

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

a. Full Name Friends of Peter Noris		c. ID Number STA-78OYSD-C-001	
b. Mailing Address (include City, State and Zip Code) 10020 Monroe Rd. Suite 170-121 Charlotte, NC 28270		d. Date Filed 1/10/2017	
		e. Phone Number 704-877-9667	

RECEIVED
 JAN 17 2017
 Campaign Finance Office
 NC State Board of Elections

2015	10/01/2016	12/31/2016	Toria C. Boldware
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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a. Financial Institution Full Name Bank of America		a. Financial Institution Full Name	
b. Purpose Main account	c. Account Code 1	b. Purpose Online Contribution	c. Account Code 2
d. Period Begin Balance \$ 4,898.97		d. Period Begin Balance \$ 130.18	

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.

Toria C. Boldware
 Printed Name of Signer

Toria C. Boldware
 Signature of Appointed Treasurer

1/11/2017
 Date

FOR OFFICE USE ONLY

Date Received:	<u>1/17/2017</u>	Employee:	<u>JWS</u>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	<u>1/11/2017</u>	Employee:	<u>JWS</u>	
Date Scanned:	<u>1-18-17</u>	Employee:	<u>Jes</u>	
Date Data Entered:	_____	Employee:	_____	

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

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

Amendment
 Yes No

Friends of Peter Noris		3 rd Quarter 4th	STA-78OYSD-C-001	
Start of Election Cycle:	January 1,	2015	Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start		\$ 5,029.15	\$ 0.00
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$ 40.00	\$ 213.00
6)	Contributions from Individuals	(CRO-1210)	\$ 525.00	\$ 2,032.00
7)	Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 300.00
8)	Contributions from Other Political Committees	(CRO-1230)	\$ 700.00	\$ 700.00
9)	Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11)	Other Receipt Sources			
11a)	Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c)	Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11 e)	Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,265.00	\$ 2,615.00
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	\$ 914.49	\$ 5,170.72
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c)	Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15)	Loan Repayments	(CRO-1420)	\$ 4,000.00	\$ 0.00
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17)	In-Kind Contributions	(CRO-1510)	\$ 425.00	\$ 2,307.00
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,339.49	\$ 1,213.23
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 954.66	\$ 0.00
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	
24)	Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25)	Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26)	Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27)	48-Hour Notice Reports Sum	(CRO-2200)	\$ 0.00	\$ 0.00
28)	Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page

1

of

1

Amendment
 Yes No

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

Friends of Peter Noris	STA-78OYSD-C-001
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a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/>	Add	2	Debit		10/25/2016	\$ 25.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	2	Debit		11/02/2016	\$ 5.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	1	Check		11/14/2016	\$ 10.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
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<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	\$ 40.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 40.00

Contributions from Individuals

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

Friends of Peter Noris					STA-78OYSD-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Phyllis Bertke 4415 Pebble Pond Drive Charlotte, NC 28226		Retired			
		c. Employer's Name/Specific Field			
		Retired			
e. Election Sum to Date					
\$ 50.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Debit		10/23/2016	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Margaret Chapin 1000 Four Mile Creek Drive Charlotte, NC 28277		Retired			
		c. Employer's Name/Specific Field			
		Retired			
e. Election Sum to Date					
\$ 50.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/26/2016	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marjorie Storch 519 Meadowbrook Rd. Charlotte, NC 28211		Retired		Prtingint	
		c. Employer's Name/Specific Field			
		Retired			
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"/>	1	In-Kind	Printing & Desi	11/30/2016	\$ 425.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 525.00
					\$ 525.00

Contributions from Political Party Committees

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

Use this form to report contributions from a political party

Friends of Peter Noris	STA-78OYSD-C-001
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a. Full Name, Mailing Address & Phone (include city, state, & zip) NC AFL-CIO PO Box 10805 Raleigh, NC 27605 919-833-6678	b. Comments
	Donation from fundraising committee
	c. Election Sum to Date
	\$ 200.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		10/26/2016	\$ 200.00
				\$
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) Communication Workers of America 501 3 rd St. NW Washington, DC 20001	b. Comments
	Donation from
	c. Election Sum to Date
	\$ 500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		11/07/2016	\$ 500.00
				\$
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date
	\$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$

	\$ 700.00
	\$ 700.00

Disbursements

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

Friends of Peter Noris	STA-78OYSD-C-001
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<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Mecklenburg County	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments Parking e. Election Sum to Date \$ 25.00
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	O	10/24/2016	\$25.00	Parking
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Consolidated Press	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments Printing e. Election Sum to Date \$ 4,882.14
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	B	10/26/2016	\$643.50	Printing
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Nationbuilder	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments Database e. Election Sum to Date \$ 234.03
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	I	10/27/2016	\$59.00	Database
				\$	

	\$ 727.50
<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>	
	\$ 4,914.49

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* - Other | | | |

Disbursements

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

Friends of Peter Noris STA-78OYSD-C-001

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook		b. Coordinated Committee Name		d. Comments Advertising	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 253.75	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	A	11/01/2017	\$31.76	Advertising
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Online Business Fee		b. Coordinated Committee Name		d. Comments Banking Fee	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 50.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	B	11/07/2016	\$10.00	Fee
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Teller withdrawl		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 4,000.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	I	10/27/2016	\$4,000.00	
				\$	

\$ 4,041.76

(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)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 4,914.49

- A* - Media B* - Printing C* - Fundraising D - To Another Candidate
- E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses
- I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund
- O* - Other

Disbursements

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

Friends of Peter Noris STA-78OYSD-C-001

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) Nationbuilder		b. Coordinated Committee Name		d. Comments Database	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 293.03	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	A	11/28/2017	\$59.00	Database
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Online Business Fee		b. Coordinated Committee Name		d. Comments Banking Fee	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 64.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	B	12/01/2016	\$14.00	Fee
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Online Business Fee		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 74.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	I	12/07/2016	\$10.00	
				\$	

					\$ 83.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 4,914.49
<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>					

- A* - Media B* - Printing C* - Fundraising D - To Another Candidate
- E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses
- I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund
- O* - Other

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.

Friends of Peter Noris	STA-78OYSD-C-001
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<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Nationbuilder			b. Coordinated Committee Name		d. Comments Database
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 352.03		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	A	11/28/2017	\$59.00	Database
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) PayPal			b. Coordinated Committee Name		d. Comments Service Fees
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$3.23	Fees
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		I		\$	
				\$	

					\$ 62.23
(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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 4,914.49

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* - Other | | | |

In-Kind Contributions

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.

Friends of Peter Noris		STA-78OYSD-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Marjorie Storch 519 Meadowbrook Road Charlotte, NC 28211	<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	Printing & Design
	d. Election Sum to Date \$ 2,050.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Fundraiser Invite	11/30/2016	\$ 50.00
Palm Card	11/30/2016	\$ 150.00
Anti Dulin Postcard	11/30/1016	\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Marjorie Storch 519 Meadowbrook Road Charlotte, NC 28211	<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	Printing & design
	d. Election Sum to Date \$ 1,625.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
JPEG Files	11/30/2016	\$ 25.00
Yardsign Design	11/30/2016	\$ 100.00
		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<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	
	d. Election Sum to Date \$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
		\$ 425.00
		\$ 425.00

22 27th Ave SE #618
Munnepo, MN 55414



1000



27603

U.S. POSTAGE
PAID
SAINT PAUL, MN
55114
JAN 11 17
AMOUNT

\$0.68

R2305P151581-05

NC Board of Elections
P.O. Box 27255
Raleigh, NC 27603

Gulf is also National Seashore

