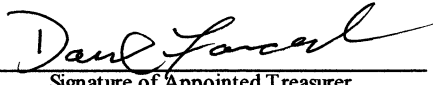


# Disclosure Report Cover

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>   |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>a. Full Name</b>   |   |  | <b>c. ID Number</b>  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| COMMITTEE TO ELECT DON HYATT  |   |  | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">OCT 05 2011</p> <p style="font-size: 12px; margin: 0;">WAKE CO. BOARD OF ELECTIONS</p> </div>                         |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>b. Mailing Address (include City, State and Zip Code)</b>  |   |  | <b>d. Date Filed</b>   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 109 CANYON RUN<br>CARY, NC 27513  |   |  | 10/03/2011   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  | <b>e. Phone Number</b>   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <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>  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2011  | 08/31/2011                              | 09/26/2011   | DAVID FORVENDEL  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <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 <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>Municipal</b></td> <td style="width: 33%;"><b>State/County</b></td> <td style="width: 33%;"><b>Referendum</b></td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |  |                           | <b>Municipal</b> | <b>State/County</b> | <b>Referendum</b> | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| <b>Municipal</b>  | <b>State/County</b>                     | <b>Referendum</b>  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First          | <input type="checkbox"/> Final   |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election   | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special   |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year   | <input type="checkbox"/> Semi-annual    |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End   | <input type="checkbox"/> Mid Year       |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final  | <input type="checkbox"/> Year End       |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special  | <input type="checkbox"/> Final          |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <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"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><br><input type="checkbox"/> Other:   |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>8. Number of Fundraisers this Report</b>   |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 0   |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>3. Account Information</b>   |   | <b>3. Account Information</b>  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>a. Financial Institution Full Name</b>   |   | <b>a. Financial Institution Full Name</b>  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| WACHOVIA  |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>b. Purpose</b>   | <b>c. Account Code</b>                  | <b>b. Purpose</b>  | <b>c. Account Code</b>   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| CAMPAIGN RECEIPTS AND EXPENDITURES  | H                                       |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <b>d. Period Begin Balance</b>          |  | <b>d. Period Begin Balance</b>   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | \$ 100.00                               |  | \$   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <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 |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <u>DAVID G. FORVENDEL</u><br>Printed Name of Signer   |   | <br>Signature of Appointed Treasurer   |  | <u>10/03/2011</u><br>Date |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>FOR OFFICE USE ONLY</b>  |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received:  | <u>10-5-11</u>                          | Employee:  | <u>AMC</u>   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked:  | <u>10-3-11</u>                          | Employee:  | <u>ATC</u>   |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned:   | _____                                   | Employee:  | _____  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered:  | _____                                   | Employee:  | _____  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input checked="" type="checkbox"/> Electronically Filed<br><br><input type="checkbox"/> Signer has not received mandatory training |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <p><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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>  |   |  |  |                           |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |

# 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.

| 1. Committee Information  |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|---|---|--|-------------------------|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|--|---------------------------------|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| a. Full Name  |   | c. ID Number   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| COMMITTEE TO ELECT DON HYATT  |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Mailing Address (include City, State and Zip Code)   |   | d. Date Filed  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 109 CANYON RUN<br>CARY, NC 27513  |   | 10/03/2011   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   | e. Phone Number  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2. Report Year  | 3. Period Start Date (mm/dd/yy)         | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2011  | 08/31/2011                              | 09/26/2011   | DAVID FORVENDEL         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 6. Type of Committee (Check One)  |   | 9. Type of Report (check only one type of report from one category)  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |                         | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| Municipal   | State/County                            | Referendum   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First          | <input type="checkbox"/> Final   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input checked="" type="checkbox"/> Pre-election  | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year   | <input type="checkbox"/> Semi-annual    |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End   | <input type="checkbox"/> Mid Year       |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final  | <input type="checkbox"/> Year End       |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special  | <input type="checkbox"/> Final          |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <input type="checkbox"/> Special        |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 7. Type of Fund (if applicable, check one)  |   | 10. Special Report Name  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 8. Number of Fundraisers this Report  |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 3. Account Information  |   | 3. Account Information   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| a. Financial Institution Full Name  |   | a. Financial Institution Full Name   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| WACHOVIA  |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Purpose  | c. Account Code                         | b. Purpose   | c. Account Code         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| CAMPAIGN RECEIPTS AND EXPENDITURES  | H                                       |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | d. Period Begin Balance                 |  | d. Period Begin Balance |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | \$ 100.00                               |  | \$                      |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 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 |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| _____   |   | _____  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Printed Name of Signer  |   | Signature of Appointed Treasurer   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   | Date   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| FOR OFFICE USE ONLY   |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received: _____  | Employee: _____                         | Delivery Method  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked: _____  | Employee: _____                         | <input type="checkbox"/> Normal Mail   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned: _____   | Employee: _____                         | <input type="checkbox"/> Registered Mail   |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered: _____  | Employee: _____                         | <input type="checkbox"/> Hand Delivered  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   | <input type="checkbox"/> Electronically Filed  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   | <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.  |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.   |   |  |                         |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |