

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	
COMMITTEE TO ELECT DEL MATTIOLI				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1108 CHOWAN AVE DURHAM, NC			02/11/2014	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2013	09/24/2013	12/31/2013	ANNIE WILLIAMS	
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		
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:		<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		
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
MECHANICS & FARMERS BANK		PAYPAL		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FUNDS	D	RECEIVE CAMPAIGN FUNDS	P	
	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>Annie Williams</u> Printed Name of Signer		<u>Annie Williams</u> Signature of Appointed Treasurer		<u>02/11/2014</u> Date
FOR OFFICE USE ONLY				
IN-PERSON				
Date Received:	<u>FEB 19 2014</u>	Employee:	<u>[Signature]</u>	
Date Postmarked:	<u>DURHAM BOE</u>	Employee:		
Date Scanned:		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

☒ 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)	\$ 1,030.00	\$ 1,756.00
6) Contributions from Individuals (CRO-1210)	\$ 2,519.56	\$ 9110.29
7) Contributions from Political Party Committees (CRO-1220)	\$ 200.00	\$ 200.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 1,000.00	\$ 1,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 54.36	\$ 54.36
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)	\$ 4,803.92	\$ 12120.65
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2,191.90	\$ 5203.16
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)	\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)	\$ 1,000.00	\$ 1,000.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 683.00	\$ 683.00
17) In-Kind Contributions (CRO-1510)	\$ 854.56	\$ 4720.29
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,729.46	\$ 11606.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 514.20	\$ 514.20
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 2

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 <input type="checkbox"/> Remove	D	Check		10/04/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/15/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/06/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/20/2013	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/12/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Cash		10/05/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/02/2013	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/08/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/15/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/01/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/02/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	P	Credit Card		09/28/2013	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		11/07/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		09/24/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/09/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		09/28/2013	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/15/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/15/2013	\$ 50.00	
4. Total only this Page					\$ 855.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 1,030.00	

Aggregated Contributions from IndividualsPage 2 of 2

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 <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/26/2013	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Check		10/05/2013	\$ 25.00	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,030.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 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	
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
EARLINE BURGESS 1058 E 211TH ST BRONX, NY 10469				ATTORNEY		
				c. Employer's Name/Specific Field SELF 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"/>	D	Check		09/30/2013	\$ 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
MICHAEL CORRADO 5113 BROOKSTONE DR DURHAM, NC 27713				EDUCATOR		
				c. Employer's Name/Specific Field UNC		
				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		10/05/2013	\$ 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
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"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,519.56	

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	
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	
ELAINE HYMAN 3203 ROCKFORD RD DURHAM, NC 27713			HUMAN RESOURCES			
			c. Employer's Name/Specific Field			
			NC State Department of Revenue			
					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		09/30/2013	\$ 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	
CLARENCE LEWIS 1208 CHOWAN ROAD DURHAM, NC 27713			BUSINESS OWNER/CEO			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					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"/>	D	Check		11/07/2013	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,519.56	

Contributions from Individuals

Pg 3 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	
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	
DEL MATTIOLI 1108 CHOWAN AVE DURHAM, NC 27713			FINANCIAL ADVISOR			
			c. Employer's Name/Specific Field			
			DEL MATTIOLI AND ASSOCIATES			
					e. Election Sum to Date	
					\$ 2,335.30	
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		09/24/2013	\$ 1,000.00	
<input type="checkbox"/>		In-Kind	VIDEO SHOOT FOR TWC AD	09/30/2013	\$ 475.00	
<input type="checkbox"/>		In-Kind	BANNERS ADN FLYERS	10/05/2013	\$ 124.00	
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			FINANCIAL ADVISOR			
			c. Employer's Name/Specific Field			
			DEL MATTIOLI AND ASSOCIATES			
					e. Election Sum to Date	
					\$ 2,335.30	
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	BUSINESS CARDS	10/11/2013	\$ 80.56	
<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			FINANCIAL ADVISOR			
			c. Employer's Name/Specific Field			
			DEL MATTIOLI AND ASSOCIATES			
					e. Election Sum to Date	
					\$ 1,435.00	
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	RADIO AD AT NCCU	09/30/2013	\$ 175.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,854.56	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,519.56	

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	
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
MARGUERITE PEEBLES 1104 GROGRANS MILL DRIVE CARY, NC 27519				EDUCATOR		
				c. Employer's Name/Specific Field WAKE COUNTY		
				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		10/06/2013	\$ 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
GEORGE WILLIAMS SR PO BOX 1266 DURHAM, NC 27702				LEGISLATOR		
				c. Employer's Name/Specific Field NC STATE DEPARTMENT		
				e. Election Sum to Date		
				\$ 65.00		
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		10/06/2013	\$ 65.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 165.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,519.56	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Political Party Committees Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report contributions from a political party

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. Comments	
NEW SOUTH LEADERSHIP PAC 501 CAPITAL COURT NE #100 WASHINGTON, DC 20002					
				c. Election Sum to Date	
				\$ 200.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
D	Check		11/04/2013	\$ 200.00	
				\$	
				\$	
4. Total only this Page				\$ 200.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 200.00	

CRO-1220

NC State Board of Elections

April 2007

Loan Proceeds

Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

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) MARK MATTIOLI CHOWAN ROAD DURHAM, NC 27713		b. Job Title/Profession MEDICAL		d. Comments	
		c. Employer's Name/Specific Field DOCTOR		e. Start Date (mm/dd/yyyy) 10/01/2013	
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code D	j. Form of Payment Check		k. Amount \$ 1,000.00
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					
				\$ 1,000.00	

CRO-1410

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

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)			d. Type of Committee		g. Comments
T MOBILE 6408 FAYETTEVILLE RD DURHAM, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		reimbursed committee for incorrect charge
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt
					\$ 54.36
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				ACCOUNT NOT CHARGED FOR AUGUST	
				j. Election Sum to Date	
				\$ 54.36	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
D	Electric Funds Tran			09/25/2013	\$ 54.36
4. Total only this Page					\$ 54.36
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 54.36

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Pg 1 of 4

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
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 1,735.00
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 AEUBANKS1987@GMAIL.COM RALEIGH, NC						
				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:		
						\$ 500.00
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	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
FEDXOFFICE 4900 NC HIGHWAY 55 DURHAM, NC 27713						
				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:		
						\$ 6.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
D	Debit Card	A	09/24/2013	\$ 2.78	FLYERS	
D	Debit Card	A	09/24/2013	\$ 3.71	FLYERS	
5. Total only this Page						\$ 1,241.49
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 2,191.90
(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		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 4

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	
M&F BANK PO BOX 1932 DURHAM, NC 27702				c. Level Registered (Specify)		e. Election Sum to Date \$ 10.00	
				<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	Draft	A	09/26/2013	\$ 5.00	M&F BANK FEES		
D	Draft	A	10/15/2013	\$ 5.00	M&F BANK FEE		
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	
MICHAELS STORES 8131 BRIER CREEK PKWY RALEIGH, NC 27617				c. Level Registered (Specify)		e. Election Sum to Date \$ 48.80	
				<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	10/04/2013	\$ 7.45	CAMPAIGN FINAL PARTY		
D	Debit Card	A	10/04/2013	\$ 41.35	DECORATIONS FOR FUNDRAISER		
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						\$ 149.59	
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)						\$ 2,191.90	
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 3 of 4

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	
PK GRAPHICS 420 LINCOLN ROAD SUITE #390 MIAMI BEACH, FL 33139							
				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	
						\$ 450.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
D	Debit Card	B	09/24/2013	\$ 450.00	FLYERS		
				\$			
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 1046 S MIAMI BLVD 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		
				\$			
5. Total only this Page						\$ 630.39	
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>						\$ 2,191.90	
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 4 of 4

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
WALMART DURHAM, NC 27704					
			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
					\$ 24.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
D	Debit Card	A	09/24/2013	\$ 12.54	OFFICE PAPER
D	Debit Card	AK	10/08/2013	\$ 12.00	CAMPAIGN ENDING

PARTY

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 1021 N HARRISON AVE CARY, NC 27513					
			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	\$ 170.43
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6. Total of ALL CRO-1310 Pages	\$ 2,191.90
<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

NC State Board of Elections

December 2009

Loan Repayments

Amendment
Pg 1 of 1 ☒ Yes ☐ No

Use this form to report payments on an existing loan.

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. Comments	
MARK MATTIOLI CHOWAN ROAD DURHAM, NC 27713					
				c. Original Loan Date	
				10/01/2013	
				d. Original Loan Amount	
				\$ 1,000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	D	Check	11/18/2013	\$ 1,000.00	
\$				\$	
4. Total only this Page				\$ 1,000.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 1,000.00	

CRO-1420

NC State Board of Elections

December 2007

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: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/20/2013
					i. Original Receipt Amount
					\$ 620.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
				P	
				j. Election Sum to Date	
				\$ 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
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: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/21/2013
					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	
				j. Election Sum to Date	
				\$ 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					\$ 683.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 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)					

CRO-1320

NC State Board of Elections

July 2007

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	
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	
		\$ 1,335.30	
c. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VIDEO SHOOT FOR TWC AD		09/30/2013	\$ 475.00
BANNERS ADN FLYERS		10/05/2013	\$ 124.00
BUSINESS CARDS		10/11/2013	\$ 80.56
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	
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	
		\$ 1,435.00	
c. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
RADIO AD AT NCCU		09/30/2013	\$ 175.00
			\$
			\$
4. Total only this Page		\$ 854.56	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 854.56	