

# 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.

<b>1. Committee Information</b>			
a. Full Name <i>Morrisville Chamber of Commerce</i>		c. ID Number <i>56-171502</i>	
b. Mailing Address (include City, State and Zip Code) <i>260 Town Hall Dr. Suite A Morrisville, NC 27560</i>		d. Date Filed <i>1.31.13</i>	
		e. Phone Number <i>919-463-7159</i>	
2. Report Year <i>2012</i>	3. Period Start Date (mm/dd/yy) <i>11-10-12</i>	4. Period End Date (mm/dd/yy) <i>12-31-12</i>	5. Treasurer Full Name <i>Carlytta Unzueto</i>
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input checked="" type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report <i>0</i>		10. Special Report Name	
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Fidelity Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Checking Exp Expenses w/ Company</i>	c. Account Code <i>A</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 39.94</i>		d. Period Begin Balance <i>\$</i>
<b>CERTIFICATION</b>			
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.			
<i>Carlytta Unzueto</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	
		<i>1-31-13</i> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<i>2-4-13</i>	Employee:	<i>AMC</i>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> 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	
Murrayville <sup>Orlando</sup> & Commerce Bank Refundation Committee		Supplemental Final		56-171502	
Start of Election Cycle: January 1, 2012			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 39,94		\$ 2145 <sup>00</sup>
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$	\$	\$
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)	\$ 389.52	\$ 2534.52	\$ 2534.52
11c) Outside Sources of Income		(CRO-1250)	\$	\$	\$
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$	\$	\$
11e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 389.52	\$ 2534.52	\$ 2534.52
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 324.46	\$ 2429.52	\$ 2429.52
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$	\$
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$	\$
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 35 <sup>00</sup>	\$ 35 <sup>00</sup>	\$ 35 <sup>00</sup>
15) Loan Repayments		(CRO-1420)	\$	\$	\$
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$	\$	\$
17) In-Kind Contributions		(CRO-1510)	\$	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 359.46	\$ 2464.52	\$ 2464.52
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 70 <sup>00</sup>	\$ 70 <sup>00</sup>	\$ 70 <sup>00</sup>
<b>ADDITIONAL INFORMATION</b>					
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-2220)	\$	\$	\$
28) Contributions to be Refunded		(CRO-1215)	\$	\$	\$

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Mooresville Chamber of Commerce Bond Referendum				56-171502	
<b>3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)</b>					
<input type="checkbox"/> Interest <input checked="" type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Mooresville Chamber of Commerce			56-1712502		
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 2145.00	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
C	check			11-19-12	\$ 165.00
C	check			11-26-12	\$ 224.52
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
<b>5. Total only this Page</b>					\$ 389.52
<b>6. Total of ALL CRO-1250 Pages</b>					\$ 389.52
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Mooresville Chamber of Commerce Bond Referendum						56-171502	
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Southport Graphics 210 James Jackson Ave Cary, NC 27513 919-650-3822							
				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:		\$ 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	<del>Cash</del>	A	11-12-12	\$ 202.83	Bumper stickers		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Doc Source 2900 Slater Rd. Mooresville, NC 27560 919-459-5900							
				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:		\$ 1,600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	check	A	11-12-12	\$ 121.63	rack cards		
				\$			
<b>4. Payee Information</b> <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		
				\$			
				\$			
<b>5. Total only this Page</b>						\$ 324.46	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 324.46	
(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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							

# Aggregated Non-Media Expenditures

Page \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b> Merrillville <del>Chamber of Commerce</del> Bond Refund in Cash	<b>2. ID Number</b> 56-171502
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3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input checked="" type="checkbox"/> Add	A	transfer	0	11-19-12	\$ 35	overdraft fee from fidelity
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
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