# Incurred Costs for Independent Expenditures



Use this form to report Independent Expenditures within 30 days after they exceed $100 or 10 days before an election they affect. This form should also be used to report incurred costs of $5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

## 1. Expenditure Information

| a. Item Number | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) |
|---|---|---|---|
| | 10/30/2015 | | Union County Weekly Ad (Exp Reimbur |

| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | f. Amount |
|---|---|
| Andrew Moore<br>3200 Michelle Drive<br>Weddington, NC. 28104<br>(Reimbursed by United for Weddington) | $1,290.30 (Reimbursed) |

| Candidate Full Name | | Amount | Office Sought |
|---|---|---|---|
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____ |
| **Candidate Full Name** | | **Amount** | **Office Sought** |
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____ |

| Referendum Name | | Date | Level |
|---|---|---|---|
| | ☐ Support ☐ Oppose | | ☐ State ☐ County ☐ Municipality |

| a. Item Number | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) |
|---|---|---|---|
| | 9/29/2015 | | Yard Signs |

| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | f. Amount |
|---|---|
| Sign Masters<br>314B - Depot St.<br>Monroe, NC. 28112<br>paid in full | $ 469.70 |

| Candidate Full Name | | Amount | Office Sought |
|---|---|---|---|
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____ |
| **Candidate Full Name** | | **Amount** | **Office Sought** |
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____ |

| Referendum Name | | Date | Level |
|---|---|---|---|
| | ☐ Support ☐ Oppose | | ☐ State ☐ County ☐ Municipality |

| | |
|---|---|
| **2. Total Expenditures THIS Page** *(sum all the 'If' entries on this page)* | $ 1759.00 |
| **3. Total Expenditures ALL Pages** *(sum all the 'If' entries on all expenditure pages)* | $ 1759.00 |

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## Donations for Independent Expenditures



Use this form to identify each person or entity making a donation of more than $100, or $1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

**1.Donation Information**

| a. Item Num | b. Full Name, Mailing Address & Phone Number (include city, state, and zip) | c. Principal Occupation of Donor | d. Date (mm/dd/yyyy) | e. Amount |
|---|---|---|---|---|
| | John r Margaret Rice<br>3208 Michelle Drive<br>Weddington NC 28104 | Retired | | $ 100.00 |
| | m/m Jeff Perryman<br>7147 Stirrup Ct.<br>Weddington NC 28104 | Pilot | | $ 250.00 |
| | m/m Werner Thomisser<br>2008 Kings Manor Drive<br>Weddington, NC 28104 | Retired | | $ 100.00 |
| | m/m Philip Anderson<br>13624 Providence Rd.<br>Weddington, NC 28104 | Farming | | $ 200.00 |
| | m/m Dennis Taylor<br>2910 Beulah Church Rd<br>Weddington NC 28104 | Business Owner. | | $ 100.00 |
| | m/m ~~Dayton~~ Burns<br>4176 Mourning Dove Drive<br>Weddington NC. 28104 | Homemaker | | $ 100.00 |

| | |
|---|---|
| **2. Total Donations THIS Page** *(sum all the 'le' entries on this page)* | $ 850.00 |
| **3. Total Donations ALL Pages** *(sum all the 'le' entries on all receipt pages)* | $ 1800.00 |



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## Donations for Independent Expenditures



Use this form to identify each person or entity making a donation of more than $100, or $1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

**1. Donation Information**

| a. Item Num | b. Full Name, Mailing Address & Phone Number (include city, state, and zip) | c. Principal Occupation of Donor | d. Date (mm/dd/yyyy) | e. Amount |
|---|---|---|---|---|
| | Mr. Robert Vaughn<br>8208 Lake Providence Drive<br>Weddington, NC 28104 | Computer Science Sales | | $ 50.00 |
| | M/M James Epperson<br>7344 Santorini Lane<br>Charlotte, 28277 | Attorney | | $ 100.00 |
| | Randy Aube<br>85 Hendricks Isle<br>Ft. Lauderdale, FL. 33301 | Comptroller | | $ 50.00 |
| | Michael Moore<br>2047 Winners Circle<br>N. Lauderdale FL. 33068 | Grocery/Food Mgmt. | | $ 50.00 |
| | Tatiana Moore<br>1603 NW 106th Way<br>Coral Springs, FL. 33071 | Retired | | $ 50.00 |
| | Larry Schramm<br>35 Burgess Ave<br>Huntington Station, NY 11746 | Retired | | $ 50.00 |

**2. Total Donations THIS Page** *(sum all the 'e' entries on this page)* $ 350.00

**3. Total Donations ALL Pages** *(sum all the 'e' entries on all receipt pages)* $ 1800.00



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## Donations for Independent Expenditures



Use this form to identify each person or entity making a donation of more than $100, or $1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

**1. Donation Information**

| a. Item Num | b. Full Name, Mailing Address & Phone Number (include city, state, and zip) | c. Principal Occupation of Donor | d. Date (mm/dd/yyyy) | e. Amount |
|---|---|---|---|---|
| | Duane Baker<br>1413 Willow Oaks Trail<br>Weddington NC. 28104 | | | $ 50.00 |
| | Jack Parks<br>1255 Willow Oaks Trail<br>Weddington NC 28104 | SALES | | $ 50.00 |
| | Curt Oliver<br>8702 Victory Gallop Ct.<br>Weddington NC 28173 | Retired | | $ 50.00 |
| | m/m James Slappey<br>11715 Gullane Ct.<br>Charlotte, NC 28277 | Retired | | $ 100.00 |
| | Judy Johnston<br>7208 Potter Road<br>Weddington NC 28104 | Hypnotist | | $ 50.00 |
| | John Reid<br>1440 Willow Oaks Trail<br>Weddington NC 28104 | SALES | | $ 50.00 |

**2. Total Donations THIS Page** *(sum all the 'e' entries on this page)* $ 350.00

**3. Total Donations ALL Pages** *(sum all the 'e' entries on all receipt pages)* $ 1,800.00



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## Donations for Independent Expenditures



Use this form to identify each person or entity making a donation of more than $100, or $1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

**1. Donation Information**

| a. Item Num | b. Full Name, Mailing Address & Phone Number (include city, state, and zip) | c. Principal Occupation of Donor | d. Date (mm/dd/yyyy) | e. Amount |
|---|---|---|---|---|
| | Henry Ferguson<br>2016 Hwy 1362<br>Matthews, NC 28104 | Farmer | | $ 50.00 |
| | Perry Blake<br>3962 Tilley Morris Road<br>Matthews, NC 28104 | Retired | | $ 50.00 |
| | Wayne Rinehart<br>10702 Chestnuthill Drive<br>Matthews NC 28105 | Retired | | $ 50.00 |
| | Larry Stine<br>6505 Fairway Row Lane<br>Charlotte NC 28277 | Retired | | $ 50.00 |
| | Howard Stephens<br>5400 Sunningdale Drive<br>Charlotte NC 28277 | Retired. | | $ 50.00 |
| | | | | $ |

| | |
|---|---|
| **2. Total Donations THIS Page** *(sum all the 'e' entries on this page)* | $ 250.00 |
| **3. Total Donations ALL Pages** *(sum all the 'e' entries on all receipt pages)* | $ 1,800.00 |



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Amendment
☐ Yes ☐ No

# Independent Expenditure Report Cover

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

## 1. Reporting Entity Information

a. Full Name of Entity Making Disbursement: United for Weddington, I.E.

b. Mailing Address (include City, State and Zip Code) and Phone Number: P.O. Box 3111, Matthews, NC. 28106, 980-722-1010

d. Entity Type (Check One): ☐ Individual ☐ Other Organization ☐ Nonprofit Organization

e. Federal ID Number (if applicable): 47-5147151

f. Date Filed:

g. Employer's Name or Principal Place of Business:

h. Occupation:

c. Report Type

☒ Initial ☐ 48 Hour

Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth

Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify)

| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) |
|---|---|---|
| 2015 | 9/24/2015 | 11/4/2015 |

## 5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts: Jerry Fitzgerald

b. Mailing Address (include City, State and Zip Code) and Phone Number: 1410 Willow Oaks Trail, Matthews, NC. 28104

c. Employer's Name or Principal Place of Business: Fitzmark, LLC, 4393 Indian Trail Fairview Rd. Ste A Indian Trail, NC.

d. Occupation: SALES

| | |
|---|---|
| 6. Total Donations ALL Pages | $ 1800.00 |
| 7. Total Expenditures ALL Pages | $ 1759.00 |

## CERTIFICATION

I certify that this statement is complete, true and correct.

Jerry Fitzgerald — Printed Name of Signer

Signature

11/13/15 — Date



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SEP 29 2015

Union Co. Board of Elections

Amendment ☐ Yes ☐ No

# Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

This form must be accompanied by form CRO-3500.

**1. Committee Information**

| a. Full Name | c. ID Number |
|---|---|
| United For Weddington, I.E. | 47-5147151 |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Organized** |
| P.O. Box 3111<br>MATTHEWS, NC. 28106 | 9/24/15 |
| | **e. Phone Number** |
| | 9807221010 |

| 2. Treasurer Information | | 4. Custodian of Books Information | |
|---|---|---|---|
| a. Full Name | | a. Full Name | |
| Jerry Fitzgerald | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| P.O. Box 3111<br>MATTHEWS, NC. 28106 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |

| 5. Assistant Treasurer Information ☐ Add ☐ Remove | | 6. Account Information (Incl. CRO-3500) ☐ Add ☐ Remove | |
|---|---|---|---|
| a. Full Name | | a. Financial Institution Full Name | |
| | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| | | | |

**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 certify that the above named political committee is registered with the North Carolina State Board of Elections and does not and will not make any contributions as defined by N.C. Gen. Stat. 163-278.6(6), directly or indirectly, to a candidate or a political committee that makes contributions to candidates. Political committees signing this certification are not subject to the contribution limitations set forth in subsections (a) and (b) of N.C. Gen. Stat. 163-278.13 but must abide by all other provisions of Article 22A of Chapter 163 of the North Carolina General Statutes. If the political committee determines that it no longer wishes to adhere to this certification, then it must immediately notify the North Carolina State Board of Elections before any further deposits or expenditures are made by the political committee.

If Treasurer is outside of NC, both the Treasurer and NC Assistant Treasurer must sign Certification.

| Jerry Fitzgerald | [signature] | 9/24/15 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |
| | | |
| Printed Name of Signer | Signature of NC Assistant Treasurer | Date |