

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 Elect Mike Head		c. ID Number MH05517	
b. Mailing Address (include City, State and Zip Code) 2105 Bonterra BLVD Indian Trail, NC 28079		d. Date Filed 05/22/2017	
		e. Phone Number (704) 628-0435	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	01/01/17	06/30/17	Lars Knapp
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
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input checked="" 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	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo		a. Financial Institution Full Name	
b. Purpose General	c. Account Code 101	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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.			
Lars Knapp			07/28/2017
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received: RECEIVED	Employee:	Delivery Method	
Date Postmarked: JUL 31 2017	Employee:	<input checked="" type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
Union Co. Board of Elections		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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

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)		2. Type of Report		3. ID Number	
Elect Mike Head		Mid-Year		MH05517	
Start of Election Cycle: January 1,		2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 0	\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)				\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)				\$ 794.52	\$ 794.52
7) Contributions from Political Party Committees (CRO-1220)				\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)				\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)				\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee (CRO-1240)				\$ 0	\$ 0
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)				\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations (CRO-1250)				\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)				\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources (CRO-1270)				\$ 0	\$ 0
11 e) Exempt Purchase Price Sales (CRO-1265)				\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 794.52	\$ 794.52
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)				\$ 166.30	\$ 166.30
13b) Contributions to Candidates/Political Committees (CRO-1310)				\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)				\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)				\$ 0	\$ 0
15) Loan Repayments (CRO-1420)				\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee (CRO-1320)				\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)				\$ 44.52	\$ 44.52
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 210.82	\$ 210.82
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 583.70	\$ 583.70
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)				\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)				\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)				\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)				\$ 0	
24) Account Transfers Within the Committee (CRO-1720)				\$ 0	
25) Administrative Support (CRO-1710)				\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)				\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)				\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)				\$ 0	\$ 0

RECEIVED

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

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	
Elect Mike Head						MH05517	
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	
Lars Knapp 655 Powder Horn Ln Indian Trail, North Carolina 28079				Student			
				c. Employer's Name/Specific Field			
				UNC Chapel Hill			
				e. Election Sum to Date			
				\$		44.52	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>			Mileage	05/22/2017		\$ 22.26	
<input type="checkbox"/>			Mileage	05/22/2017		\$ 22.26	
<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	
Mike Head				Retired			
				c. Employer's Name/Specific Field			
				Executive			
				e. Election Sum to Date			
				\$		750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	101	Check		05/22/2017		\$ 750.00	
<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						\$ 794.52	
5. Total of ALL CRO-1210 Pages						\$ 794.52	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

CRO-1210

RECEIVED NC State Board of Elections

April 2007

JUL 31 2017

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)					2. ID Number
Elect Mike Head					MH05517
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Wix.com 1 (800) 600-0949					
<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">JUL 31 2017</div>		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:		\$ 44.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
101	E Payment	Union Co. Board of Elections	06/05/2017	\$24.85	Domain Name
101	E Payment		06/30/2017	\$12.95	Hosting
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	
Wells Fargo 1 (800) 487-4567				Fees	
		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:		\$ 26.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
101	E Payment		06/28/2017	\$1.50	Fees
101	E Payment		06/28/2017	\$25.00	Fees
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	
Lars Knapp 655 Powder Horn Ln Indian Trail, NC 28079				Photography	
		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:		\$ 95.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
101	Wire		06/28/2017	\$95.00	
				\$	
5. Total only this Page					\$ 166.30
6. Total of ALL CRO-1310 Pages					\$ 166.30
<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)					

In-Kind Contributions

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) Elect Mike Head		2. ID Number MH05517	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lars Knapp 655 Powder Horn Ln Indian Trail, NC 28079		b. Type of Contributor <input checked="" 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 Milage is \$.14 Per Mile for Trips over 25 Miles d. Election Sum to Date \$ 44.52
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Mileage		05/22/2017	\$ 22.26
Mileage		05/22/2017	\$ 22.26
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) RECEIVED JUL 31 2017 Union Co. Board of Elections		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		\$ 44.52	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 44.52	