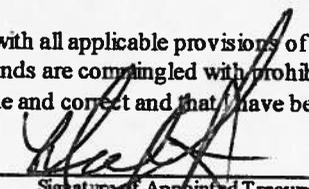
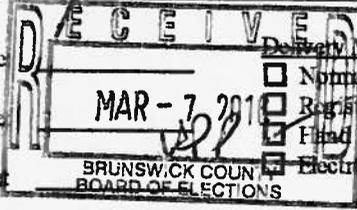


Disclosure Report Cover

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		c. ID Number	
MIKEFORTE2016CAMPAIGN			
b. Mailing Address (Include City, State and Zip Code)		d. Date Filed	
1271 WASHINGTON RD SOUTHPORT, NC 28461		03/02/2016	
		e. Phone Number	
		(973) 931-0144	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	01/01/2016	02/29/2016	MIKE FORTE
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <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	
		State/County <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	
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
NEWBRIDGE BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN RECEIPTS AND EXPENDITURES	2298		
	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			
<u>MIKE FORTE</u> Printed Name of Signer		 Signature of Appointed Treasurer	
		03/02/2016 Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____		
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
		<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	
MIKEFORTE2016CAMPAIGN		2016 First Quarter			
Start of Election Cycle: January 1, 2015			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 226.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 420.00	\$ 420.00	
6) Contributions from Individuals		(CRO-1210)	\$ 2,811.27	\$ 3,261.27	
7) Contributions from Political Party Committees		(CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees		(CRO-1230)	\$ 0.00	\$ 0.00	
9) Loan Proceeds		(CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income		(CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales		(CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 3,231.27	\$ 3,681.27	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 2,605.75	\$ 2,829.75	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures		(CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 100.32	\$ 100.32	
15) Loan Repayments		(CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions		(CRO-1510)	\$ 236.27	\$ 236.27	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 2,942.34	\$ 3,166.34	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 514.93	\$ 514.93	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee		(CRO-1720)	\$ 0.00		
25) Administrative Support		(CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans		(CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00	\$ 0.00	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
MIKEFORTE2016CAMPAIGN						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		02/11/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/21/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		02/01/2016	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/29/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/21/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/23/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		02/01/2016	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/23/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		02/02/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/30/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		02/03/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/25/2016	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/12/2016	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check		01/10/2016	\$	25.00
4. Total only this Page					\$	\$420.00
5. Total of ALL CRO-1205 Pages					\$	\$420.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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	
MIKEFORTE2016CAMPAIGN							
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	
SCOTT BALL 147 FOREST LANE SOUTHPORT (BSL), NC 28461				OWNER			
				c. Employer's Name/Specific Field COASTAL DOCUMENT SYSTEMS			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2298	In-Kind	PRINTING SERVICES	01/09/2016	\$ 150.00		
<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	
HOLLY D BIASI 6920 REED TRAIL P.O. BOX 1088 SHALLOTTE, NC 28459 (910) 287-4482				INSURANCE AGENT			
				c. Employer's Name/Specific Field SHALLOTTE INSURANCE			
						e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2298	Check		02/02/2016	\$ 75.00		
<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	
KURT ALBERT BLAHA 319 ST KITTS WAY WINNABOW, NC 28479 (910) 477-1888				SALES			
				c. Employer's Name/Specific Field HERTZ CORP			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2298	Check		01/05/2016	\$ 150.00		
<input type="checkbox"/>	2298	Check		02/01/2016	\$ 100.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 475.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,811.27	

Contributions from Individuals

Pg 2 of 4

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
MIKEFORTE2016CAMPAIGN						
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	
CRAIG CASTER 884 S SHORE DR SOUTPORT, NC 28461 (910) 845-2101			MILITARY			
			c. Employer's Name/Specific Field			
			SUNNY POINT MARINE OCEAN TERMINAL			
e. Election Sum to Date						
\$ 100.00						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2298	Check		01/25/2016	\$ 100.00	
<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	
MICHAEL COSTABILE 349 MCKAY RD BOLIVIA, NC 28422			PRESIDENT			
			c. Employer's Name/Specific Field			
			PRECISION TIME			
e. Election Sum to Date						
\$ 1,000.00						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2298	Money Order		01/19/2016	\$ 1,000.00	
<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	
MIKE FORTE 1271 WASHINGTON RD SOUTHPORT, NC 28461 (973) 931-0144			EXTERMINATION BUSINESS OWNER -- RETIRED			
			c. Employer's Name/Specific Field			
			SELF			
e. Election Sum to Date						
\$ 736.27						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2298	Check		02/01/2016	\$ 200.00	
<input type="checkbox"/>	2298	In-Kind	WEBSITE	02/06/2016	\$ 86.27	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,386.27	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,811.27	

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	
MIKEFORTE2016CAMPAIGN							
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	
ANN G HOLLINGSWORTH 956 NICKLAUS RD SOUTHPORT, NC 28461 (910) 845-2038				OWNER			
				c. Employer's Name/Specific Field			
				Food Services and Drinking Places		e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2298	Check		02/04/2016		\$ 150.00	
<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	
ADRIAN IAPALUCCI 1023 PRESIDENT RD SOUTHPORT (BSL), NC 28461				ATTORNEY			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2298	Check		02/17/2016		\$ 250.00	
<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	
JOAN KINNEY 793 S SHORE DR SOUTHPORT, NC 28461 (910) 845-2640				PRESIDENT			
				c. Employer's Name/Specific Field			
				BSL MINI STORAGE, INC.		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	2298	Check		01/19/2016		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,811.27	

Contributions from Individuals

Pg 4 of 4

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
MIKEFORTE2016CAMPAIGN						
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	
CHERYL S LANDIS 366 BAYMEADE RD SOUTHPORT, NC 28461			ACCOUNT MANAGER			
			c. Employer's Name/Specific Field			
			GREGORY POOLE EQUIPMENT CO.		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2298	Check		01/31/2016	\$ 100.00	
<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	
WILLARD J SEGUIN 122 CASWELL BEACH RD OAK ISLAND, NC 29465 (910) 620-7436			PRESIDENT			
			c. Employer's Name/Specific Field			
			SEGUIN MOTORS		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2298	Check		02/10/2016	\$ 100.00	
<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	
SHARON ZAKSZESKI 910 HOLLY POINT RD SOUTHPORT (BSL), NC 28461 (910) 845-8964			REALTOR			
			c. Employer's Name/Specific Field			
			CALDWELL BANKER SEA COAST		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2298	Check		01/16/2016	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 2,811.27	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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) MIKEFORTE2016CAMPAIGN						2. ID Number	
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) USPS SOUTHPORT, NC 28461				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 49.00	
				<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		
2298	Check	I	01/12/2016	\$ 49.00			
				\$			
5. Total only this Page						\$ 49.00	
6. Total of ALL CRO-1310 Pages						\$ 2,605.75	
<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)							

CRO-1310

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund If applicable) MIKEFORTE2016CAMPAIGN						2. ID Number
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 type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check	H	02/28/2016	\$ 25.00	APPEARANCE AT FUNDRAISING FOR
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Check	D	01/12/2016	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Draft	K	01/05/2016	\$ 20.10	PRINT CHECKS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2298	Debit Card	K	01/07/2016	\$ 35.22	#10 ENVELOPES
4. Total only this Page					\$	100.32
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	100.32
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

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)		2. ID Number	
MIKEFORTE2016CAMPAIGN			
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	
SCOTT BALL 147 FOREST LANE SOUTHPORT (BSL), NC 28461		<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	
		d. Election Sum to Date	
		\$ 150.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING SERVICES		01/09/2016	\$ 150.00
			\$
			\$
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	
MIKE FORTE 1271 WASHINGTON RD SOUTHPORT, NC 28461 (973) 931-0144		<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	
		d. Election Sum to Date	
		\$ 736.27	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBSITE		02/06/2016	\$ 86.27
			\$
			\$
4. Total only this Page		\$ 236.27	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 236.27	