

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 52114 Greene for Tom Council		c. ID Number 10Y536
b. Mailing Address (include City, State and Zip Code) 406 Morgan Creek Rd. Chapel Hill, NC 27517		d. Date Filed 7/25/2014
		e. Phone Number (919) 968-2743

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 01/01/2014	4. Period End Date (mm/dd/yy) 06/30/2014	5. Treasurer Full Name LEON JOSEPHSON
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6. Type of Committee (Check One)

- Candidate Campaign
 PAC
 Independent Expenditure
 Legal Expense Fund
 Party
 Referendum
 Joint Fundraiser

7. Type of Fund (if applicable, check one)

- Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

- | Municipal | State/County | Referendum |
|--|---|--|
| <input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day
<input type="checkbox"/> Pre-primary
<input type="checkbox"/> Pre-election
<input type="checkbox"/> Pre-runoff
<input checked="" type="checkbox"/> Semi-annual
<input type="checkbox"/> Mid Year
<input type="checkbox"/> Year End
<input type="checkbox"/> Final
<input type="checkbox"/> Special | <input type="checkbox"/> Organizational
<input type="checkbox"/> Quarterly
<input type="checkbox"/> First
<input type="checkbox"/> Second
<input type="checkbox"/> Third
<input type="checkbox"/> Fourth
<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Mid Year
<input type="checkbox"/> Year End
<input type="checkbox"/> Final
<input type="checkbox"/> Special | <input type="checkbox"/> Organizational
<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Final
<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Annual
<input type="checkbox"/> Special |

10. Special Report Name

11. Account Information

a. Financial Institution Full Name Coastal Federal Credit Union		11. Account Information	
b. Purpose Campaign Finance		a. Financial Institution Full Name Coastal Federal Credit Union	
c. Account Code 01	d. Period Begin Balance \$ 2379.62	b. Purpose Campaign Finance	c. Account Code 02
			d. Period Begin Balance \$ 407.11

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.

LEON JOSEPHSON

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

7/25/2014

Date

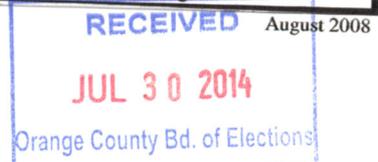
FOR OFFICE USE ONLY

Date Received: 7/30/14	Employee: <i>[Signature]</i>	Delivery Method
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned: 7/30/14	Employee: <i>[Signature]</i>	<input type="checkbox"/> Registered Mail
Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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.

CRO-1000

NC State Board of Elections



Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
52114 Greene for Town Council	2014 Mid-Year Semi-annual	10Y536
Start of Election Cycle: January 1, <u>2014</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2786.73	\$ 2400.80 2786.73
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 8324.95 0
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.24	\$ 36.55 .24
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0.24	\$ 8361.50 .24
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1000.00	\$ 7571.38 1000.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 275.00	\$ 775.00 275.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 24.00 0
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 879.95 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1275.00	\$ 9250.33 1275.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1511.97	\$ 1511.97
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

CRO-1100

NC State Board of Elections

August 2008

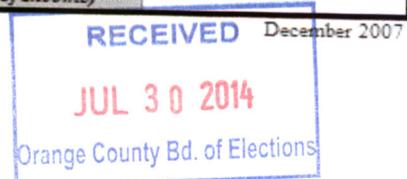
JUL 30 2014

Orange County Bd. of Elections

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SALLY GREENE FOR TOWN COUNCIL					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
COASTAL FEDERAL CREDIT UNION P.O. BOX 58429 RALEIGH, NC 27658-8429					
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$ 0.32		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
02	Electric Funds Tran		01/31/2014	\$	0.04
02	Electric Funds Tran		02/28/2014	\$	0.04
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
COASTAL FEDERAL CREDIT UNION P.O. BOX 58429 RALEIGH, NC 27658-8429					
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$ 0.32		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
02	Electric Funds Tran		03/31/2014	\$	0.04
02	Electric Funds Tran		04/30/2014	\$	0.04
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
COASTAL FEDERAL CREDIT UNION P.O. BOX 58429 RALEIGH, NC 27658-8429					
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$ 0.32		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
02	Electric Funds Tran		05/31/2014	\$	0.04
02	Electric Funds Tran		06/30/2014	\$	0.04
5. Total only this Page				\$ 0.24	
6. Total of ALL CRO-1250 Pages				\$ 0.24	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					



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) SALLY GREENE FOR TOWN COUNCIL						2. ID Number
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 <i>(include city, state, & zip)</i> BARRY JACOBS FOR COMMISSIONER 2915 MOOREFIELDS ROAD HILLSBOROUGH, NC 27278				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date \$ 25.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	D	04/14/2014	\$ 25.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> COMMITTEE TO ELECT GRAIG MEYER P.O. BOX 867 HILLSBOROUGH, NC 27278				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date \$ 50.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	D	03/20/2014	\$ 50.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FOUSHEE FOR NC 357 WESLEY DRIVE CHAPEL HILL, NC 27516				b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date \$ 50.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	D	01/28/2014	\$ 50.00		
				\$		
5. Total only this Page						\$ 125.00
6. Total of ALL CRO-1310 Pages <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>						\$ 275.00
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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						
* Codes require detailed explanation in required remarks field (k)						

JUL 30 2014
 Orange County 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	
SALLY GREENE FOR TOWN COUNCIL						
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
LILLIAN'S LIST OF NC 2912 HIGHWOODS BLVD STE #203 RALEIGH, NC 27604						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	03/10/2014	\$ 150.00	CONTRIBUTION	
				\$		
5. Total only this Page					\$ 150.00	
6. Total of ALL CRO-1310 Pages					\$ 275.00	
<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						
* Codes require detailed explanation in required remarks field (k)						



Disbursements

Amendment
 Yes No

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	
SALLY GREENE FOR TOWN COUNCIL					
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
SPLINTER GROUP 605 WEST MAIN STREET #201 CARRBORO, NC 27510					
			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:		
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	05/01/2014	\$ 500.00	WEBSITE DEVELOPMENT
01	Check	O	06/24/2014	\$ 500.00	WEBSITE DEVELOPMENT
5. Total only this Page					\$ 1,000.00
6. Total of ALL CRO-1310 Pages					\$ 1,000.00
<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 <i>(List detailed expenditure code in (h.) above)</i>					
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					
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

