

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 AgainstTheBonds.com Committee | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) PO BOX 97275 RALEIGH, NC 27624 | d. Date Filed 10/28/2018 |
| <p>RECEIVED</p> <p>OCT 31 2018</p> <p><i>Wake County Board of Elections</i></p> | |
| e. Phone Number (919) 324-6606 | |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2018 | 08/21/2018 | 10/22/2018 | COLLIN MCMICHAEL |

| 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"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input checked="" type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input checked="" type="checkbox"/> Pre-referendum |
| 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 type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input checked="" type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <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 | | | | |

| 3. Account Information | | 3. Account Information | |
|--|-------------------------------|------------------------------------|-------------------------------|
| a. Financial Institution Full Name BB&T | | a. Financial Institution Full Name | |
| b. Purpose CHECKING | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ | | 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

Collin McMichael [Signature] 10/28/2018
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|-----------------|-----------|--------------------|---|
| Date Received: | <u>10/31/18</u> | Employee: | <u>SAB</u> | Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: | <u>10/29/18</u> | Employee: | <u>[Signature]</u> | |
| Date Scanned: | <u>11/26/18</u> | Employee: | <u>[Signature]</u> | |
| Date Data Entered: | <u>11/26/18</u> | Employee: | <u>[Signature]</u> | |

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.

This report was filed electronically with the North Carolina State Board of Elections, and may be found in full on that agency's website at the following web address:

<http://www.ncsbe.gov/Campaign-Finance/Report-Search>

PO Box 97275
Raleigh, NC 27624

CERTIFIED MAIL



7017 0190 0000 1628 9599

Wake County Board of Elections
Campaign Finance
PO Box 696
Raleigh, NC 27602

CPU



U.S. POSTAGE
\$4.87
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OCT 31 2018

Wake County Board of Elections

