Elaine F. Marshall, Secretary of State

Reportable Expenditures Made by Persons Exempted (See NCGS §120C-700)
Or Otherwise Not Covered by NCGS §120C (See NCGS §120C-800)

Period: Quarter Ended

Legal Name of Donor Individual or Entity:

Name and Title of Authorized Representative of Donor Entity if applicable:

Mailing Address of Donor/Authorized Representative:

Physical Address of Donor/Authorized Representative:

Telephone of Donor/Authorized Representative:

Fax: E-Mail Address:

Part I: Reportable Expenditures

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Expenditure (Indicate whether donor was outside North Carolina and whether donor was outside North Carolina at time expenditure was accepted)</th>
<th>Designated Individual Accepting Expenditure</th>
<th>Exp. Code*</th>
<th>Amount</th>
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Total (Must enter total or “0”) $______

*Expense Codes*

TL Transportation and Lodging
EN Entertainment
SC Scholarship (Grant-In-Aid to Attend Conference, Meeting or Event)

FB Food and Beverages
MR Meetings and Events
GI Gifts
O1 Other
**Part II: Scholarships**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Conference, Meeting or Event</th>
<th>Designated Individual Accepting Scholarship</th>
<th>Exp. Code*</th>
<th>Amount</th>
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<tr>
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<td>(In description of conference, meeting or event, indicate whether donor was outside North Carolina at time expenditure accepted)</td>
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*Expense Codes*

- TL: Transportation and Lodging
- FB: Food and Beverages
- GI: Gifts
- MK: Meetings and Events
- OT: Other
- SC: Scholarship (Grant-In-Aid to Attend Conference, Meeting or Event)

Total (Must enter total or "0") $_____

**Part III: For Use By Designated Individual Filers Only**

Full Name of Designated Individual/Public Servant: ______________________________

Government Agency: ______________________________ Title: ______________________________

Business Address (Physical):

________________________________________

Mailing Address: ______________________________

Telephone: ______________________________ Fax: ______________________________

E-Mail Address: ______________________________

**Part IV: Report Preparer’s Identity/Signature (Rule 18 NCAC 12.0205)**

Printed Full Name of Report Preparer: ______________________________

Signature of Report Preparer: ______________________________

**Part V: Certification**

I hereby certify that the information contained herein is to the best of my knowledge true, correct and complete.

Signature of Filer: □ Individual Donor □ Authorized Representative for Donor Entity □ Designated IndividualDonee

Printed Name/Title of Filer

Date: ______________________________