

# Disclosure Report Cover


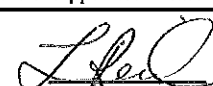
Amendment

☐ 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

|  |  |   |  |
|--|--|---|--|
| <b>1. Committee Information</b>  |  |   |  |
| a. Full Name<br>Committee to Elect Al Austin Charlotte City Council  |  | c. ID Number<br>VGXHL9  |  |
| b. Mailing Address (include City, State and Zip Code)<br>PO Box 16307<br>Charlotte NC 28297  |  | d. Date Filed<br>10/26/2015   |  |
|  |  | e. Phone Number<br>704-399-8434   |  |
| <b>2. Report Year</b>  | <b>3. Period Start Date (mm/dd/yy)</b> | <b>4. Period End Date (mm/dd/yy)</b>  | <b>5. Treasurer Full Name</b>  |
| 2015   | 09/23/2015                             | 10/19/2015  | Walter R. Nelson   |
| <b>6. Type of Committee (Check One)</b>  |  | <b>9. Type of Report (check only one type of report from one category)</b>  |  |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser  |  | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input checked="" type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |  |
| <b>7. Type of Fund (if applicable, check one)</b>  |  | <b>10. Special Report Name</b>  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:   |  |   |  |
| <b>8. Number of Fundraisers this Report</b>  |  |   |  |
| 0  |  |   |  |
| <b>11. Account Information</b>   |  | <b>11. Account Information</b>  |  |
| a. Financial Institution Full Name<br>M&F Bank   |  | a. Financial Institution Full Name  |  |
| b. Purpose   | c. Account Code<br>11105               | b. Purpose  | c. Account Code  |
|  | d. Period Begin Balance<br>\$ 1684.12  |   | d. Period Begin Balance<br>\$  |
| <b>CERTIFICATION</b>   |  |   |  |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. |  |   |  |
| Walter R. Nelson<br>Printed Name of Signer   |  | <br>Signature of Appointed Treasurer  |  |
|  |  | 10/26/2015<br>Date  |  |
| <b>FOR OFFICE USE ONLY</b>   |  |   |  |
| Date Received:   | MECKLENBURG COUNTY                     | Employee:   |  |
| Date Postmarked:   | OCT 26 2015                            | Employee:   | CEN  |
| Date Scanned:  | BOARD OF ELECTIONS                     | Employee:   |  |
| Date Data Entered:   |  | Employee:   |  |
| <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |  |   |  |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.  |  |   |  |

# Detailed Summary

Amendment

☐ Yes ☐ No

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

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>         |  | <b>2. Type of Report</b>   |  | <b>3. ID Number</b>              |  |
| Committee to Elect Al Austin Charlotte City Council            |  |  |  | VGXHL9                           |  |
| <b>Start of Election Cycle:</b>                                |  | <b>January 1,</b>  |  | <b>2014</b>                      |  |
|  |  | <b>Total this Reporting Period</b>                               |  | <b>Total this Election Cycle</b> |  |
| <b>4) Cash on Hand at Start</b>                                |  | \$ 1684.12   |  | \$                               |  |
| <b>RECEIPTS</b>  |  |  |  |                                  |  |
| <b>5) Aggregated Contributions from Individuals</b>            |  | <i>(CRO-1205)</i>  |  | \$ 1475                          |  |
| <b>6) Contributions from Individuals</b>                       |  | <i>(CRO-1210)</i>  |  | \$ 24020.17                      |  |
| <b>7) Contributions from Political Party Committees</b>        |  | <i>(CRO-1220)</i>  |  | \$ 250                           |  |
| <b>8) Contributions from Other Political Committees</b>        |  | <i>(CRO-1230)</i>  |  | \$ 850                           |  |
| <b>9) Loan Proceeds</b>  |  | <i>(CRO-1410)</i>  |  | \$ 1000                          |  |
| <b>10) Refunds/Reimbursements To the Committee</b>             |  | <i>(CRO-1240)</i>  |  | \$                               |  |
| <b>11) Other Receipt Sources</b>                               |  |  |  |                                  |  |
| <b>11a) Interest on Bank Accounts</b>                          |  | <i>(CRO-1250)</i>  |  | \$                               |  |
| <b>11b) Contributions from Not-for-Profit Organizations</b>    |  | <i>(CRO-1250)</i>  |  | \$                               |  |
| <b>11c) Outside Sources of Income</b>                          |  | <i>(CRO-1250)</i>  |  | \$                               |  |
| <b>11d) Legal Expense Fund – Other Sources</b>                 |  | <i>(CRO-1270)</i>  |  | \$                               |  |
| <b>11 e) Exempt Purchase Price Sales</b>                       |  | <i>(CRO-1265)</i>  |  | \$                               |  |
| <b>12) TOTAL RECEIPTS</b>                                      |  | <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> |  | \$ 1475                          |  |
|  |  |  |  | \$ 26120.17                      |  |
| <b>EXPENDITURES</b>  |  |  |  |                                  |  |
| <b>13) Disbursements</b>                                       |  |  |  |                                  |  |
| <b>13a) Operating Expenditures</b>                             |  | <i>(CRO-1310)</i>  |  | \$ 1952.84                       |  |
| <b>13b) Contributions to Candidates/Political Committees</b>   |  | <i>(CRO-1310)</i>  |  | \$ 20261.57                      |  |
| <b>13c) Coordinated Party Expenditures</b>                     |  | <i>(CRO-1310)</i>  |  | \$ 1560                          |  |
| <b>14) Aggregated Non-Media Expenditures</b>                   |  | <i>(CRO-1315)</i>  |  | \$                               |  |
| <b>15) Loan Repayments</b>                                     |  | <i>(CRO-1420)</i>  |  | \$                               |  |
| <b>16) Refunds/Reimbursements From the Committee</b>           |  | <i>(CRO-1320)</i>  |  | \$ 100                           |  |
| <b>17) In-Kind Contributions</b>                               |  | <i>(CRO-1510)</i>  |  | \$ 1646.16                       |  |
| <b>18) TOTAL EXPENDITURES</b>                                  |  | <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>              |  | \$ 2052.84                       |  |
|  |  |  |  | \$ 25113.89                      |  |
| <b>19) Cash on Hand at End</b>                                 |  | <i>(Add lines 4 and 12 together, then subtract line 18)</i>      |  | \$ 1006.28                       |  |
|  |  |  |  | \$ 1006.28                       |  |
| <b>ADDITIONAL INFORMATION</b>                                  |  |  |  |                                  |  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b>        |  | <i>(CRO-1330)</i>  |  | \$                               |  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b> |  | <i>(CRO-1430)</i>  |  | \$                               |  |
| <b>22) Debts and Obligations owed By the Committee</b>         |  | <i>(CRO-1610)</i>  |  | \$                               |  |
| <b>23) Debts and Obligations owed To the Committee</b>         |  | <i>(CRO-1620)</i>  |  | \$                               |  |
| <b>24) Account Transfers Within the Committee</b>              |  | <i>(CRO-1720)</i>  |  | \$                               |  |
| <b>25) Administrative Support</b>                              |  | <i>(CRO-1710)</i>  |  | \$                               |  |
| <b>26) Forgiven Loans</b>                                      |  | <i>(CRO-1440)</i>  |  | \$                               |  |
| <b>27) 48-Hour Notice Reports Sum</b>                          |  | <i>(CRO-2200)</i>  |  | \$                               |  |
| <b>28) Contributions to be Refunded</b>                        |  | <i>(CRO-1215)</i>  |  | \$                               |  |

# Contributions from Individuals

Pg 1 of 2 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Committee to Elect Al Austin Charlotte City Council  |                        |                           |  |                             | VGXHL9                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Mr. Royden Goode<br>1300 Baxter Street<br>Charlotte NC 28204   |                        |                           | Agent                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Good Lucke LLC                           |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 500                         |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 11105                  | Check                     |  | 09/11/2015                  | \$ 500.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| J. Stephen Mcleod<br>217 Avinger Lane<br>Davidson NC 28036   |                        |                           | President                                |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Mcleode Corporation                      |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 500.                        |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 11105                  | Check                     |  | 09/11/2015                  | \$ 500.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Sarah Coleman<br>1470 Plumstead Rd<br>Charlotte NC 28216   |                        |                           | Retired Educator                         |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Retired                                  |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100                         |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 11105                  | Check                     |  | 09/25/2015                  | \$ 25                          |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 1025.00                     |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 1475.00                     |  |

# Contributions from Individuals

Pg 2 of 2 Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Committee to Elect Al Austin Charlotte City Council  |                        |                           |  |                             | VGXHL9                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Robert Szymkiewicz<br>702 E 9 St<br>Charlotte NC 28205   |                        |                           | Broker                                   |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Savvy + Company Real Estate              |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100                         |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 11105                  | Check                     |  | 09/25/2015                  | \$ 100                         |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Ron Matthews<br>3711 Mountain Cove Drive<br>Charlotte NC 28216   |                        |                           | Director of Alumni Affairs               |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Johnson C Smith                          |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 150                         |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 11105                  | Cred.Card                 |  | 09/04/2015                  | \$ 50.                         |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Jefferson Brown<br>1100 Colville Road<br>Charlotte NC 28207  |                        |                           | Attorney                                 |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Moore & Van Allen                        |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 600                         |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 11105                  | Cred. Card                |  | 09/15/2015                  | \$ 300                         |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 450.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 1475.00                     |  |

# Disbursements

Pg 1 of 5

Amendment

☐ Yes ☐ No

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

|   |                           |                        |   |                  |                                 |  |
|---|---------------------------|------------------------|---|------------------|---------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |   |                  | <b>2. ID Number</b>             |  |
| Committee to Elect Al AustinCharlotte City Council  |                           |                        |   |                  | VGXHL9                          |  |
| <b>3. Type of Disbursement</b> <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  |                           |                        |   |                  |                                 |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                  |                                 |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>              |  |
| Aaron Beitia<br>421 W. Craighead Rd<br>Charlotte, NC 28206  |                           |                        |   |                  | r                               |  |
|   |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                 |  |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b>  |  |
|   |                           |                        |   |                  | \$ 200                          |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>      |  |
| 11105   | Check                     | O                      | 09/11/2015  | \$200.00         | Lead Campaigner                 |  |
|   |                           |                        |   | \$               |                                 |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                  |                                 |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>              |  |
| Black Political Caucus<br>PO Box 16550<br>Charlotte, NC 28297   |                           |                        |   |                  |                                 |  |
|   |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                 |  |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b>  |  |
|   |                           |                        |   |                  | \$ 630.00                       |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>      |  |
| 11105   | Check                     | A                      | 09/042015   | \$100            | GoTV Expense                    |  |
| 11105   | Check                     | H                      | 10/01/2015  | \$250            | Political Event<br>Black & Gold |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                  |                                 |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>              |  |
| Dollar Tree Stores<br>5409 South Blvd<br>Charlotte, NC 28217  |                           |                        |   |                  |                                 |  |
|   |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                 |  |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b>  |  |
|   |                           |                        |   |                  | \$ 35.17                        |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>      |  |
| 11105   | Debit Card                | K                      | 09/13/2015  | \$17.16          | Supplies                        |  |
|   |                           |                        |   | \$               |                                 |  |
| <b>5. Total only this Page</b>  |                           |                        |   |                  | \$ 567.16                       |  |
| <b>6. Total of ALL CRO-1310 Pages</b><br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                           |                        |   |                  | \$ 1952.84                      |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |   |                  |                                 |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other                                  |                           |                        |   |                  |                                 |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |   |                  |                                 |  |

# Disbursements

Pg 2 of 5

Amendment

☐ Yes ☐ 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)<br>Committee to Elect Al Austin Charlotte City Council   |                    |  |                      |                         | 2. ID Number<br>VGXHL9 |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  |                    |  |                      |                         |                        |
| <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<br>(include city, state, & zip)<br>Elect Leonard Richardson III<br>12219 Wickson Ct<br>Huntersville NC   |                    | b. Coordinated Committee Name  |                      | d. Comments             |                        |
|  |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                      | r                       |                        |
|  |                    |  |                      | c. 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    |
| 11105  | Check              | D  | 10/20/2015           | \$50                    | Campaign Contribution  |
|  |                    |  |                      | \$                      |                        |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |  |                      |                         |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Gary Leake<br>3707 University Church Drive<br>Charlotte NC  |                    | b. Coordinated Committee Name  |                      | d. Comments             |                        |
|  |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                      | c. Election Sum to Date |                        |
|  |                    |  |                      | \$ 3132                 |                        |
| f. Account Code  | g. Form of Payment | h. Purpose Code  | i. Date (mm/dd/yyyy) | j. Amount               | k. Required Remarks    |
| 11105  | Check              | E  | 09/02/2015           | \$400                   | Campaign MGR           |
| 11105  | Check              | E  | 10/02/2015           | \$400                   | Campaign MGR           |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |  |                      |                         |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Harris Teeter<br>325 W. Sixth Street<br>Charlotte NC  |                    | b. Coordinated Committee Name  |                      | d. Comments             |                        |
|  |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                      | c. Election Sum to Date |                        |
|  |                    |  |                      | \$ 93.70                |                        |
| f. Account Code  | g. Form of Payment | h. Purpose Code  | i. Date (mm/dd/yyyy) | j. Amount               | k. Required Remarks    |
| 11105  | Debit Card         | 0  | 09/25/2015           | \$33.15                 | Food for Volunteers    |
|  |                    |  |                      | \$                      |                        |
| 5. Total only this Page  |                    |  |                      |                         | \$ 883.15              |
| 6. Total of ALL CRO-1310 Pages<br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |  |                      |                         | \$ 1952.84             |
| 7. Purpose Codes (List detailed expenditure code in (h.) above)  |                    |  |                      |                         |                        |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other                           |                    |  |                      |                         |                        |
| * Codes require detailed explanation in required remarks field (k)   |                    |  |                      |                         |                        |

# Disbursements

Pg 3 of 5

Amendment

☐ Yes ☐ No

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

|  |                           |                        |   |                  |                                |  |
|--|---------------------------|------------------------|---|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |   |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Al Austin Charlotte City Council  |                           |                        |   |                  | VGXHL9                         |  |
| <b>3. Type of Disbursement</b> <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   |                           |                        |   |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>             |  |
| Johnson C Smith University<br>100 Beatties Ford Rd<br>Charlotte NC 28216   |                           |                        |   |                  | r                              |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |   |                  | \$ 300                         |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| 11105  | Check                     | H                      | 10/15/2015  | \$100            | Parad Fee                      |  |
|  |                           |                        |   | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>             |  |
| Labor Day Committee<br>729 Honey Suckle Lane<br>Midland NC   |                           |                        |   |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |   |                  | \$ 100                         |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| 11105  | Check                     | H                      | 09/04/2015  | \$100            | Parade Fee                     |  |
|  |                           |                        |   | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>             |  |
| Mecklenburg County Bar Assoc.<br>2850 Zebulon Ave<br>Charlotte NC 28208  |                           |                        |   |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |   |                  | \$ 50                          |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| 11105  | Check                     | 0                      | 09/25/2015  | \$50.00          | Donation to Fundraiser         |  |
|  |                           |                        |   | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |   |                  | \$ 250.00                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |   |                  |                                |  |
| <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>  |                           |                        |   |                  | \$ 1952.84                     |  |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                           |                        |   |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |   |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |   |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |   |                  |                                |  |

# Disbursements

Pg 4 of 5

Amendment

☐ Yes ☐ No

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

|  |                           |                        |   |                  |                                |  |
|--|---------------------------|------------------------|---|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |   |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Al Austin Charlotte City Council  |                           |                        |   |                  | VGXHL9                         |  |
| <b>3. Type of Disbursement</b> <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   |                           |                        |   |                  |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>             |  |
| Mecklenburg County Democratic Party<br>5500 Executive Center Dr #210<br>Charlotte, NC 28212  |                           |                        |   |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |   |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |   |                  | \$ 325                         |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| 11105  | Check                     | g                      | 10/01/2015  | \$100            |                                |  |
|  |                           |                        |   | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>             |  |
| Party City<br>5401 South Blvd<br>Charlotte NC 28217  |                           |                        |   |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |   |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |   |                  | \$ 374.57                      |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| 11105  | Check                     | o                      | 09/13/2015  | \$25.48          | Bags For Volunteers            |  |
|  |                           |                        |   | \$               |                                |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>  |                  | <b>d. Comments</b>             |  |
| Rite Aid<br>1728 South Blvd<br>Charlotte, NC 28203   |                           |                        |   |                  |                                |  |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                  |                                |  |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                  |                                |  |
|  |                           |                        |   |                  | <b>e. Election Sum to Date</b> |  |
|  |                           |                        |   |                  | \$ 27.05                       |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b> | <b>k. Required Remarks</b>     |  |
| 11105  | Debit Card                | o                      | 09/15/2015  | \$27.05          | Bags for Volunteers            |  |
|  |                           |                        |   | \$               |                                |  |
| <b>5. Total only this Page</b>   |                           |                        |   |                  | \$ 152.53                      |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |   |                  |                                |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |                           |                        |   |                  |                                |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |                           |                        |   |                  | \$ 952.84                      |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |                           |                        |   |                  |                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                        |   |                  |                                |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                           |                        |   |                  |                                |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                        |   |                  |                                |  |



# Disbursements

Pg 5 of 5

Amendment

☐ Yes ☐ No

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

|  |                    |                 |   |           |                            |  |
|--|--------------------|-----------------|---|-----------|----------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                    |                 |   |           | <b>2. ID Number</b>        |  |
| Committee to Elect Al Austin Charlotte City Council  |                    |                 |   |           | VGXHL9                     |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>   |                    |                 |   |           |                            |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                    |                 |   |           |                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |   |           |                            |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name   |           | d. Comments                |  |
| Sarah Stevenson Scholarship<br>100 Beatties Ford Rd<br>Charlotte NC 28216  |                    |                 |   |           |                            |  |
|  |                    |                 | c. Level Registered (Specify)   |           |                            |  |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |           |                            |  |
|  |                    |                 |   |           | e. Election Sum to Date    |  |
|  |                    |                 |   |           | \$ 150                     |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount | k. Required Remarks        |  |
| 11105  | Check              | o               | 10/01/2015  | \$50      | Donation to Scholarship FD |  |
|  |                    |                 |   | \$        |                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |   |           |                            |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name   |           | d. Comments                |  |
| Time Out Youth<br>2320 N Davidson St<br>Charlotte NC 28205   |                    |                 |   |           |                            |  |
|  |                    |                 | c. Level Registered (Specify)   |           |                            |  |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |           |                            |  |
|  |                    |                 |   |           | e. Election Sum to Date    |  |
|  |                    |                 |   |           | \$ 50.00                   |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount | k. Required Remarks        |  |
| 11105  | Check              | o               | 09/19/2015  | \$50      | Donation for Event         |  |
|  |                    |                 |   | \$        |                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |   |           |                            |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 | b. Coordinated Committee Name   |           | d. Comments                |  |
|  |                    |                 |   |           |                            |  |
|  |                    |                 | c. Level Registered (Specify)   |           |                            |  |
|  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |           |                            |  |
|  |                    |                 |   |           | e. Election Sum to Date    |  |
|  |                    |                 |   |           | \$                         |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)  | j. Amount | k. Required Remarks        |  |
|  |                    |                 |   | \$        |                            |  |
|  |                    |                 |   | \$        |                            |  |
| <b>5. Total only this Page</b>   |                    |                 |   |           | \$ 100.                    |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                    |                 |   |           |                            |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |                    |                 |   |           |                            |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |                    |                 |   |           | \$ 1952.84                 |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |                    |                 |   |           |                            |  |
| <b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>   |                    |                 |   |           |                            |  |
| A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate<br>E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses<br>I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund<br>O* - Other |                    |                 |   |           |                            |  |
| * Codes require detailed explanation in required remarks field (k)   |                    |                 |   |           |                            |  |

# In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|   |  |  |  |
|---|--|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  | <b>2. ID Number</b>                            |  |
| Committee To Elect Al Austin Charlotte City Council   |  | VGXHL9   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |  |
| Gary Leake<br>3707 University Church Drive<br>Charlotte NC 28216  |  | <input checked="" type="checkbox"/> Individual |  |
|   |  | <input type="checkbox"/> Candidate             |  |
|   |  | <input type="checkbox"/> Party                 |  |
|   |  | <input type="checkbox"/> PAC                   |  |
|   |  | <input type="checkbox"/> Referendum            |  |
|   |  | <input type="checkbox"/> Other Receipt Source  |  |
|   |  | <b>d. Election Sum to Date</b>                 |  |
|   |  | \$ 3232.00                                     |  |
| <b>c. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    |  |
| Expenses for GOTV & Supplies  |  | 09/02/2015                                     |  |
|   |  | <b>g. Fair Market Amount</b>                   |  |
|   |  | \$ 100   |  |
|   |  | \$   |  |
|   |  | \$   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |  |
|   |  | <input type="checkbox"/> Individual            |  |
|   |  | <input type="checkbox"/> Candidate             |  |
|   |  | <input type="checkbox"/> Party                 |  |
|   |  | <input type="checkbox"/> PAC                   |  |
|   |  | <input type="checkbox"/> Referendum            |  |
|   |  | <input type="checkbox"/> Other Receipt Source  |  |
|   |  | <b>d. Election Sum to Date</b>                 |  |
|   |  | \$   |  |
| <b>c. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    |  |
|   |  |  |  |
|   |  | <b>g. Fair Market Amount</b>                   |  |
|   |  | \$   |  |
|   |  | \$   |  |
|   |  | \$   |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |  |
|   |  | <input type="checkbox"/> Individual            |  |
|   |  | <input type="checkbox"/> Candidate             |  |
|   |  | <input type="checkbox"/> Party                 |  |
|   |  | <input type="checkbox"/> PAC                   |  |
|   |  | <input type="checkbox"/> Referendum            |  |
|   |  | <input type="checkbox"/> Other Receipt Source  |  |
|   |  | <b>d. Election Sum to Date</b>                 |  |
|   |  | \$   |  |
| <b>c. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    |  |
|   |  |  |  |
|   |  | <b>g. Fair Market Amount</b>                   |  |
|   |  | \$   |  |
|   |  | \$   |  |
|   |  | \$   |  |
| <b>4. Total only this Page</b>  |  | \$ 100   |  |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 100   |  |

# Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

|  |  |   |                             |                                   |
|--|--|---|-----------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  |   | <b>2. ID Number</b>         |                                   |
| Committee to Elect Al Austin Charlotte City Council  |  |   | VGXHL9                      |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>d. Type of Committee</b>   |                             | <b>h. Original Receipt Date</b>   |
| Gary Leake<br>3707 University Church Dr<br>Charlotte NC 28216  |  | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC  |                             | 09/02/2015                        |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party  |                             |                                   |
|  |  | <b>e. Level Registered (Specify)</b>  |                             | <b>i. Original Receipt Amount</b> |
|  |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                             | \$ 100                            |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>  |                             |                                   |
| 0  |  | \$ 3232.00  |                             |                                   |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>  |                             | <b>k. Account Code</b>            |
| Campaign Mgr   | Al Austin                                | for supplies & GOTV   |                             | 11105                             |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>               |   | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
| Check  | Supplies & GOTV expenses                 |   | 09/02/2015                  | \$ 100                            |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>d. Type of Committee</b>   |                             | <b>h. Original Receipt Date</b>   |
|  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC   |                             |                                   |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party  |                             |                                   |
|  |  | <b>e. Level Registered (Specify)</b>  |                             | <b>i. Original Receipt Amount</b> |
|  |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             | \$                                |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>  |                             |                                   |
|  |  | \$  |                             |                                   |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>  |                             | <b>k. Account Code</b>            |
|  |  |   |                             |                                   |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>               |   | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
|  |  |   |                             | \$                                |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>d. Type of Committee</b>   |                             | <b>h. Original Receipt Date</b>   |
|  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC   |                             |                                   |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party  |                             |                                   |
|  |  | <b>e. Level Registered (Specify)</b>  |                             | <b>i. Original Receipt Amount</b> |
|  |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             | \$                                |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>  |                             |                                   |
|  |  | \$  |                             |                                   |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>  |                             | <b>k. Account Code</b>            |
|  |  |   |                             |                                   |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>               |   | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
|  |  |   |                             | \$                                |
| <b>4. Total only this Page</b>   |  |   |                             |                                   |
|  |  |   |                             | \$ 100                            |
| <b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)   |  |   |                             |                                   |
|  |  |   |                             | \$ 100                            |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit<br>P* - Reimbursement of In-Kind      O* Other |  |   |                             |                                   |
| * Codes require detailed explanation in required remarks field (m)   |  |   |                             |                                   |