

# Disclosure Report Cover

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.

Amendment

☐ Yes ☐ No

## 1. Committee Information

a. Full Name

Elect Matt Drew

c. ID Number

b. Mailing Address (include City, State and Zip Code)

801 E Woodcroft Pkwy, Apt 802  
Durham, NC, 27713

d. Date Filed

26 Jan 2012

e. Phone Number

919-638-4304

2. Report Year

2011

3. Period Start Date (mm/dd/yy)

7/1/2011

4. Period End Date (mm/dd/yy)

12/31/2011

5. Treasurer Full Name

Matthew P. Drew

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party  
☐ PAC ☐ Referendum  
☐ Independent Expenditure ☐ Joint Fundraiser  
☐ Legal Expense Fund

## 7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund  
☐ Other:

## 8. Number of Fundraisers this Report

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☐ Thirty-five day  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☒ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Coastal Federal Credit Union

b. Purpose

campaign account

c. Account Code

438929

d. Period Begin Balance

\$ 448.85

## 11. Account Information

a. Financial Institution Full Name

RECEIVED

JAN 27 REC'D

DURHAM COUNTY  
BOARD OF ELECTIONS

b. Purpose

c. Account Code

d. Period Begin Balance

e. 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 of Elections.

Matthew P. Drew

Printed Name of Signer



Signature of Appointed Treasurer

26 Jan 2012

Date

## FOR OFFICE USE ONLY

Date Received: 1/27/2012

Employee: 

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

**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	
Elect Matt Drew		Year End			
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 448.85		\$ 235.39	
<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)		\$		\$ 0.46	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
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)		\$ 0.00		\$ 225.46	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$ 12.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 200.00		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 200.00		\$ 212.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 248.85		\$ 248.85	
<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)		\$		\$	

# Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable) <u>Elect Matt Drew</u>			2. ID Number		
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Beverly Wilcox</u> <u>P.O. Box 153</u> <u>Wentworth, NC 27375</u>			d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <u>05/18/2011</u>
			e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		i. Original Receipt Amount <u>\$ 100.00</u>
			f. Purpose Code <u>L</u>		j. Election Sum to Date <u>\$ 100.00</u>
b. Job Title/Profession <u>declined to answer</u>		c. Employer's Name/Specific Field <u>declined to answer</u>		k. Account Code <u>438929</u>	
l. Form of Payment <u>check</u>		m. Required Remarks <u>refund of contribution</u>		n. Date (mm/dd/yyyy) <u>10/04/2011</u>	o. Amount <u>\$ 100.00</u>
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Phil Jacobson</u> <u>7801 Haymarket Lane</u> <u>Raleigh, NC, 27615</u>			d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <u>05/21/2011</u>
			e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		i. Original Receipt Amount <u>\$ 50.00</u>
			f. Purpose Code <u>L</u>		j. Election Sum to Date <u>\$ 50.00</u>
b. Job Title/Profession <u>declined to answer</u>		c. Employer's Name/Specific Field <u>self-employed</u>		k. Account Code <u>438929</u>	
l. Form of Payment <u>check</u>		m. Required Remarks <u>refund of contribution</u>		n. Date (mm/dd/yyyy) <u>10/6/2011</u>	o. Amount <u>\$ 50.00</u>
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Barbara Howe</u> <u>5046 Tar Hill Drive</u> <u>Oxford, NC 27565</u>			d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <u>05/18/2011</u>
			e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		i. Original Receipt Amount <u>\$ 50.00</u>
			f. Purpose Code <u>L</u>		j. Election Sum to Date <u>\$ 50.00</u>
b. Job Title/Profession <u>declined to answer</u>		c. Employer's Name/Specific Field <u>declined to answer</u>		k. Account Code <u>438929</u>	
l. Form of Payment <u>check</u>		m. Required Remarks <u>refund of contribution</u>		n. Date (mm/dd/yyyy) <u>7/13/2011</u>	o. Amount <u>\$ 50.00</u>
4. Total only this Page					\$ <u>200.00</u>
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ <u>200.00</u>
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					