

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	
Mecklenburg LGBT Political Action Committee				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P.O. Box 9807 Charlotte, NC 28299			7/12/2016	
			e. Phone Number	
			980-253-1148	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2016	3/1/2016	6/30/2016	Natalia Diez Morillo	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input checked="" 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	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 checked="" 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 type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<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		
Wells Fargo N.A				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Finance	001			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 997.25		\$	
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.				
Natalia Diez Morillo				7/1/2016
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	MECKLENBURG COUNTY	Employee:		
Date Postmarked:	JUL 12 2016	Employee:	_____	
Date Scanned:	BOARD OF ELECTIONS	Employee:		
Date Data Entered:	_____	Employee:	_____	
Delivery Method				
<input type="checkbox"/> Normal Mail				
<input checked="" type="checkbox"/> Registered Mail				
<input type="checkbox"/> Hand Delivered				
<input type="checkbox"/> Electronically Filed				
<input type="checkbox"/> Signer has not received mandatory training				
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.				
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

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	
Mecklenburg LGBT Political Action Committee	Second Quarter		
Start of Election Cycle: January 1, 2016	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 969.01	\$ 1,153	
RECEIPTS			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 720	\$ 720	
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 2,175	\$ 2,175	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$	
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$	\$	
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$	\$	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>	\$ 2,895	\$ 2,895	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 360.63	\$ 544.63	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$	
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$	\$	
17) In-Kind Contributions <i>(CRO-1510)</i>	\$	\$	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>	\$ 360.63	\$ 544.63	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>	\$ 3503.38	\$ 3503.37	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$		
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$		
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>	\$		
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>	\$		
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$		
25) Administrative Support <i>(CRO-1710)</i>	\$	\$	
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$	
27) 48-Hour Notice Reports Sum <i>(CRO-2200)</i>	\$	\$	
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$	

Aggregated Contributions from Individuals

Page

3 of 9

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

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

1. Committee Full Name (and Fund if applicable) Mecklenburg County LGBT PAC					2. ID Number	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	001	Credit Card		5/21/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/17/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Credit Card		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	001	Cash		6/28/2016	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 720	
5. Total of ALL CRO-1205 Pages					\$ 720	
<i>(This line must be on line 5 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	
Mecklenburg County LGBT PAC						
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 Strong PO Box 273 Davidson, NC 28036			Teacher			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$ 75	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	001	CreditCard		6/28/2016		\$ 75.00
<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	
Chris Turner 6327 Kiftsgate Ct Charlotte, NC 28226			Retired			
			c. Employer's Name/Specific Field			
			All State Insurance Company		e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	001	CreditCard		6/22/2016		\$ 100
<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	
Beverly Ashley Crump 147 Brookfield Circle Mooresville, NC 28115			Police Officer			
			c. Employer's Name/Specific Field			
			CMPD		e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	001	CreditCard		6/22/2016		\$ 100
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 275	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2175	

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	
Mecklenburg County LGBT PAC						
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	
Vinnie & Melissa Morris			Retired			
9015 Inverness Bay Road Charlotte, NC 28278			c. Employer's Name/Specific Field Retired			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CreditCard		6/23/2016	\$ 100	
<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	
Lloyd Scher			Writer			
9815 Meringue Place Charlotte, NC 28270			c. Employer's Name/Specific Field Self			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CreditCard		6/24/2016	\$ 100	
<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	
Paul Wade			Technology Project Manager			
2517 Dryden Lane Charlotte, Nc 28210			c. Employer's Name/Specific Field Signature Consultants			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CreditCard		6/24/2016	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300	
5. Total of ALL CRO-1210 Pages					\$ 2,175	
<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	
Mecklenburg County LGBT PAC						
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	
Martin Smith 7931 Greenview Terrace Ct Charlotte, NC			VP Human Resources			
			c. Employer's Name/Specific Field			
			Continental Rail LLC			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CreditCard		6/27/2016	\$ 100	
<input checked="" 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 Morrice 2300 overhill road Charlotte, NC 28211			lawyer			
			c. Employer's Name/Specific Field			
			johnston allison & hord			
					e. Election Sum to Date	
					\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	Credit Car		6/28/2016	\$ 250	
<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	
Scott Bishop 813 Hawthorne Lane Charlotte, NC 28204			Senior Manager			
			c. Employer's Name/Specific Field			
			NTT Data Consulting			
					e. Election Sum to Date	
					\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	CreditCard		6/28/2016	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,175	

Contributions from Individuals

Pg 7 of 9

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	
Mecklenburg County LGBT PAC						
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	
Tom Warshauer 1530 Tippah Park Court Charlotte, NC 28205			Assistant Director for Communi			
			c. Employer's Name/Specific Field City of Charlotte			
					e. Election Sum to Date	
					\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	001	CreditCard		6/16/2016		\$ 500
<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 FDogens 1060 West 1st St Charlotte, NC 28202			Senior Vice President			
			c. Employer's Name/Specific Field Wells Fargo			
					e. Election Sum to Date	
					\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	001	CreditCard		6/16/2016		\$ 500
<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					\$ 1000	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,175	

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
Mecklenburg County LGBT PAC					
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) Click & Pledge 12202 Airport Way, Suite 100 Brookfield, CO 80021			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 164.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	K	3/10/2016	\$27	Fundraising Fee
001	Check	K	4/11/2016	\$27	Fundraising fee
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Click & Pledge 12202 Airport Way, Suite 100 Brookfield, CO 80021			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 164.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	K	5/10/2016	\$27	
001	Check	K	6/10/2016	\$29.63	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Josh Mantooth 1820 South Blvd Charlotte, NC 28203			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	C	6/28/2016	\$50	Tip for help at event
				\$	
5. Total only this Page					\$ 160.63
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>					\$ 360.63
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - 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
Mecklenburg County LGBT PAC					
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
Emma Ebert 1820 South Blvd Charlotte, NC 28203					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	C	6/28/2016	\$50	tip for help at event
				\$	
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
Rahmel Long 1820 South Blvd Charlotte, Nc 28203					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	C	6/28/2016	\$50	tip for help at event
				\$	
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
Keith Bradford					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 100
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	3/3/2016	\$100	sound equipment
				\$	
5. Total only this Page					\$ 200
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>					\$ 360.63
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)					