

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

RECEIVED

NOV 15 2018

Wake County Board of Elections

1. Committee Information	
a. Full Name	c. ID Number
Wake Tech Forward	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
9101 Fayetteville Rd. Montague Hall, Suite 320 Raleigh, NC 27603	11/16/18
	e. Phone Number
	919-866-5988

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	10/23/18	11/9/18	Chris Bell

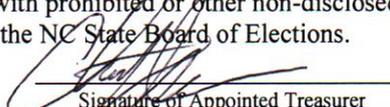
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input checked="" type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<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	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SunTrust			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Referendum Account for Receipts and Expenditures	001		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 42,382.10		\$

CERTIFICATION

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

Chris Bell _____
Printed Name of Signer

 _____
Signature of Appointed Treasurer

11-15-18 _____
Date

FOR OFFICE USE ONLY

Date Received: <u>11/15/18</u>	Employee: <u>SAB</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>11/19/18</u>	Employee: _____	
Date Data Entered: <u>11/19/18</u>	Employee: _____	

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

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Wake Tech Forward	Final		
Start of Election Cycle: January 1, 2018	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 42,382.10	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0	\$ 0	
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 7,500.00	\$ 57,500.00	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 0	\$ 0	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 0	\$ 0	
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$ 0	\$ 0	
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0	\$ 0	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>	\$ 7,500.00	\$ 57,500.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 42,655.15	\$ 48,773.05	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 0	\$ 0	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$ 0	\$ 0	
15) Loan Repayments <i>(CRO-1420)</i>	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$ 0	\$ 0	
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 500.00	\$ 2,000.00	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>	\$ 43,155.15	\$ 50,773.05	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>	\$ 6,726.95	\$ 6,726.95	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0		
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>	\$ 0		
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>	\$ 0		
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$ 0		
25) Administrative Support <i>(CRO-1710)</i>	\$ 0	\$ 0	
26) Forgiven Loans <i>(CRO-1440)</i>	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$ 0	\$ 0	
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 0	\$ 0	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Wake Tech Forward					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Capital Automotive Group 4900 Capital Blvd. Raleigh, NC 27658					
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	check		10/26/2018	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
McAdams 2905 Meredian Parkway Durham, NC 27713					
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	check		10/26/2018	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Ramey Kemp 5808 Faringdon Place Suite 100 Raleigh, NC 27609					
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	check		11/07/2018	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 6,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 7,500.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Wake Tech Forward						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LS3P 434 Fayetteville St. Suite 1700 Raleigh, NC 27601			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	check		11/07/2018	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
UNC REX Healthcare 4420 Lake Boone Trail Raleigh, NC 27607			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	in-kind	admin support	11/08/2018	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7,500.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Wake Tech Forward					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Cornerstone Solutions 1101 Haynes St. Suite 003 Raleigh, NC 27604					
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 48,773.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	O	10/24/2018	\$4,000.00	consulting fees
001	check	A	10/24/2018	\$37,000.00	digital ads, online videos
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Cornerstone Solutions 1101 Haynes St. Suite 003 Raleigh, NC 27604					
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 48,773.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	B	10/31/2018	\$1,655.15	printing palm cards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 42,655.15
6. Total of ALL CRO-1310 Pages					\$ 42,655.15
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Amendment

Pg 1 of 1 Yes No

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Wake Tech Forward			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNC REX Healthcare 4420 Lake Boone Trail Raleigh, NC 27607		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments in-kind admin support d. Election Sum to Date \$ 2,000.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
administrative support, bookkeeping, invoicing		11/08/18	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 500.00	
5. Total of ALL CRO-1510 Pages		\$ 500.00	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			