 | \$ 500.00 | |
| <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 | |
| ROBERT SPRATT JR 3023 ARUNDEL DR CHARLOTTE, NC 28209 | | | REAL ESTATE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HILL PARTNERS | | e. Election Sum to Date | |
| | | | | \$ 200.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | CHECK | | 05/12/2015 | \$ 200.00 | |
| <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 | |
| CARL DANIEL 6700 MORROWICK CIRCLE DR CHARLOTTE, NC | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | CHECK | | 05/18/2015 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 800.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 18,850.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

Pg 7 of 10

Amendment
 Yes 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| JEFFREY GORELICK 3513 KINGSMAD CT CHARLOTTE, NC 28226 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field FOSTER CAVINESS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 300.00 |
| <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 | |
| WILLIAM GORELICK 6836 MORRISON BLVD STE 200 CHARLOTTE, NC 28211 | | | PARTNER | | | |
| | | | c. Employer's Name/Specific Field GORELICK BROTHERS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 200.00 |
| <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 | |
| TODD GORELICK 4064 COLONY RD STE 340 CHARLOTTE, NC 28211 | | | PARTNER | | | |
| | | | c. Employer's Name/Specific Field GORELICK BROTHERS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 150.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 650.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 18,850.00 | |

Contributions from Individuals

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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| ISRAEL GORELICK 6836 MORRISON BLVD STE 200 CHARLOTTE, NC 28211 | | | PARTNER | | | |
| | | | c. Employer's Name/Specific Field GORELICK BROTHERS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 150.00 |
| <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 | |
| JOHN CARMICHAEL 4910 HARDWICKE RD CHARLOTTE, NC 28211 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field ATTORNEY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 05/27/2015 | | \$ 500.00 |
| <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 | |
| BEVELYN COLEMAN 9955 MITCHELL GLENN DR CHARLOTTE, NC 28277 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field ATTORNEY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/02/2015 | | \$ 1,000.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1,650.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 18,850.00 | |

Contributions from Individuals

Amendment
 Yes 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| GARY BAUCOM 2425 ROCKY RIVER RD EAST CHARLOTTE, NC 28213 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field BAUCOM'S NURSERY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/04/2015 | | \$ 1,000.00 |
| <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 | |
| DAVID LONGO 10130 STANDING STONE CT CHARLOTTE, NC 28210 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field CBI | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 4,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 4,000.00 |
| <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 | |
| AMANDA MINGO 3907 ASHTON DR CHARLOTTE, NC 28210 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field ATTORNEY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 5,100.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 18,850.00 | |

Contributions from Individuals

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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| MOLLY DANIELS SPRING 4734 LONE TREE CT CHARLOTTE, NC 28269 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ATTORNEY | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 06/19/2015 | | \$ 100.00 |
| <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 | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 18,850.00 | |

Contributions from Other Political Committees

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

| | | | | | |
|--|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| TRULLIANT FCU PAC A MULTICANDIDATE PAC P.O. BOX 26000 WINSTON SALEM, NC 27114 | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | CHECK | | 06/11/2015 | \$ 500.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 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) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| 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) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1230 Pages | | | | \$ 500.00 | |
| <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | | |

Disbursements

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" 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 |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <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 | |
| PIRYX 144 SECOND STREET SAN FRANCISCO, CA 94105 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 287.50 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | EFT | O | 03/24/2015 | \$57.50 | TRANSACTION FEE |
| 1 | EFT | O | 04/17/2015 | \$230.00 | TRANSACTION FEE |
| 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 | |
| WYKWYRE 6311 OLD HICKORY COURT CHARLOTTE, NC 28227 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 666.67 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CHECK | B | 04/15/2015 | \$666.67 | BRANDED CMPGN MKTG MATERIAL |
| | | | | \$ | |
| 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 | |
| HICKORY GROVE PARADE ASSOC 5735 EAST WT HARRIS BLVD CHARLOTTE, NC 28215 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CHECK | O | 06/25/2015 | \$100.00 | 4 TH OF JULY PARADE |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 1054.17 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1054.17 |
| <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)</i> | | | | | |
| <i>(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) | | | | | |

Disbursements

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 |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <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 | |
| MECKLENBURG COUNTY DEMOCRATIC PARTY 5500 EXECUTIVE CENTER DRIVE #210 CHARLOTTE, NC 28212 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CHECK | G | 02/26/2015 | \$100.00 | |
| | | | | \$ | |
| 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 | |
| BLACK POLITICAL CAUCUS (BPC) CHARLOTTE P.O. BOX 16550 CHARLOTTE, NC 28297 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 30.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CHECK | G | 03/19/2015 | \$30.00 | |
| | | | | \$ | |
| 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 | |
| DEMOCRATIC WOMEN OF MECKLENBURG COUNTY P.O. BOX 470712 CHARLOTTE, NC 28247 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CHECK | G | 06/25/2015 | \$100.00 | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 230.00 |
| 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)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 405.00 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

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 |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | | MEC-CGX9ID-C-001 |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <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 | |
| BLACK WOMEN'S CAUCUS OF CHAR-MECK P.O. BOX 33612 CHARLOTTE, NC 28253 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 175.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CHECK | G | 06/22/2015 | \$175.00 | |
| | | | | \$ | |
| 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 | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> 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 | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> 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 | | | | | \$ 175.00 |
| 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)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 405.00 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Refunds/Reimbursements From the Committee

| | | |
|--------------------------|-----|--|
| Amendment | | |
| <input type="checkbox"/> | Yes | <input checked="" 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 | |
| COMMITTEE TO ELECT MICHAEL BARNES | | | | MEC-CGX9ID-C-001 | |
| 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 | |
| MICHAEL BARNES P.O. BOX 481629 CHARLOTTE, NC 28269 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 04/19/2015 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ 50.00 | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | O | | \$ 50.00 | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | k. Account Code | |
| ATTORNEY | | ATTORNEY | | 1 | |
| l. Form of Payment | m. Required Remarks | | | n. Date (mm/dd/yyyy) | o. Amount |
| CHECK | REIMB: AMEZ CHURCH EVENT | | | 04/21/2015 | \$ 50.00 |
| 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 (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | | | \$ | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | 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 (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | | | \$ | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 4. Total only this Page | | | | | \$ 50.00 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | | \$ 50.00 |
| 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) | | | | | |