

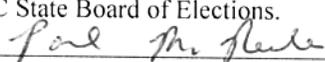
# Disclosure Report Cover

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 NEEBE FOR TOWN COUNCIL		c. ID Number 4HD705	
b. Mailing Address (include City, State and Zip Code) 1002 HIGHLAND WOODS ROAD CHAPEL HILL, NC 27517		d. Date Filed 01/12/15	
		e. Phone Number 919-967-1554	
2. Report Year 2014	3. Period Start Date (mm/dd/yy) 07/01/14	4. Period End Date (mm/dd/yy) 012/31/14	5. Treasurer Full Name PAUL M. NEEBE
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <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 type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input checked="" type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <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	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name Bank of North Carolina		a. Financial Institution Full Name	
b. Purpose	c. Account Code PMN	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 24.26		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.			
PAUL M NEEBE Printed Name of Signer		 Signature of Appointed Treasurer	01/12/15 Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Postmarked: _____	Employee: _____		
Date Scanned: <u>1-20-14</u>	Employee: _____		
Date Data Entered: _____	Employee: _____		
<b>Please Note:</b> 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.			

JAN 15 2015

# 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	
Neebe for Town Council	End Year Semi Annual 2014	4HD705	
<b>Start of Election Cycle:</b>	<b>January 1, 2014</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 24.26	\$ 24.26
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 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)	\$	\$
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)		\$ 0	\$ 0
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 0
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0	\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 24.26	\$ 24.26
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 300.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
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)	\$	\$

# Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>
Neebe for Town Council			4HD705
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Paul M. Neebe 1002 Highland Woods Road Chapel Hill, NC 27517 919-967-1554	<b>b. Job Title/Profession</b> Trumpeter/Musician Broker in Charge/ Realtor		<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b> 09/08/2013
			<b>f. End Date (mm/dd/yyyy)</b> 11/07/2013
<b>g. Rate</b> %	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b> \$ 105.00	<b>j. Remaining Loan Balance</b> \$ 0
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Paul M. Neebe 1002 Highland Woods Road Chapel Hill, NC 27517 919-967-1554	<b>b. Job Title/Profession</b> Trumpeter/Musician Broker in Charge/ Realtor		<b>d. Comments</b> November 7, 2013 Repaid \$595.74
	<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b> 09/16/2013
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b> %	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b> \$ 895.74	<b>j. Remaining Loan Balance</b> \$ 300.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>		<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b> %	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b> \$	<b>j. Remaining Loan Balance</b> \$
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>4. Total only this Page</b>			\$ 300.00
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 300.00

JAN 15 2015

# Statement of Organization Addendum

Use this form to supply additional assistant treasurer information or additional account information

This form must be accompanied by form CRO-3500 if additional accounts are being reported

<b>1. Committee Full Name (and Fund if applicable)</b> Neebe for Town Council		<b>2. ID Number</b> 4HD705	
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <small>(incl. CRO-3500)</small>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Harrington Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Harrington Bank was taken over by BNC Banking <i>Account number stayed the same.</i>	
c. Phone Number	d. Email Address	c. Account Code PMN	d. Type
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <small>(incl. CRO-3500)</small>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name Bank of North Carolina BNC Banking	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code PMN	d. Type
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <small>(incl. CRO-3500)</small>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <small>(incl. CRO-3500)</small>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <small>(incl. CRO-3500)</small>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

**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.

JAN 15 2015

Paul M Neebe  
Printed Name of Signer

*Paul M Neebe*  
Signature of Appointed Treasurer

01/12/2015  
Date