Contributions to Registered Entities Report Cover

Amendment ☐ Yes ☐ No

This form should be accompanied by forms CRO-2215B and CRO-2215C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement

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

d. Entity Type (Check One)

☐ Individual
☐ Other Organization
☐ Nonprofit Organization

e. Federal ID Number (if applicable)

f. Date Filed

g. Employer's Name or Principal Place of Business

h. Occupation

c. Detailed Description of Entity

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts

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

c. Employer's Name or Principal Place of Business

d. Occupation

6. Total Donations ALL Pages	**$**
7. Total Contributions ALL Pages	**$**

CERTIFICATION

I certify that this statement is complete, true and correct to the best of my knowledge. I further understand that this certification shall be treated as under oath, and any person making this certification knowing the information to be untrue is guilty of a Class I felony.

Printed Name of Signer _____ Signature _____ Date _____