

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 Combest For Council	c. ID Number 2CQ6Q0
b. Mailing Address (include City, State and Zip Code) C/O Michael Combest 8013 Riverview Drive Clemmons, NC 27012	d. Date Filed 07/16/2015
	e. Phone Number 336-251-3872

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 07/16/2015	4. Period End Date (mm/dd/yy) 09/22/2015	5. Treasurer Full Name Michael L Combest
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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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input 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	
8. Number of Fundraisers this Report 0		10. Special Report Name Withdrew Threshold		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Bank of America	a. Financial Institution Full Name	b. Purpose Checking Account for Committee	c. Account Code C4C2015
b. Purpose	b. Purpose	d. Period Begin Balance \$ 500.0	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 of Elections.

Michael L Combest _____ 10/08/2015 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ 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

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	
Combest For Council		Thirty Five Day	2CQ6Q0	
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 1,105.00	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,105.00	\$ 1,105.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0	\$ 0	
11) Other Receipt Sources				
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,105.00	\$ 1,105.00	
13) Disbursements				
13a) Operating Expenditures (CRO-1310)		\$ 5.00	\$ 5.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5.00	\$ 5.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,100.00	\$ 1,100.00	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0	\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0	\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0	\$ 0	
25) Administrative Support (CRO-1710)		\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0	\$ 0	

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	
Combest For Council					2CQ6Q0	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael L Combest 8013 Riverview Drive Clemmons, NC 27012			U.S. Army (Retired) Small Business Owner		Candidate	
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
					\$ 505.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C4C2015	Transfer		16/07/2015	\$ 500.00	
<input type="checkbox"/>	C4C2015	Cash		16.07/2015	\$ 5.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronald C. Davis 2590 Harper Road Clemmons, NC 27012			Building Contractor			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C4C2015	Check		08/03/2015	\$ 500.00	
<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	
Chuck B. Houska 175 Notidge Court Clemmons, NC 27012			Commercial Property Manager			
			c. Employer's Name/Specific Field			
			CBRE Triad Commercial Property Management		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"/>	C4C2015	Check		08/05/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only (this Page)					\$ 1,105.00	
5. Total of ALL CRO-1210 Pages (This line must be on the 6th Detailed Summary Page CRO-1100)					\$ 1,105.00	

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
Combest For Council					2CQ6Q0
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	
None: No Disbursements To Dat					
		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	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
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	
None: No Disbursements to Date					
		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	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
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	
		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	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$
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>					
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>					
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)					