

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 Cohn for Town Council	c. ID Number OJMK82
b. Mailing Address (include City, State and Zip Code) 1019 Filly Drive Indian Trail, NC 28079	d. Date Filed 01/06/2016
	e. Phone Number 704-641-6944

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JAN 06 2016

Union Co. Board of Elections

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 01/01/2015	4. Period End Date (mm/dd/yy) 12/31/2015	5. Treasurer Full Name David Cohn
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input 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	<input type="checkbox"/> 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 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 checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input checked="" 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 SECU		a. Financial Institution Full Name	
b. Purpose Campaign Funds	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 967.70		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.

David Cohn _____ 01/06/2016 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1/6/16 Employee: KJaurin Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: N/A Employee: _____

Date Scanned: 1/6/16 Employee: KJaurin

Date Data Entered: _____ Employee: _____

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

Detailed Summary

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

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	
Cohn for Town Council		Year-End		OJMK82	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 967.70		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 295.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 1884.30	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources		Union Co. Board of Elections			
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 50.00		\$ 2159.30	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 264.28		\$ 1405.88	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 753.42		\$ 753.42	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1017.70		\$ 2159.30	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$		\$	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$		\$	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$		\$	
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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	
Cohn For Town Council						05MK82	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Face Book RECEIVED Face Book JAN 06 2016 Union Co. Board of Elections						Ad	
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		
01	Debt	A	11/2/15	\$ 7.80			
01	Debt	A	11/3/15	\$ 50.00			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Face Book						Ad	
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		
01	Debt	A	12/1/15	\$ 26.59			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)							
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:							
						e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 84.39	
6. Total of ALL CRO-1310 Pages						264.28	
<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		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg ____ of ____

Amendment
 Yes No

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	
Cohn For Town Council						05mk82	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PAPER AND INK						Flyers	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	10/28/15	\$ 154.79			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FACEBOOK RECEIVED JAN 06 2016 Union Co. Board of Elections						Ad	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	10/30/15	\$ 25.10			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
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						\$ 179.89	
6. Total of ALL CRO-1310 Pages						\$ 24.28	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Refunds/Reimbursements From the Committee

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Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) Cohn for Town Council	2. ID Number 05MK82
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3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) David Cohn 1019 Filly Dr. Indian Trail, NC 28079 704 641 6944	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date 7/16/15	e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
b. Job Title/Profession Meat Sales	c. Employer's Name/Specific Field Travis Meats	g. Comments	k. Account Code 01
i. Form of Payment Cash	m. Required Remarks Return Monies I put in	n. Date (mm/dd/yyyy) 12/30/15	o. Amount \$ 753.42

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) RECEIVED JAN 06 2016 Union Co. Board of Elections	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 <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
i. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	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 <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
i. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount

4. Total only this Page	\$ 753.42
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>	\$

6. Purpose Codes (List detailed disbursement code in (f) above)

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)

RECEIVED
JAN 06 2016

Union Co. Board of Elections



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Cohn for Town Council

Treasurer Name:

David Cohn

Treasurer Address:

1019 Filly Dr

(include city, state, & zip)

Indian Trail, NC

28079

Treasurer Phone:

704-641-6944

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/6/16
Date Signed

Signature