

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 TED MOHN FOR COUNCIL | c. ID Number 60YC8F |
| b. Mailing Address (include City, State and Zip Code) 6961 BONE CREEK DRIVE FAYETTEVILLE, NC 28314 | d. Date Filed 26 Oct 2009 |
| | e. Phone Number (910) 867-1342 |

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2009 | 3. Period Start Date (mm/dd/yy) 09/23/09 | 4. Period End Date (mm/dd/yy) 10/19/09 | 5. Treasurer Full Name THEODORE W MOHN |
|-------------------------------|--|--|--|

| | | | |
|--|--|---|---|
| 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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC | Municipal | State/County | Referendum |
| 7. Type of Fund (if applicable, check one) | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> "Booster Fund" | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First Plus | <input type="checkbox"/> Final |
| <input type="checkbox"/> Building Fund | <input checked="" type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> NC Political Party Financing Fund | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third Plus | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | 10. Special Report Name |
| <input type="checkbox"/> Other: | <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 | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Special | |

| | | | |
|--|---|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name BB&T RAEFORD ROAD | | a. Financial Institution Full Name | |
| b. Purpose CITY COUNCIL CAMPAIGN FUND | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ \$320.05 | | d. Period Begin Balance \$ |

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

THEODORE W. MOHN
 Printed Name of Signer

Theodore W. Mohn
 Signature of Appointed Treasurer

26 Oct 2009
 Date

FOR OFFICE USE ONLY

Date Received: 10-26-09 Employee: *Urgie*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED

OCT 26 2009

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.

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 | |
| TED MOHN FOR COUNCIL | | | | | 60YC8F | |
| 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 | |
| DENNIS GOULD 7099 Calamar Dr. Fayetteville, NC 28314 | | | RETIRE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 25 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | CHECK | | 10/03/09 | | \$ 25 |
| <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 | |
| | | | | | | |
| | | | 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 | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,026 | |
| 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"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 25 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 25 | |

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 | 2. ID Number | |
|---|---------------------|------------------------------------|----------------------------------|
| TED MOHN FOR COUNCIL | Pre-Election Report | 60YC8F | |
| Start of Election Cycle: | January 1, | 2009 | |
| | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 320.05 | \$ 231.05 |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 25 | \$ 275 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ 250 |
| 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) | \$ | \$ |
| 12) TOTAL RECEIPTS | | \$ | \$ 525 |
| <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i> | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | \$ 411 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Loan Repayments | (CRO-1420) | \$ | \$ |
| 15) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 16) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 17) TOTAL EXPENDITURES | | \$ | \$ 411 |
| <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i> | | | |
| 18) Cash on Hand at End | | \$ 345.05 | \$ 345.05 |
| <i>(Add lines 4 and 12 together, then subtract line 17)</i> | | | |
| 19) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 20) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | |
| 21) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | |
| 22) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | |
| 23) Account Transfers Within the Committee | (CRO-1720) | \$ | |
| 24) Administrative Support | (CRO-1710) | \$ | \$ |
| 25) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 26) 48-Hour Notice Reports Sum | | \$ | \$ |