

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 <i>Committee to Elect Patrick Kelly</i>	c. ID Number <i>MGLAX7</i>
b. Mailing Address (include City, State and Zip Code) <i>1525 Fiketower Rd. Sanford, NC 27330</i>	d. Date Filed <i>07/12/16</i>
	e. Phone Number <i>919.498.4466</i>

2. Report Year <i>2016</i>	3. Period Start Date (mm/dd/yy) <i>03/01/16</i>	4. Period End Date (mm/dd/yy) <i>06/30/16</i>	5. Treasurer Full Name <i>Kevin S. Brown</i>
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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		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<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		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>BRANCH BANK & TRUST S.B.T</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Account for receipts and expenditures</i>	c. Account Code <i>1</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 1,439.82</i>		d. Period Begin Balance <i>\$</i>

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.

Kevin S. Brown
Printed Name of Signer

Kevin S. Brown
Signature of Appointed Treasurer

07/12/16
Date

FOR OFFICE USE ONLY

Date Received: *7/11/16* Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

RECEIVED
JUL 11 2016

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	
COMMITTEE TO ELECT PATRICK KELLY	CAMPAIGN FINANCE	MGLAX 7	
Start of Election Cycle: January 1, 2016	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1,262.20	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 257.99	\$ 4,351.61	
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)	\$	RECEIVED	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	JUL 11 2016	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	LEE COUNTY	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 257.99	\$ 4,351.61	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,219.77	\$ 3,984.44	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$ 66.75	
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)	\$ 1,219.77	\$ 4,051.19	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 300.42	\$ 300.42	
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)	\$		
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-2200)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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 PATRICK KELLY					MGLAX?	
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	
PATRICK KELLY 1525 FINESTOWN RD. SANFORD, NC 27330 919.498.4466			EDUCATION			
			c. Employer's Name/Specific Field			
			C.C.C.		e. Election Sum to Date	
					\$1,252.54	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		03/04/2016		\$4.38
<input type="checkbox"/>	1	CC VISA		03/14/2016		\$32.09
<input type="checkbox"/>	1	CC VISA		03/14/2016		\$22.45
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	
PATRICK KELLY 1525 FINESTOWN RD SANFORD, NC 27330 919.498.4466			EDUCATION			
			c. Employer's Name/Specific Field			
			C.C.C.		e. Election Sum to Date	
					\$1,441.61	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CC VISA		03/14/2016		\$189.07
<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	
LINDA SCUILETTI 115 KINDRED WAY CARY, NC 27513 919.718.7417			ASSOCIATE V.P.			
			c. Employer's Name/Specific Field			
			C.C.C.		e. Election Sum to Date	
					\$10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		03/04/2016		\$10.00
<input type="checkbox"/>			RECEIVED			\$
<input type="checkbox"/>			JUL 11 2016			\$
4. Total only this Page					\$257.99	
5. Total of ALL CRO-1210 Pages					\$257.99	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

LEE COUNTY

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) <i>Committee to Elect Patrick Kelly</i>					2. ID Number <i>MGLAX 7</i>
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
<i>FACEBOOK 1 HACKER WAY MENLO PARK, CA. 94025 650.308.7300</i>		c. Level Registered (Specify)		e. Election Sum to Date <i>\$ 33.33</i>	
		<input type="checkbox"/> Federal <input checked="" 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
<i>1</i>	<i>BANK CARD</i>	<i>A</i>	<i>03/01/2016</i>	<i>\$ 8.27</i>	<i>INTERNET ADS</i>
<i>1</i>	<i>BANK CARD</i>	<i>A</i>	<i>03/03/2016</i>	<i>\$ 25.06</i>	<i>INTERNET ADS</i>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
<i>WWGP BROADCASTING 2201 JEFFERSON DAVIS HIGHWAY SANFORD, NC 27331 919.775.3525</i>		c. Level Registered (Specify)		e. Election Sum to Date <i>\$ 340.00</i>	
		<input type="checkbox"/> Federal <input checked="" 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
<i>1</i>	<i>CHECK</i>	<i>A</i>	<i>03/01/2016</i>	<i>\$ 340.00</i>	<i>RADIO ADS</i>
				<i>\$</i>	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
<i>BOYANGLES 1536 N. MAIN ST. LILLINGTON, NC 27546 910.814.3700</i>		c. Level Registered (Specify)		e. Election Sum to Date <i>\$ 4.38</i>	
		<input type="checkbox"/> Federal <input checked="" 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
<i>1</i>	<i>BANK CARD</i>	<i>O</i>	<i>03/01/2016</i>	<i>\$ 4.38</i>	<i>USED WRONG CARD FOR PUR. REIMBURSED COMMITTEE 03/04/2016</i>
				<i>\$</i>	
5. Total only this Page					<i>\$ 377.71</i>
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>					<i>\$ 1,219.77</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)					

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LEE COUNTY

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
COMMITTEE TO ELECT PATRICK KELLY					MGLX7
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 HACKEN WAY MENLO PARK, CA. 94025 650.308.7300					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 333.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	BANK CARD	A	03/04/2016	\$ 50.04	INTERNET ADS
1	BANK CARD	A	03/11/2016	\$ 250.19	INTERNET ADS
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
OFFICE MAX 856 SPRING LAKE SANFORD, NC 27330 919.708.5323					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 54.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CC VISA	K	03/14/2016	\$ 32.09	INK STAMP
1	CC VISA	K	03/14/2016	\$ 22.45	PAPER
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
ALL DIGITAL PRINTING 356 WILSON RD. SANFORD, NC 27332 919.774.6324				RECEIVED JUL 11 2016 LEE COUNTY	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 189.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CC VISA	K	03/14/2016	\$ 189.01	PRINT SAMPLE BALLOTS
				\$	
5. Total only this Page					\$ 543.84
6. Total of ALL CRO-1310 Pages (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)					\$ 1,219.77
7. Purpose Codes (List detailed expenditure code in (h.) above)					
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	
* Codes require detailed explanation in required remarks field (k)					

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
COMMITTEE TO ELECT PATRICK KELLY					MGLAX7
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
FACEBOOK I HACKED WAY MENLO PARK, CA 94025 650.308.7300					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 631.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	BANK CARD	A	04/01/2016	\$ 298.22	INTERNET ADS
				\$	
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	
		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
				\$	
				\$	
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	
				RECEIVED JUL 11 2016 LEE COUNTY	
		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
				\$	
				\$	
5. Total only this Page					\$ 298.22
6. Total of ALL CRO-1310 Pages (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)					\$ 1,219.73
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)					