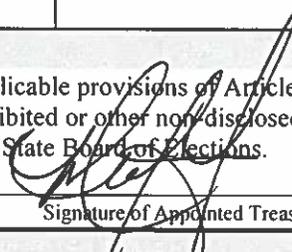


Disclosure Report Cover

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	
RE-ELECT MIKE FORTE			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
829 SANDERS RD SOUTHPORT, NC 28461		10/23/2023	
		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
2023	01/01/2023	06/30/2023	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	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input checked="" 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
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"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. 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 OPERATIONS	2298		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 776.63		\$
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.			
Mike Forte			10/23/2022
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	RECEIVED	Employee:	<u>ae</u>
Date Postmarked:	OCT 23 2023	Employee:	_____
Date Scanned:	BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method	
		<input type="checkbox"/> Normal Mail	
		<input type="checkbox"/> Registered Mail	
		<input checked="" type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<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
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
RE-ELECT MIKE FORTE		2023 Mid Year Semi-Annual			
Start of Election Cycle: January 1, <u>2021</u>			Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$ 776.63	\$ 2,757.43	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00		
6) Contributions from Individuals (CRO-1210)		\$ 1350.00	\$ 3711.48		
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00		
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 600.00		
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 1,000.00		
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)		\$ 1350.00	\$ 5311.48		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 300.00	\$ 5450.80		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 100.00	\$ 725.00		
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00		
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 80.00		
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)		\$ 0.00	\$ 86.48		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 400.00	\$ 6342.28		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,726.63	\$ 1,726.63		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1,000.00			
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	\$		

CRO-1100

NC State Board of Elections

August 2008

Contributions from Individuals

Pg 1 of 1

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	
RE-ELECT MIKE FORTE						
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	
SUSAN CRUSE 206 PINE LAKE RD. SOUTHPORT, NC 2846 (910) 371-5779			BANK MANAGER			
			c. Employer's Name/Specific Field			
			SELECT BANK		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		03/14/2023	\$ 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	
GLENN A MARSHALL 104 JOE BALDWIN DR. LELAND, NC 2845			MAYOR			
			c. Employer's Name/Specific Field			
			SANDY CREEK		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	Check		06/08/2023	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,250.00	
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1350.00	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

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	
RE-ELECT MIKE FORTE						
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	
Randy Pelton 6619 Sidbury Lane SW Ocean Isle Beach, NC 28469			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					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		05/30/2023	\$ 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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1350.00	

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	
RE-ELECT MIKE FORTE					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input type="checkbox"/> Operating Expenses <input checked="" 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)			b. Coordinated Committee Name		d. Comments
FRANK WILLIAMS CAMPAIGN PO BOX 1962 LELAND, NC 28451					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Brunswick		e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2298	Check	D	05/06/2023	\$ 100.00	
				\$	
5. Total only this Page					\$ 100.00
6. Total of ALL CRO-1310 Pages					\$ 100.00
(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)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

Outstanding Loans

Pg 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
RE-ELECT MIKE FORTE			
3. Lender 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		NO JOB TITLE	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NOT EMPLOYED	12/15/2022
			f. End Date (mm/dd/yyyy)
			12/31/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
	NONE	\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1,000.00
5. Total of AIL CRO-1430 Pages <small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small>			\$ 1,000.00

CRO-1430

NC State Board of Elections

December 2007