TO I	6	TO		
Disc	osure	Ke	port	Cover
property of property and property				Committee of the commit

Amendment			
☐ Yes	\mathbf{X}	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									
CAMPAIGN TO EL		XCENZT							
b. Mailing Address (include City, State and Zip Code) d. Date Filed									
P 0 BOX 428 HOPE MIUS, NC 28348 6 Phone Number									
HOPE MILLS,	e. Phone Number								
910-964-2632									
2. Report Year 3. Period Start	2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name								
2018 07/01/2	2018	12/3	1/2018		MIKE	MITCHELL			
6. Type of Committee (Check O					type of repo	rt from one category)			
Candidate Campaign Party		icipal		ate/County		Referendum			
		Organizationa		Organizati	ional	Organizational			
Independent Expenditure I Joint		Thirty-five da	y	Quarterly		Pre-referendum Final			
Legal Expense Fund		Pre-primary Pre-election	-	First Secon	nd	Supplemental Final			
7. Type of Fund (if applicable,		Pre-runoff	-	Third		Annual			
Booster Fund	check one)	Semi-annual	ᅣ	Fourt		Special			
Building Fund	ln.	Mid Yea	r •	Semi-annı		- Speeding			
_	I⊠	Year End	i [Mid	Year	10. Special Report Name			
Other:	30000	Final	IĒ	Year	End				
8. Number of Fundraisers this	Report	Special		Final		<i>X</i> -			
-0-				Special					
11. Account Information	A STATE OF THE PARTY OF THE PAR		11. Accou	unt Inforn	nation				
a. Financial Institution Full Name				l Institution	Management Control				
CAPITAL BANI	4								
b. Purpose	c. Account Code		b. Purpose			c. Account Code			
	01								
CAMPAIGN	d. Period Begin Balance					d. Period Begin Balance			
						\$			
CERTIFICATION									
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.									
Printed Name of Signer Signature of Appointed Treasurer Date									
FOR OFFICE USE ONLY	9 5 0004		21 V						
Date Received: Employee: Delivery Method Normal Mail									
Date Postmarked: BY:	Emplo	yee: Registered Mail Hand Delivered							
Date Scanned:	Emplo	yee:			Electronically Filed				
Date Data Entered:		Emplo	yee:			Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									

Detailed Summary

Amendment ☐ Yes No 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 CAMPAIGN TO ELECT MIKE MITCHELL SEMI AMUAL YEAR TOND XCENZT Total this Total this 2018 Start of Election Cycle: January 1, Reporting Period **Election Cycle** \$ マフィフス \$ 4) Cash on Hand at Start スフィフヌ RECEIPTS \$ (CRO-1205) 5) Aggregated Contributions from Individuals \$ 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) (1) Other Receipt Sources 11a) Interest on Bank Accounts \$ (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) D 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 0 -**EXPENDITURES** 13) Disbursements (CRO-1310) 13a) Operating Expenditures 5,00 \$ 5,00 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ (4) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ (CRO-1510) \$ 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 5,00 5,00 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 22.78 22,78 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620)24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) \$ \$ (CRO-2220) 27) 48-Hour Notice Reports Sum \$ 28) Contributions to be Refunded (CRO-1215)

Dichu	rsements	
DISDU	1 Sememo	

			Amendment	
Pg	 of	1	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 F	ull Name (and Fund	if applicable)					2, ID	Number
CAMPA	16N TO E	JECT MIH	KE 1	117Cf在	21		XC	ENZT
3, Type of Disb	ursement <u>(Please</u>	use separate CR	0-1310	forms for e	ach ty	pe of Disb	ursement.)	
Operating Expo		ributions to Candida					dinated Party	Expenditures
4. Payee Inform	iation ailing Address & Pho	vne		Add	Remo	<u> BANGANIKA MENGUN</u>	d. Com	ments
(include city, state,		nic .		o. Coordinate	u com	muce i vame	d. Comp	ii ii bari isaa saasaa saasaa saasaa saasaa saasaa saasaa
	ITAL BANK							
₽n	BAX 84			c. Level Regis	stered (Specify) County:		
MEN	1PHLS, TN	38101		State	Ĭ	Municipal	ity: e. Elect	ion Sum to Date
	, , ,						\$	5,00
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (nm/dd/yyyy)	I: 3	unt l	k. Required	
DI	DRAFT	K		27/2018	-	5,00		CHARGES
(ymit		, =[-	- 112-10	\$			(10) (1.0-1
4. Payee Inform	wiim			Add 🔲	Remo	we		
Transport	ing Address & Phone			b. Coordinate	KEPENKE (SINKE)		d. Com	ments
(include city, stat	e, & zip)							
				c. Level Regis	ctored (Cnoolfy)		
				Federal		County:	4 E 4 A 5 E 5	
				State		Municipal	lity: e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	nm/dd/yyyy)	j. Amo	ont	k. Required	Remarks
					\$			
	-				\$			
4. Payee Inforn	ation			Add 🔲	Remo	ive		
	ng Address & Phone	e (Assertantia)		b. Coordinate	ed Com	mittee Name	d. Com	ments
(include city, sta	e, & zip)							
				c. Level Regis	stered (Specify)		
				Federal Federal	I	County:		
				State	L	Municipa	lity: e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt .	k. Required	Remarks
					\$			
					\$			
5. Total only th	is Page						\$	5,00
6. Total of ALI	CRO-1310 Pages							
	line 13a of Detailed Sum						\$	5,00
	line 13b of Detailed Sum line 13c of Detailed Sum						'	٠,٠٠٠
III TO THE TOTAL OF THE TOTAL O	odes (List detailed						1	
A* - Media	B* - Printii	1g	CALL CALL CONTROL OF THE PARTY	undraising		D - To 2	Another Ca	ndidate
E - Salaries	F* - Equip			litical Party	galara a a lagagas			lic Office Expenses
I - Postage O* Other	J - Penaltic	es	K* - 0	ffice Expen	ises	.::/ Q* - D €	onation to l	Legal Expense Fund
	e detailed explanati	on in required r	emarks	field (k)				