

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

COMMITTEE TO ELECT DEL MATTIOLI

c. ID Number

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

1108 CHOWAN AVE
DURHAM, NC

d. Date Filed

01/31/2014

e. Phone Number

2. Report Year

2013

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

09/24/2013

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

12/31/2013

5. Treasurer Full Name

ANNIE WILLIAMS

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund

☐ Other:

8. Number of Fundraisers this Report

0

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

3. Account Information

a. Financial Institution Full Name

MECHANICS & FARMERS BANK

b. Purpose

CAMPAIGN FUNDS

c. Account Code

D

d. Period Begin Balance

\$

3. Account Information

a. Financial Institution Full Name

PAYPAL

b. Purpose

RECEIVE CAMPAIGN FUNDS

c. Account Code

P

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

Annie Williams

Printed Name of Signer

Annie Williams

Signature of Appointed Treasurer

01/31/2014

Date

FOR OFFICE USE ONLY

IN PERSON

Date Received:

~~JAN 31 2014~~

Employee:

[Signature]

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Date Postmarked:

DURHAM BOE

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ 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
COMMITTEE TO ELECT DEL MATTIOLI	2013 Year End Semi-Annual	
Start of Election Cycle: January 1, 2012	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 439.74	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 610.00	\$ 1,336.00
6) Contributions from Individuals (CRO-1210)	\$ 600.00	\$ 4,039.50
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)	\$ 200.00	\$ 200.00
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)	\$ 1,410.00	\$ 5,575.50
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,652.07	\$ 4,638.33
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)	\$ 24.45	\$ 49.45
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 1,683.00	\$ 1,683.00
17) In-Kind Contributions (CRO-1510)	\$ 475.00	\$ 1,189.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3,834.52	\$ 7,560.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ (1,984.78)	\$ (1,984.78)
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 3,058.72	
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)	\$ 1,000.00	\$ 4,185.45

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	
COMMITTEE TO ELECT DEL MATTIOLI						
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	D	Check		11/04/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/04/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/15/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Cash		10/05/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/02/2013	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/08/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/01/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/02/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		09/24/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/26/2013	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 610.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 610.00	

CRO-1205

NC State Board of Elections

April 2007

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	
COMMITTEE TO ELECT DEL MATTIOLI						
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	
BRENDA GREEN 418 LODESTONE DR DURHAM, NC 27717			EDUCATOR			
			c. Employer's Name/Specific Field			
			DURHAM PUBLIC SCHOOLS			
					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"/>	D	Check		11/04/2013	\$ 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	
RUTH G KENNEDY 915 TARIK DRIVE DURHAM, NC 27707			PROFESSOR			
			c. Employer's Name/Specific Field			
			NCCU			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	D	Check		10/05/2013	\$ 25.00	
<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	
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 475.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	VIDEO SHOOT FOR TV CAMPAIGN AD	09/27/2013	\$ 475.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 600.00	

Other Receipt Sources

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT DEL MATTIOLI					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information				<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	
NEW SOUTH LEADERSHIP PAC 501 CAPITAL COURT NE #100 WASHINGTON, DC 20002					
		c. Outside Source Explanation			
				e. Election Sum to Date	
				\$ 200.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
D	Check		11/04/2013	\$ 200.00	
				\$	
5. Total only this Page				\$ 200.00	
6. Total of ALL CRO-1250 Pages					
<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>					
				\$ 200.00	

CRO-1250

NC State Board of Elections

December 2007

Disbursements

Pg 1 of 2

Amendment

☐ Yes ☒ No

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 DEL MATTIOLI							
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)				b. Coordinated Committee Name		d. Comments	
ART SIGN COMPANY 209 S GOLEY ST DURHAM, NC 27701				c. Level Registered (Specify)		e. Election Sum to Date \$ 1,735.00	
				<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		
D	Check	A	10/21/2013	\$ 735.00	SIGNS		
				\$			
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	
AMANDA EUBANKS NC				c. Level Registered (Specify)		e. Election Sum to Date \$ 500.00	
				<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		
D	Check	O	11/07/2013	\$ 500.00	DONATION FOR		
				\$	MANAGING CAMPAIGN		
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	
OFFICE DEPOT 4001 CHAPEL HILL ROAD DURHAM, NC 27707				c. Level Registered (Specify)		e. Election Sum to Date \$ 135.06	
				<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		
D	Debit Card	A	09/25/2013	\$ 90.79	CAMPAIGN HAND OUTS		
				\$			
5. Total only this Page						\$ 1,325.79	
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)						\$ 1,652.07	
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)							

Disbursements

Pg 2 of 2

Amendment

☐ Yes ☒ No

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 DEL MATTIOLI							
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)				b. Coordinated Committee Name		d. Comments	
STAPLES 3600 NORTH DUKE STREET DURHAM, NC 27705							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 124.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D	Debit Card	A	09/25/2013	\$ 124.87	CAMPAIGN HAND OUTS		
				\$			
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	
SUBWAY DURHAM, NC 27703							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 55.52	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D	Debit Card	O	10/08/2013	\$ 55.52	LUNCH FOR POLL WORKERS		
				\$			
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	
ZAXBY'S #39801 CARY, NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 145.89	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D	Debit Card	O	10/08/2013	\$ 145.89	END OD CAMPAIGN PARTY		
				\$			
5. Total only this Page						\$ 326.28	
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>						\$ 1,652.07	
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)							

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)					2. ID Number	
COMMITTEE TO ELECT DEL MATTIOLI						
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	D	Draft	O	10/15/2013	\$ 5.00	RETURNED DEPOSIT ITEM FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Debit Card	O	10/04/2013	\$ 7.45	CAMPAIGN FINAL PARTY
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Debit Card	O	10/08/2013	\$ 12.00	CAMPAIGN ENDING PARTY
4. Total only this Page					\$ 24.45	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 24.45	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

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)				2. ID Number	
COMMITTEE TO ELECT DEL MATTIOLI					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DEL MATTIOLI 1108 COWAN AVE DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		09/20/2013
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 620.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				\$ 500.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
D	Check	REIMBURSEMENT FOR CAMPAIGN BUTTONS		11/12/2013	\$ 620.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MARK MATTIOLI CHOWAN ROAD DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/01/2013
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 1,000.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
MEDICAL		DOCTOR		P	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
D	Check	REIMBURSEMENT OF FUNDING		11/18/2013	\$ 1,000.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
ANNIE WILLIAMS PO BOX 13128 DURHAM, NC 27709			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		09/21/2013
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 65.20
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
TRAVEL DESIGNER		A CLASSY TRAVELER		LP	
				\$ 2.20	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
D	Check	REFUND FOR CENTERFEST MEALS		10/21/2013	\$ 63.00
4. Total only this Page					\$ 1,683.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,683.00
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)					

In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

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	
COMMITTEE TO ELECT DEL MATTIOLI			
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	c. Comments
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713		<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	
		d. Election Sum to Date	
		\$ 475.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VIDEO SHOOT FOR TV CAMPAIGN AD PAID TO RUSS CORVEY		09/27/2013	\$ 475.00
			\$
			\$
4. Total only this Page		\$ 475.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 475.00	

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Outstanding Loans

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Amendment

☐ Yes ☒ 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		
COMMITTEE TO ELECT DEL MATTIOLI					
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	
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713				e. Start Date (mm/dd/yyyy)	
				c. Employer's Name/Specific Field	
				08/01/2013	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 500.00		\$ 500.00	
k. Full Name of Lending Institution				l. Loan Number	
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	
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713				e. Start Date (mm/dd/yyyy)	
				c. Employer's Name/Specific Field	
				08/07/2013	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 298.72		\$ 298.72	
k. Full Name of Lending Institution				l. Loan Number	
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	
DEL MATTIOLI 1108 COWAN AVE DURHAM, NC 27713				e. Start Date (mm/dd/yyyy)	
				c. Employer's Name/Specific Field	
				08/13/2013	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 500.00		\$ 500.00	
k. Full Name of Lending Institution				l. Loan Number	
4. Total only this Page				\$ 1,298.72	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 3,058.72	

Outstanding Loans

Pg 2 of 2

Amendment

☐ Yes ☒ 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
COMMITTEE TO ELECT DEL MATTIOLI			
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
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	08/13/2013
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
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
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	08/22/2013
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,260.00	\$ 1,260.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1,760.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 3,058.72

Contributions to be Reimbursed

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Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
COMMITTEE TO ELECT DEL MATTIOLI			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
MARK MATTIOLI CHOWAN ROAD DURHAM, NC 27713		MARK MATTIOLI CHOWAN ROAD DURHAM, NC 27713	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
TO FUND CAMPAIGN	10/01/2013	N	\$ 1,000.00
4. Total only this Page			\$ 1,000.00
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 1,000.00

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