

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

RECEIVED

JAN 7 2019

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

2. Report Year 2018	3. Period Start Date (mm/dd/yy) 11/10/2018	4. Period End Date (mm/dd/yy) 12/31/18	5. Treasurer Full Name Chris Bell
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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	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 type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input checked="" 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	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name SunTrust		a. Financial Institution Full Name	
b. Purpose Referendum Account for Receipts and Expenditures	c. Account Code 001	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 6,726.95		d. Period Begin Balance \$

CERTIFICATION

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

Chris Bell
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

1/4/19
 Date

FOR OFFICE USE ONLY

Date Received: 01-07-2019 Employee: SMB

Date Postmarked: _____ Employee: _____

Date Scanned: 01-07-2019 Employee: _____

Date Data Entered: 01-07-2019 Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

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.

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	Supplemental Final		
Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 6,726.95	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>		\$ 0	\$ 0
6) Contributions from Individuals <i>(CRO-1210)</i>		\$ 5,000.00	\$ 62,500.00
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>		\$ 5,000.00	\$ 62,500.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>		\$ 0	\$ 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>		\$ 10,000.00	\$ 10,000.00
17) In-Kind Contributions <i>(CRO-1510)</i>		\$ 0	\$ 2,000.00
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 10,000.00	\$ 60,773.05
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 1,726.95	\$ 1,726.95
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	
EYP, Inc. 811 W. Hargett St. Raleigh, NC 27603			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 2,000.00	
			f. Prior			g. Account Code
<input type="checkbox"/>			001		check	
<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	
Rodgers Builders, Inc. 3737 Glenwood Ave. Suite 360 Raleigh, NC 27612			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 1,000.00	
			f. Prior			g. Account Code
<input type="checkbox"/>			001		check	
<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	
Stewart 223 S. West St. Suite 1100 Raleigh, NC 27603			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 2,000.00	
			f. Prior			g. Account Code
<input type="checkbox"/>			001		check	
<input type="checkbox"/>						
<input type="checkbox"/>						
4. Total only this Page					\$ 5,000.00	
5. Total of ALL CRO-1210 Pages					\$ 5,000.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Wake Tech Forward				
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wake Tech Foundation 9101 Fayetteville Rd. Montague Hall Suite 320 Raleigh, NC 27603		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 8/27/2018
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 15,000.00
		f. Purpose Code L		j. Election Sum to Date \$ 25,500.00
		b. Job Title/Profession		c. Employer's Name/Specific Field
l. Form of Payment check		m. Required Remarks Reimbursing starting contribution for campaign expenses		n. Date (mm/dd/yyyy) 12/28/2018
				o. Amount \$ 10,000.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
		f. Purpose Code		j. Election Sum to Date \$
		b. Job Title/Profession		c. Employer's Name/Specific Field
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
				o. Amount \$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
		f. Purpose Code		j. Election Sum to Date \$
		b. Job Title/Profession		c. Employer's Name/Specific Field
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
				o. Amount \$
4. Total only this Page				\$ 10,000.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 10,000.00
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* Other		
* Codes require detailed explanation in required remarks field (m)				