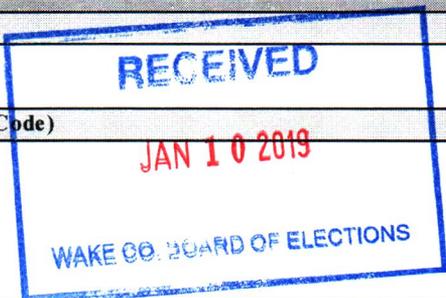


Disclosure Report Cover

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 AgainstTheBonds.com Committee	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 97275 RALEIGH, NC 27624	d. Date Filed 01/04/2019
	e. Phone Number (919) 324-6606



2. Report Year 2018	3. Period Start Date (mm/dd/yy) 11/10/2018	4. Period End Date (mm/dd/yy) 12/31/2018	5. Treasurer Full Name COLLIN MCMICHAEL
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input checked="" type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<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
8. Number of Fundraisers this Report 0		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CHECKING	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3,568.28		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Collin M Michael Printed Name of Signer [Signature] Signature of Appointed Treasurer 01/04/2019 Date

FOR OFFICE USE ONLY

Date Received: 1/10/19 Employee: Ag Delivery Method: Normal Mail

Date Postmarked: 1/7/19 Employee: Ag Registered Mail

Date Scanned: 1/10/19 Employee: Ag Hand Delivered

Date Data Entered: _____ Employee: _____ Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

This report was filed electronically with the North Carolina State Board of Elections, and may be found in full on that agency's website at the following web address:

<http://www.ncsbe.gov/Campaign-Finance/Report-Search>

PO Box 97275
Raleigh, NC 27624

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JAN 10 2019
WAKE CO. BOARD OF ELECTIONS

1972
WAKEFIELD CRUIZER CPU
JAN 7 2019

RALEIGH NC 275
Research Triangle Region
07 JAN 2019 PM 11



Wake County Board of Elections
PO Box 695
Raleigh, NC 27602

JAN 10 2019

27602-069595

