Disclosure Report Use this form for general r Do not use this form to up	eport and committee it	nformation, must be	signed and subi		Amendment Yes 🗵 No her detailed forms.		
1. Committee Informatio	11-01-24-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
a. Full Name	and the second section of the section of t				c. 1D Number		
Coalition for a Better 205	0				MEC-ZF8900-C-007		
b. Mailing Address (include Ci	y, State and Zip Code)				d. Date Filed		
330 South Tryon St. Charlotte, NC 28202					07/29/2022		
•					e. Phone Number		
					704-378-1324		
2. Report Year, 3. Pe	riod Start Date (mm/d	d/yy) 4. Period I (mm/dd/yy)		5. Treasurer Full	Name		
2021	01/01/2021	12/3	1/2021	Joe Paradise			
6. Type of Committee (C	heck One)	9. Type of Report		ly one type of report	from one category)		
Candidate Campaign	Party	Municipal	State/Co	<u> </u>	Referendum		
PAC Independent	Referendum	Organizational		Organizational	Organizational		
Expenditure	Joint Fundraiser	Thirty-five day	′ '	Quarterly	Pre-referendum		
Legal Expense Fund	and the second			Fient	Time!		
7. Type of Fund ((fa)	plicable, chack one)	Pre-primary Pre-election	IH.	First Second	Final Supplemental Final		
Building Fund		Pre-runoff	l H	Third	Annual		
1		Semi-annual	١Ħ	Fourth	Special		
		Mid Year		Semi-annual			
Other:		Year End	Mid Year		10. Special Report Name		
8. Number of Fundralser	s this Report	Final Special		Year End Final Special			
11. Account Information			11, Account 1	·····	<u>L</u>		
a, Financial Institution Pull Na				itution Full Name			
Wells Fargo Bank							
b. Purpose	c. Account Code		b. Purpose		c, Account Code		
To accept	00	1	,				
contribution	VV						
and make	d. Period Begin Balance				d. Period Begin Balance		
expenditures	\$ 71,937.54		•		\$		
CERTIFICATION							
the NC General Statutes an is complete, true and corre	nd that no funds are co	mmingled with prob trained by the NC S	ilbited of other i	non-disclosed funds.	& 22D-22M of Chapter 163 of 1 further certify that this report		
FOR OFFICE USE ONLY	New France of Digital		ignature or rappy	ies comming	240		
Date Received:	MECKLENBURG COL	Employee:	1		<u>Delivery Method</u> ☐ Normal Mail		
Date Postmarked:	AUG 19202	? Employee:			Registered Mail Hand Delivered		
Date Scanned:		Employee;	<u></u>	Name of the last o	Electronically Filed Signer has not received		
Date Data Entered:	BOARD OF ELECTION	XVS Employee:			mandatory training		
Please Note: This form		end committee information			ess, treasurer, assistant treasurer,		
You	must amend the States				ee changes.		

Amendment \boxtimes Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	2. Type of Report		3, ID Number		
Coalition for a Better 2050	Annual - Referend	um	MEC-ZF8900-C-007		
Start of Election Cycle: January 1,	2021	Total this	Total this		
4) Cash on Hand at Start		Reporting Period \$ 71,937.54	Election Cycle \$ 71,937.54		
RECEIPTS	TO DESCRIPTION OF THE PROPERTY	\$ 71,937.5 4	<u> </u>		
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	(0110 1110)				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$ 52,000.00	\$ 52,000.00		
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	e, 11d and 11e)	\$ 52,000.00	\$ 52,000.00		
EXPENDITURES					
13) Disbursements		5-34 646	3 98 3 3 4 5 5 5 6 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
13a) Operating Expenditures	(CRO-1310)	\$ 120,280.91	\$ 120,280.91		
13b) Contributions to Candidates/Political Commit	tees (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, 12	5, 16 and 17)	\$ 120,280.91	\$ 120,280.91		
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 3,656.63	\$ 3,656.63		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	(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)	\$	\$		

Amendment **Other Receipt Sources** 冈 Yes 1 Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc. 1. Committee Full Name (and Fund if applicable) 2. ID Number Coalition for a Better 2050 MEC-ZF8900-C-007 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) Interest Contributions from Not-for-Profit Organizations \boxtimes Outside Sources of Income 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b, Not-for-Profit Federal ID # d. Comments (include city, state, & zip) Beacon Development Company c. Outside Source Explanation 500 E. Morehead Street, Suite 200 Charlotte, NC 28202 Contribution e. Election Sum to Date \$ 1,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 001 Check 7/21/2021 \$ 1,000.00 \$ 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID# d. Comments (include city, state, & zip) Dickens-Mitchener & Associates e. Outside Source Explanation 2330 Randolph Road Charlotte, NC 28207 Contribution e. Election Sum to Date \$ 5,000.00 f. Account Code g, Form of Payment i. Date (mm/dd/yyyy) h, In-Kind Description j. Amount 001 Check 7/30/21 \$ 5,000.00 \$ 4. Contributor Information Add Remove b. Not-for-Profit Federal ID# a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) **Neighboring Concepts** 1635 West Trade Street, Suite 1a c. Outside Source Explanation Contribution Charlotte, NC 28216 e. Election Sum to Date

\$ 5,000.00 f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount 001 Check 8/9/2021 \$ 5,000.00 \$ 5. Total only this Page 11,000.00 6. Total of ALL CRO-1250 Pages (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) 52,000.00 (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 1 ic of Detailed Summary Page CRO-1100 if Outside Sources of Income) CRO-1250 NC State Board of Elections December 2007

Other Receipt Sources

Amen	dment		
	Yes	\boxtimes	No

Other Receipt Sources

Pg 2 of 3 Yes

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

1. Committee F	ull Name (and Fund if a	ipplicable)			2. ID	Number	
					MEC-ZF89	000-C-007	
3. Type of Recei	ipt Source	(Please use separate CRO-12.	50 forms	for each type of	Rece	pt Source.)	
Interest		Contributions from Not-for-P	rofit Organ	izations	Out	side Sources of	Income
4. Contributor l	Information	☐ Add	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	☐ Remo	ve		
a. Full Name, Maili	ng Address & Phone	The state of the s	b. Not-fo	r-Profit Federal ID	#	d. Comment	S
(include city, stat	e, & zip)						
VHB Engineeri	ng						
121 West Trade	Street, Suite 2175		c. Outsid	e Source Explanati	on		
Charlote, NC 28	1202		Contrib	oution			
						e. Election S	um to Date
						\$ 10,0	00.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	ууу)	j. Amount	
001	Check			8/11/2021		\$	10,000.00
						\$	
4. Contributor	Information	☐ Add		☐ Remo)ve	l	
a. Full Name, Maili	ng Address & Phone		b. Not-fo	r-Profit Federal ID	#	d. Comment	s
(include city, stat	e, & zip)	·					
Ahold Delhaize	USA						
2110 Executive	Drive	!	c. Outsid	e Source Explanati	on		
Salisbury, NC 2	8144		Contril	oution			
						e. Election S	ium to Date
						\$ 1,00	00.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount	
001	Check			9/1/2021		\$	1,000.00
				:		\$	
4. Contributor	Information	☐ Add		☐ Remo)ve		
a. Fuli Name, Maili	ng Address & Phone		b. Not-fo	r-Profit Federal ID	#	d. Commen	ís
(include city, stat	ie, & zip)						
WS₽							
	Square Drive, Suite 610			e Source Explanati	on		
Charlotte, NC 2	0203		Contril	bution			
			***************************************			e. Election S	Sum to Date
						\$ 5,0	00.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount	. ·
001	Check			9/10/2021		\$	5,000.00
						\$	
5. Total only	this Page					\$ 16,000.0	00
6. Total of Al (This line goes in (This line goes in	LL CRO-1250 Page line 11a of Detailed Summar, line 11b of Detailed Summar,					\$ 52,000.0	

Other Receipt Sources Pg 3 of 3 Amendment Yes

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

	ull Name (and Fund is	f applicable)			2. ID	Number
Coalition for a I						MEC-ZF8900-C-007
3. Type of Rece	ipt Source	(Please use separate CRO-1)	250 forms	for each type o	Recei	pt Source.)
Interest		Contributions from Not-for-	Profit Organ	nizations 🔀	Out	side Sources of Income
4, Contributor	Information	Add		Remo	ove	
a. Full Name, Maili	ng Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Not-fo	r-Profit Federal ID	#	d, Comments
(include city, stat			<u> </u>			
HNTB Compan						
	n Street, Suite 3610			e Source Explanati	on	
Charlotte, NC 2	8202		Contril	bution		791 AL CO
						e. Election Sum to Date
***************************************		7				\$ 25,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount
001	Check			9/21/2021		\$ 25,000.00
						\$
4. Contributor	Information	Add		Rem	ove	
a. Full Name, Maili	ing Address & Phone	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	b. Not-fe	r-Profit Federal II) #	d. Comments
(include city, sta	te, & zip)					
			c. Outsid	le Source Explanat	ion	
						a Election Cum to Date
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y	ууу)	J. Amount
	***************************************					\$
						\$
4. Contributor	Information	☐ Add		Rem	ove	
a. Full Name, Mail	ing Address & Phone		b. Not-fe	or-Profit Federal II)#	d. Comments
(include city, sta	te, & zip)		4			
			<u> </u>			
			c. Outsic	le Source Explanat	ion	
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h, In-Kind Description		i. Date (mm/dd/y	ууу)	j. Amount
						\$
						\$
5. Total only	this Page	I.		1		\$ 25,000.00
6. Total of A	LL CRO-1250 Pa _l					
(This line goes in	line 11b of Detailed Summ	ary Page CRO-1100 if Interest) ary Page CRO-1100 if Not-for-Profit Co				\$ 52,000.00
(This line goes in	line Hc of Detalled Summ	ary Page CRO-1100 if Outside Sources	of Income)		Şir.	

 \boxtimes

					Amend	ment		
Disbursements	Pg	1	əf	<u>5</u>		Yes	\boxtimes	No
**								

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

1. Committee Fu Coalition for a B	ull Name (and Fund Setter 2050	l if applicable)			2. ID Number MEC-ZF8900-C-007
	Constitution and the constitution of the const	na usa sa	DO 1210 Commercia	na of Dick	
3. Type of Disbu Operating Ex		**********	RO-1310 forms for each ty ndidates/Political Committees		ent.) ordinated Party Expenditures
	CONTRACTOR OF THE CONTRACTOR O	Controutions to Car			ланаюч гану Фарсияниеся
4. Payee Inform			Add	Remove	d. Comments
-	ng Address & Phone		b. Coordinated Committee Na	nte	u, Comments
(include city, state, d					
Brian Francis Co	•				
1041 Anduin Fa			c. Level Registered (Specify)		
Charlotte, NC 28	8269		Federal 🖂	County:	
			State	Municipality;	e. Election Sum to Date
			The state of the s		\$ 13,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Draft	0	09/17/2021	\$5,000	Consulting Sales Tax
				\$	Referendum
4. Payee Inform	ation		 Add	Remove	
					d Comments
B	ng Address & Phone		b. Coordinated Committee Na	14116	d. Comments
(include city, state,			-		
Brian Francis Co	*				-
1041 Anduin Fa			c. Level Registered (Specify)	`a	1
Charlotte, NC 2	8269		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 13,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Draft	0	10/25/2021	\$5,000.00	Consulting Sales Tax
				\$	Referendum
4. Payee Inform	[ation	<u> </u>	Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d, Comments
(include city, state,	**			************	
Brian Francis C			1		
1041 Anduin Fa	-		c. Level Registered (Specify)		Transcript
Charlotte, NC 2			Federal	County:	7
			State	Municipality:	e. Election Sum to Date
				тынкоранцу.	or receion plant to Date
				-	\$ 13,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
001	Draft	0	11/19/2021	\$3,500.00	Consulting Sales Tax
				\$	Referendum
E Translation	le Dago	L	<u> </u>	1	\$ 13,500.00
5, Total only th	is Page CRO-1310 Pages				13,300.00
		untary Page CDO 116	00 if Operating Expenses)		·
	=		10 if Operating Expenses) 10 if Contrib to Candidates/Politic	al Comm	\$ 120,280.91
, ,					
	*****		10 if Coordinated Party Expenditu (b.) aboue)		
	es (List detailed ex			D T '	er Candidate
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun G - Politi		D - To Anothe H* - Holding	er Candidate g Public Office Expenses
I - Postage	J - Penalties		cai Party ice Expenses		n to Legal Expense Fund
O* - Other				24, 222, 1, 100	-
* Codes requir	e detailed explanat	<u>ion in re</u> quired r	emarks field (k)		

Disbursements	Pα	,	
Disputations	LE	Z.	

1	Amen	dment		
	П	Yes	\boxtimes	No

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

	ill Name (and Fund	і п аррисавіе)			2. ID Number		
Coalition for a Better 2050 MEC-ZF8900-C-007							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inform			Add	Remove			
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	ıme	d, Comments		
(include city, state, d							
Moore & VanAl							
100 North Tryon	Street		c. Level Registered (Specify)				
Suite 4700			Federal 🖂	County:			
Charlotte, NC 28	8202		State	Municipality:	e. Election Sum to Date		
					\$ 22,500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Draft	0	10/18/2021	\$12,000	Strategic Communications		
				\$	Sales Tax Referendum		
4. Payee Inform			Add	Remove	1		
a. Full Name, Mailii	ng Address & Phone		b. Coordinated Committee No	eme	d. Comments		
(include city, state,							
Moore & Van A							
100 North Tryoi	n Street		c. Level Registered (Specify)		_		
Suite 4700			Federal 🛛	County:			
Charlotte, NC 2	8202		State	Municipality:	e. Election Sum to Date		
					\$ 22,500.00		
f. Account Code	g, Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k, Required Remarks		
001	Draft	О	10/25/2021	\$6,000.00	Strategic Communications		
				0	Sales Tax		
				\$	Referendum		
4. Payee Inform			Add	Remove	1		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,			_				
Moore & VanA							
100 North Tryo			c. Level Registered (Specify)				
Charlotte, NC 2	8202		Federal 🔲	County:			
ļ			State	Municipality:	e. Election Sum to Date		
					\$ 22,500.00		
f. Account Code	g, Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Draft	0	12/31/2021	\$4,500.00	Consulting Sales Tax		
				\$	Referendum		
5. Total only the	is Page				\$ 22,500.00		
6. Total of ALL	CRO-1310 Pages						
, ,	*		00 if Operating Expenses)		\$ 120.280.01		
	(This line goes in line 13th of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 120,280.91						
(This line goes in	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
	es (List detailed ex						
A*-Media B*-Printing C*-Fundraising D-To Another Candidate							
E - Salaries	F* - Equipment				g Public Office Expenses		
I - Postage O* - Other	J - Penalties	K* - Offi	ice Expenses	Ų* - Donatio	on to Legal Expense Fund		
the stage of the summer of the stage of the	e detailed explanat	ion in required r	emarks field (k)				

Disbursements Use this form to report expenditures from the committee for; operating ex	Pg penses,	<u>3</u> , conti	of ributions to	_	Amendment Yes ate/political	Ø	No
committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable)					2. ID Number	•	
Coalition for a Better 2050					MEC-ZF89	00-C-00	07

	ull Name (and Fund	l if applicable)					2. ID Number
Coalition for a E	Setter 2050						MEC-ZF8900-C-007
3. Type of Disbu		se use separate C	RO	-1310 forms for each t	ype of Disbursem	ent.)	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inform	Constitution of the Consti			dd 🗍	Remove		
	ng Address & Phone	egen consequente cultura de profit de la presidente de la Prioria.	1	Coordinated Committee N	··········	d Co	mments
	-		۳.	Coordinated Committee N	,,,,,,	u, C0	mintino
(include city, state,			1			1	
Strategic Partne			-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	
P.O. Box 28435			e,	Level Registered (Specify)		J	
Raleigh, NC 270	511		ľ	Federal 🔲	County:		
			L	State	Municipality:	e. Ele	ection Sum to Date
						\$	83,750.93
f. Account Code	g. Form of Payment	h. Purpose Code		i, Date (mm/dd/yyyy)	j. Amount		quired Remarks
001	Draft	0		11/19/2021	\$9,000	Pub	lic Affairs
V01	Dian			11/17/2021	Ψ2,000		sulting and
					 \$	Field	d
) D	Orga	anizing
4. Payee Inform	ation		A	.dd 🔲	Remove		
	ng Address & Phone		-	Coordinated Committee N		d. Ce	omments
(include city, state,	_						
Strategic Partne			1				
P.O. Box 28435			-	Level Registered (Specify)		1	
1			-		Carmen	-	
Raleigh, NC 27	011			Federal 🛛	County:	<u></u>	
			<u></u>	State	Municipality:	e, El	ection Sum to Date
						\$	83,750.93
f. Account Code	g. Form of Payment	h, Purpose Code		i. Date (mm/dd/yyyy)	j, Amount	k, Re	equired Remarks
001	Draft	0		11/22/2021	\$40,000.00	Poll	ing
					\$		
4. Payee Inform	ation		Α	.dd	Remove		
a. Full Name, Maili	ng Address & Phone		b	. Coordinated Committee N	lame	d, Co	omments
(include city, state, Strategic Partne		·					
P.O. Box 28435				Level Registered (Specify)	······································	-	
Raleigh, NC 27						-	
Kateign, NC 2/	011				County:		di G i i B i
				State	Municipality:	e, El	ection Sum to Date
						\$	83,750.93
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
001	Draft	О		12/21/2021	\$9,000.00	ì	lic Affairs sulting
					+	·•	Field
					\$	1	
	•		<u> </u>				anizing
5. Total only th	TARREST TO A STATE OF THE ADMINISTRATION OF					\$	58,000.00
(This line goes in (This line goes in	•	nmary Page CRO-116	0 if	Operating Expenses) Contrib to Candidates/Politi Coordinated Party Expendit	•	\$	120,280,91
					mra)	i Historia	
	es (List detailed ex				D T 1 1	- C	113
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipment J - Penalties	C* - Fun G - Politi K* - Offi	cal.	Party		g Publi	didate c Office Expenses egal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required r	em	arks field (k)			

				Amendme	ent	
Disbursements	Pg	<u>3</u>	of <u>5</u>	Y0	es	\boxtimes

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

	ull Name (and Fun	d if applicable)					2. ID Number
Coalition for a I							MEC-ZF8900-C-007
3. Type of Disbi				-1310 forms for each ty	pe of Disbursem	ent.)	
Operating E	<u> </u>	Contributions to Car		tes/Political Committees	Coo	ordinate	d Party Expenditures
4. Payee Inform	iation		A	dd 🔲	Remove		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee Na	ıme	d, Co	mments
(include city, state,	& zip)						
Strategic Partne	rs Solutions						
P.O. Box 28435	•		c,	Level Registered (Specify)]	
Raleigh, NC 27	611			Federal 🔀	County:		
				State	Municipality:	e. Ele	ction Sum to Date
						\$ {	33,750.93
f. Account Code	g. Form of Payment	h, Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k, Re	quired Remarks
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	es (List detailed ex	penditure code in	(h.)	above)			
A* - Media	B* - Printing	C* - Fun	drai	sing	D - To Anoth		
E - Salaries	F* - Equipment						Office Expenses
I - Postage	J - Penalties	K* - Offi	ice E	Expenses	Q* - Donatio	n to Le	egal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required r	'ema	arks field (k)			

No

	report expenditures		e fo	or; operating exp	Pg enses,	5 of contributions to		Amendment Yes No nte/political
	coordinated party ex							
	ull Name (and Fund	d if applicable)						2. ID Number
Coalition for a E	Better 2050							MEC-ZF8900-C-007
3. Type of Disbu	irsement <u>(Plea</u>	se use separate Ci	RO-	-1310 forms for <mark>c</mark>	each ty	ype of Disbursen	<u>ient.)</u>	
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4. Payee Inform	ation		A	dd		Remove		
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