

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 ELECT MARK DOROSIN	c. ID Number
b. Mailing Address (include City, State and Zip Code) 113 CREEK VIEW CIRCLE CARRBORO, NC 27510	d. Date Filed 07/11/16
	e. Phone Number 919-967-1486

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	03/01/16	06/30/16	MARK DOROSIN

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	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure				
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		Mid Year	Semi-annual	
		Year End	Mid Year	
		Final	Year End	
		Special	Final	
			Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name BANK OF NORTH CAROLINA	a. Financial Institution Full Name	b. Purpose CAMPAIGN COMMITTEE	c. Account Code 1122
b. Purpose	b. Purpose	d. Period Begin Balance \$ 3005.77	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.

MARK DOROSIN
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

07/11/16
 Date

FOR OFFICE USE ONLY

Date Received: 7/12/2016 Employee: ge Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____

Date Scanned: 7/13/16 Employee: bb

Date Data Entered: _____ Employee: _____

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	
ELECT MARK DOROSIN		2 ND QUARTER			
Start of Election Cycle: January 1,		2013		Total this Reporting Period	
4) Cash on Hand at Start		\$ 3005.77		\$ 3985.47 800.76	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150	\$ 2469.69		
6) Contributions from Individuals	(CRO-1210)	\$ 900	\$ 7157.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1050	\$ 9626.69		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1927.69	\$ 7874.33		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 100.	\$ 500.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 414.00	\$ 439.00		
17) In-Kind Contributions	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2441.69	\$ 8813.33		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1614.08	\$ 4798.83 1614.08		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	Received		
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$			
26) Forgiven Loans	(CRO-1440)	\$			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$			
28) Contributions to be Refunded	(CRO-1215)	\$			

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	
ELECT MARK DOROSIN					
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	
DAVID BISHOP		LAWYER			
		c. Employer's Name/Specific Field			
		KIRBY MCINENERY LLP			
				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"/>	1122	ONLINE		03/04/2016	\$ 500
<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	
MIKE GREENSPAN 9 WREN DRIVE WOODBURY, NY 11797		DIGITAL ADVERTISING			
		c. Employer's Name/Specific Field			
		MATCH GROUP			
				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"/>	1122	ONLINE		03/02/2016	\$ 100
<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	
ARTHUR FELDMAN 4203 MONTROSE BLVD HOUSTON, TX 77006		LAWYER			
		c. Employer's Name/Specific Field			
		BERG FELDMAN JOHNSON			
				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"/>	1122	ONLINE	Received	03/08/2016	\$ 200
<input type="checkbox"/>			JUL 12 2016		\$
<input type="checkbox"/>			Orange Co. Bd. of Elections		\$
4. Total only this Page				\$	800
5. Total of ALL CRO-1210 Pages				\$	900
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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	
ELECT MARK DOROSIN						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBORAH BARRETT 7 PENICK LANE CHAPEL HILL NC 27516			b. Job Title/Profession SELF EMPLOYED		d. Comments	
			c. Employer's Name/Specific Field			
			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"/>	1122	CHECK		03/04/2016	\$	100
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			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"/>				Received	\$	
<input type="checkbox"/>				JUL 12 2016	\$	
<input type="checkbox"/>				Orange Co. Bd. of Elections	\$	
4. Total only this Page					\$	100
5. Total of ALL CRO-1210 Pages					\$	900
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

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
ELECT MARK DOROSIN					
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	
UNIVERSAL PRINTING 2410 HIGHWAY 54 EAST DURHAM NC 27714					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3630.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1122	CHECK	B	03/03/2016	\$1750.67	POSTCARDS
				\$	
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	
RON LIBERTI 98 BRIAR PATCH LANE CHAPEL HILL NC 27516					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 600	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1122	CHECK	B	03/19/2016	\$150.00	GRAPHIC DESIGN
				\$	
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	
PAYPAL WWW.PAYPAL.COM					
		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:		\$ 167.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1122	ONLINE	O	03/16/2016	\$27.02	BANK FEES
				\$	
5. Total only this Page					\$ 1927.69
6. Total of ALL CRO-1310 Pages					\$ 2027.69
<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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

JUL 12 2016
Orange Co. Bd. of Elections

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
ELECT MARK DOROSIN					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" 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	
NC ACLU PO BOX 28004 RALEIGH NC 27611					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 100	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	O	04/02/2016	\$100	DONATION TO NONPROFIT
				\$	
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)		e. Election Sum to Date	
		<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
				\$	
				\$	
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)		e. Election Sum to Date	
		<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
				\$	
				\$	
5. Total only this Page					\$ 100
6. Total of ALL CRO-1310 Pages					\$ 2027.69
<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	Orange Co. Bd. of Elections				
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

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		
ELECT MARK DOROSIN					
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		h. Original Receipt Date	
MARK DOROSIN 113 CREEKVIEW CIRCLE CARRBORO NC 27510		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/02/2016	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 414.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
LAWYER		UNC LAW SCHOOL		REIMBURSEMENT FOR ADVERTISING COSTS	
f. Purpose Code		j. Election Sum to Date			
O		\$ 414.00			
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
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		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
f. Purpose Code		j. Election Sum to Date			
O		\$			
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
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		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
f. Purpose Code		j. Election Sum to Date			
		\$			
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page					
				\$ 414.00	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					
				\$ 414.00	
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)					

Received