

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 Chaney for Carrboro		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 217-E Hillsborough Road Carrboro, NC 27510		d. Date Filed 10-26-2015	
		e. Phone Number 919-360-4346	

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	07/01/2015	10/19/2015	Bethany Evelyn Chaney

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		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Expenditure			Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Legal Expense Fund				<input type="checkbox"/> Pre-referendum
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 checked="" type="checkbox"/> Pre-election	<input 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:		<input type="checkbox"/> Mid Year	Semi-annual	
		<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	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name NC State Employees' CU	b. Purpose All expenses and ultimate depository for all funds.	a. Financial Institution Full Name PayPal	b. Purpose To receive donations on-line; transferred to CU1.
c. Account Code CU1	d. Period Begin Balance \$ 574.90	c. Account Code PP1	d. Period Begin Balance \$ 0

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.

Bethany E. Chaney
Printed Name of Signer

Bethany E. Chaney
Signature of Appointed Treasurer

7/31/2015
Date

FOR OFFICE USE ONLY

Date Received: 10/26/15 Employee: [Signature]

Date Postmarked: _____ Employee: _____

Date Scanned: 10/29/15 Employee: [Signature]

Date Data Entered: _____ Employee: _____

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.

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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	
Chaney for Carrboro		Pre-Election			
Start of Election Cycle:		January 1,	2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 574.90	\$ 587.54
RECEIPTS					
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)	\$ 0	\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$.13	\$.49	
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	
11 e) 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)			\$.13	\$.49	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 1.00	\$ 14.00	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures		(CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0	\$ 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	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1.00	\$ 14.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 574.03	\$ 574.03	
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-2200)	\$ 0	\$ 0	
28) Contributions to be Refunded		(CRO-1215)	\$ 0	\$ 0	

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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	
Chaney for Carrboro					
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	
NC SECU 100 Highway 54 West Carrboro, NC 27510 919-967-0833				Interest earned 09/23/2015- 10/19/2015	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$.49		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
CU1	Credit		10/05/2015	\$.13	
				\$	
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	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
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	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
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	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page Orange County Bd. of Elections					
				\$.13	
6. Total of ALL CRO-1250 Pages					
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>				\$.13	
<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)					2. ID Number
Chaney for Carrboro					
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	
NCSECU 100 Highway 54 West Carrboro, NC 27510 919-967-0833				Monthly Fees 9/2/15-10/19/15	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 4.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CU1	Draft	O	10/05/2015	\$1.00	Fees
				\$	
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	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$	
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	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$	
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					\$ 1.00
6. Total of ALL CRO-1310 Pages					\$ 1.00
<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					

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