

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		c. ID Number	
a. Full Name JOHN AUTRY FOR DISTRICT 5		-OGXPZ8--	
b. Mailing Address (include City, State and Zip Code) P.O. BOX 189113 CHARLOTTE, NC 28218		d. Date Filed 01/21/2016	
		e. Phone Number	
2. Report Year 2015	3. Period Start Date (mm/dd/yy) 10/20/2015	4. Period End Date (mm/dd/yy) 12/31/2015	5. Treasurer Full Name CYNTHIA THOMSON
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
3. Account Information		3. Account Information	
a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name	
b. Purpose DEPOSITS AND DISBURSEMENTS	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3,201.44		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
<u>Cynthia G. Thomson</u> Printed Name of Signer		<u>Cynthia G. Thomson</u> Signature of Appointed Treasurer	01/21/2016 Date
FOR OFFICE USE ONLY			
Date Received:	<u>MECKLENBURG COUNTY</u>	Employee	<u>TEA</u>
Date Postmarked:	<u>JAN 21 2016</u>	Employee	
Date Scanned:	<u>BOARD OF ELECTIONS</u>	Employee	<u>CCM</u>
Date Data Entered:		Employee	
Delivery Method			
<input type="checkbox"/> Normal Mail			
<input type="checkbox"/> Registered Mail			
<input checked="" type="checkbox"/> Hand Delivered			
<input type="checkbox"/> Electronically Filed			
<input type="checkbox"/> Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

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	
JOHN AUTRY FOR DISTRICT 5	2015 YE Semi-Annual	0GXPZ8	
Start of Election Cycle:	January 1,	2014	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,201.44	\$ 3561.02
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 478.00
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 4,925.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 100.00	\$ 100.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100.00	\$ 350.00
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)		\$ 1,000.00	\$ 5,853.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 514.33	\$ 3,239.82
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 584.48	\$ 1,966.98
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 234.01	\$ 1,338.60
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)		\$ 1,332.82	\$ 6,545.40
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,868.62	\$ 2,868.62
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

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) JOHN AUTRY FOR DISTRICT 5					2. ID Number -OGXPZ8--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DONALD ALLMAN 55 ARROWHEAD WAY DARIEN, CT 06820-5507			b. Job Title/Profession TECHNOLOGY		d. Comments	
			c. Employer's Name/Specific Field INTERSECTION			
					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"/>	A	Check		10/28/2015	\$ 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) CHRISTOPHER KOURI 2100 SUNDERLAND PLACE CHARLOTTE, NC 28211			b. Job Title/Profession ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field NEXSEN PRUET			
					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"/>	A	Check		10/28/2015	\$ 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) DANNY MERLIN 308 SOLOMON STREET CHARLOTTE, NC 28216			b. Job Title/Profession ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field Alexander Ricks PLLC			
					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"/>	A	Credit Card		11/04/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 800.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number	
JOHN AUTRY FOR DISTRICT 5			-OGXPZ8--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
DEMOCRATIC WOMEN OF CHARLOTTE PO BOX 470712 CHARLOTTE, NC 28247				
			c. Election Sum to Date	
			\$ 100.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
A	Check		10/21/2015	\$ 100.00
				\$
				\$
4. Total only this Page			\$ 100.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)			\$ 100.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
JOHN AUTRY FOR DISTRICT 5			-OGXPZ8--	
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
MECKLENBURG LGBT PAC 813 HAWTHORNE LN CHARLOTTE, NC 28204-2109		<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: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date
				\$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
A	Check		10/21/2015	\$ 100.00
				\$
				\$
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00

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	
JOHN AUTRY FOR DISTRICT 5						-OGXP28--	
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
EQUALITY NC FOUNDATION PO BOX 28768 RALEIGH, NC 27611 (919) 829-0343							
				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:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	O	11/18/2015	\$ 150.00	GALA		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
SOUTHERN PIEDMONT CENTRAL LABOR COUNCIL 201 N. MCDOWELL STREET CHARLOTTE, NC 28202							
				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:		\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	11/25/2015	\$ 90.00	EVENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
USPS 6501 ALBEMARLE ROAD CHARLOTTE, NC 28212							
				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:		\$ 278.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	K	12/16/2015	\$ 98.00	POSTAGE		
				\$			
5. Total only this Page						\$ 338.00	
6. Total of ALL CRO-1310 Pages						\$ 514.33	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
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	
JOHN AUTRY FOR DISTRICT 5				-OGXP28--	
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) VISTAPRINT.COM 95 HAYDEN AVE LEXINGTON, MA 02421			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 337.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	B	11/09/2015	\$ 176.33	HOLIDAY CARDS
				\$	
5. Total only this Page					\$ 176.33
6. Total of ALL CRO-1310 Pages					\$ 514.33
<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)					

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) JOHN AUTRY FOR DISTRICT 5						2. ID Number -OGXPZ8--	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	11/04/2015	\$ 2.96	FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	12/04/2015	\$ 4.29	FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	11/03/2015	\$ 10.00	FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	12/03/2015	\$ 10.00	FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	11/16/2015	\$ 11.98	E-MAIL SERVER	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	12/16/2015	\$ 11.98	E-MAIL SERVER	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	11/23/2015	\$ 7.00	PARKING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	10/26/2015	\$ 29.20	GAS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	11/16/2015	\$ 28.70	GAS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	11/23/2015	\$ 26.70	GAS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	11/27/2015	\$ 36.25	GAS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	12/18/2015	\$ 32.40	GAS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Debit Card	K	12/28/2015	\$ 22.55	GAS	
4. Total only this Page					\$	234.01	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	234.01	
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F* - Equipment		G - Political Party			
I - Postage		J - Penalties		H* - Holding Public Office Expenses			
O* - Other				K* - Office Expenses			
				Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)							