

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 Committee to Elect Tripp Melton for Town Council	c. ID Number 1JM8IV
b. Mailing Address (include City, State and Zip Code) 3905 Waters Reach Ln Indian Trail, NC 28079	RECEIVED
	OCT 28 2015
	d. Date Filed 10/26/2015
	c. Phone Number 704 821 6577

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 07/01/2015	4. Period End Date (mm/dd/yy) 10/19/2015	5. Treasurer Full Name Nancy Lynn Jacobsen
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<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"/> 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 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB+T		a. Financial Institution Full Name PayPal	
b. Purpose Checking	c. Account Code 01	b. Purpose Online payment and receipt	c. Account Code 02
	d. Period Begin Balance \$ 00.00		d. Period Begin Balance \$ 0.00

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 of Elections.

 Nancy Jacobsen
 Printed Name of Signer

 Nancy Jacobsen
 Signature of Appointed Treasurer

 10/26/2015
 Date

FOR OFFICE USE ONLY

Date Received: <u>10/28/15</u>	Employee: <u>KJaurin</u>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>10/26/15</u>	Employee: <u>KJaurin</u>	
Date Scanned: <u>10/28/15</u>	Employee: <u>KJaurin</u>	
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
 Yes No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Tripp Melton for Town Council		2. Type of Report Pre-Election		3. ID Number IJM8IV	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,750.00		\$ 0.0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2,003.84		\$ 4,758.84	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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					
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)		\$ 2,003.84		\$ 4,758.84	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3,396.13		\$ 3,396.13	
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)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 3.84		\$ 8.84	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,399.97		\$ 3,404.97	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,353.87		\$ 1,353.87	
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)		\$ 330.00			
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 Submitted (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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Union Co. Board of Elections

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	
Committee to Elect Tripp Melton for Town Council					1JM8IV	
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	
Ingram Walters 100 Harley Street Monroe, NC 28112 704 283 2707			Owner			
			c. Employer's Name/Specific Field			
			Automotive Dealership			
					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"/>	01	Check		09/25/2015	\$ 2,000.00	
<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	
Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079 704 821 6577			Homemaker			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 253.87	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Cash	Copy	09/28/2015	\$.15	
<input type="checkbox"/>		Credit Car	Copies	10/05/2015	\$ 3.69	
<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					\$ 2,003.84	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,003.84	

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Union Co. Board of Elections

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) Committee to Elect Tripp Melton for Town Council					2. ID Number IJM8IV
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> Austin Print Solutions 241 Post Office Dr., A5 Indian Trail, NC 28079 704 821 6165		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 3,390.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	09/25/2015	\$1,553.21	Signs and Stanchions
01	Debit Card	B	09/29/2015	\$ 346.94	Signs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Austin Print Solutions 241 Post Office Dr., A5 Indian Trail, NC 28079 704 821 6165		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 3,390.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	09/29/2015	\$ 572.18	Flyers and Labels
01	Debit Card	B	10/02/2015	\$ 918.05	Flyers
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> United States Post Office 210 Postage Way Indian Trail, NC 28079 800 275 8777		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 5.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	I	10/05/2015	\$ 5.75	
				\$	
5. Total only this Page					\$ 3,396.13
6. Total of ALL CRO-1310 Pages <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>					\$ 3,396.13
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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	

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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) Committee to Elect Tripp Melton Mayor		2. ID Number IJM8IV	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nancy Lynn Jacobsen 3905 Waters Reach Ln Indian Trail, NC 28079 704 821 6577		b. Type of Contributor <input type="checkbox"/> Individual <input checked="" 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 \$ 253.84
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Photocopy		09/28/2015	\$.15
Photocopies		09/28/2015	\$ 3.69
			\$
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
			\$
			\$
			\$
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
RECEIVED OCT 28 2015			\$
Union Co. Board of Elections			\$
			\$
4. Total only this Page			\$ 3.84
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 3.84

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Tripp Melton for Town Council		1JM8IV	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Charlotte Media Group 10100 Park Cedar Dr. Charlotte, NC 28210 (704) 849-2261		b. Description of Creditor Limited Liability Company	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0	\$ 0.00	\$ 330.00	\$ 330.00
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
Charlotte Media Group 10100 Park Cedar Dr. Charlotte, NC 28210 (704) 849-2261		10/16/2015	\$ 330.00
		g4. Purpose Code	g5. Required Remarks
		A	Newspaper Ad
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$	330.00
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$	330.00
6. Purpose Codes (List detailed expenditure code in (g4.))			
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	Other
* Codes require detailed explanation in required remarks field (g5.)			

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