

**REPORT OF RECEIPTS AND DISBURSEMENTS
FOR A COMMITTEE OR ORGANIZATION
SUPPORTING A NOMINATING CONVENTION
(Summary Page)**

1. (a) Name of Committee (in full) COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE	2. FEC Identification Number C00493254
(b) Address (Number and Street) P.O. BOX 36481	3. Type of Committee/Organization: <input type="checkbox"/> Convention Committee <input checked="" type="checkbox"/> Host Committee <input type="checkbox"/> Other _____ (specify)
(c) City, State and ZIP Code CHARLOTTE NC 28236	

4. TYPE OF REPORT (Check appropriate box(es)):

(a) POST CONVENTION REPORT
 QUARTERLY REPORT (check one) April 15 July 15 October 15 January 31
 FINAL REPORT(b) Is this an Amendment? YES NO**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

5. Covering Period FROM: 10/01/2014 THROUGH: 12/31/2014

SECTION A — CASH BALANCE SUMMARY	Column A This Period	Column B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		503997.44
(b) Cash on Hand at Beginning of Reporting Period	503417.98	
(c) Total Receipts (From Line 20)	0.00	0.00
(d) Subtotal (Add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	503417.98	503997.44
7. Total Disbursements (From Line 25)	69.94	649.40
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	503348.04	503348.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)	0.00	
SECTION B — SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS		
11. Convention Expenditures (From Line 21(c))	69.94	649.40
12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))	0.00	0.00
(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)	69.94	649.40
(b) Expenditures from Prior Years Subject to Limitation	0.00	0.00
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))		649.40

I certify that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.

HARVEY GANTT

[Electronically Filed]

02/04/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

For Further Federal Election Commission
Information Toll Free 800/424-9530
Contact: Local 202/694-1100

FE1AN056

FEC FORM 4 (Revised 1/2001)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(Page 2 of FEC Form 4)**

Name of Committee (in Full) COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE	Report Covering the Period: FROM: 10/01/2014 TO: 12/31/2014	
RECEIPTS	Column A This Period	Column B Calendar Year-to-Date
	13. Federal Funds (Itemize all on Schedule A)	0.00
14. Contributions to Defray Convention Expenses:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Contributions to Defray Convention Expenses (Add Lines 14(a) and 14(b))	0.00	0.00
15. Transfers from Affiliated Committees	0.00	0.00
16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))		
(a) Loans Received	0.00	
(b) Loan Repayments Received	0.00	
(c) Subtotal of Loans and Loan Repayments Received (Add Lines 14a and 14b)	0.00	0.00
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (Add Lines 17(a) and 17(b))	0.00	0.00
18. Other Refunds, Rebates, Returns of Deposits:		
(a) Itemized Other Refunds, Rebates, Returns of Deposits	0.00	
(b) Unitemized Other Refunds, Rebates, Returns of Deposits	0.00	
(c) Subtotal of Other Refunds, Rebates, Returns of Deposits (Add Lines 18(a) and 18(b))	0.00	0.00
19. Other Income:		
(a) Itemized (Use Schedule A)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Other Income (Add Lines 19(a) and 19(b))	0.00	0.00
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c))	0.00	0.00
DISBURSEMENTS		
21. Convention Expenditures:		
(a) Itemized (Use Schedule B)	69.94	
(b) Unitemized	0.00	
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))	69.94	649.40
22. Transfers to Affiliated Committees	0.00	0.00
23. Loans and Loan Repayments Made:		
(a) Loans Made	0.00	
(b) Loan Repayments Made	0.00	
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a) and 23(b))	0.00	0.00
24. Other Disbursements:		
(a) Itemized (Use Schedule B)	0.00	
(b) Unitemized	0.00	
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))	0.00	0.00
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))	69.94	649.40

SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

21a 22 23a 23b 24a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE FOR CHARLOTTE/CHARLOTTE DNC HOST COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cybersource

Mailing Address 1295 Charleston Road

City Mountainview State CA Zip Code 94043

Purpose of Disbursement
Merchant Card Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Amount of Each Disbursement this Period

69.94

Transaction ID : SB21A.9424

Category/
Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

69.94

69.94