

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 Broun for School Board			c. ID Number KHDXP	
b. Mailing Address (include City, State and Zip Code) 107 Creekview Circle Carrboro, North Carolina 27510			d. Date Filed 07/17/2015	
			e. Phone Number 919-933-7725	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2015	06/30/2015	10/19/2015	Anissa Carol McLendon	
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 <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <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 0		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name SunTrust		a. Financial Institution Full Name		
b. Purpose Candidate Campaign Account	c. Account Code CKG	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 0.00		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.				
Anissa C. McLendon		Anissa C. McLendon		10/23/2015
Printed Name of Signer		Signature of Appointed Treasurer		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:	[Signature]	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training		
RECEIVED OCT 26 2015				
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or county information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

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	
Broun for School Board		Pre-Election		KHDXP	
Start of Election Cycle:		January 1, 2015		Total this Reporting Period	
4) Cash on Hand at Start				\$ 0.00	
				\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 169.00	\$ 169.00	
6) Contributions from Individuals		(CRO-1210)	\$ 1730.00	\$ 1730.00	
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	\$ 0	
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)			\$ 1899.00	\$ 1899.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 1013.57	\$ 1013.57	
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)	\$ 5.00	\$ 5.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1018.57	\$ 1018.57	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 880.43	\$ 880.43	
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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Contributions from Individuals

Amendment
 Yes No

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	
Broun for School Board					KHDXP	
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	
Joal Hall Broun 107 Creekview Circle Carrboro, North Carolina 27510 919-933-7725			Lobbying Compliance Director		Opened Suntrust business checking account	
			c. Employer's Name/Specific Field			
			State of North Carolina		e. Election Sum to Date	
				\$ 105.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CKG	Cash	Open account	07/21/2015	\$ 100.00	
<input type="checkbox"/>	CKG	Cash	Filing fee	07/17/2015	\$ 5.00	
<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	
Jamezetta R. Bedford 401 Knob Court Chapel Hill, North Carolina 27517 919-968-4911			NC CPA			
			c. Employer's Name/Specific Field			
			Coleman Huntoon and Brown PLLC		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CKG	Check 1311		07/17/2015	\$ 100.00	
<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	
Russell Blackwell 105 Downing Creek Chapel Hill, North Carolina 27516-9225						
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CKG	Check #778		08/15/2015	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 255.00	
5. Total of ALL CRO-1210 Pages					\$ 1730	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1800.00	

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Broun for School Board						KHDXP	
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	
Bethany Chaney 217 East Hillsborough Road Carrboro, North Carolina 27510 919-360-4346				Consultant to Non-Profits			
				c. Employer's Name/Specific Field			
				Self-Employed			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check #298		08/15/2015		\$ 50.00	
<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	
Marion Phillips 1101 Old Lystra Road Chapel Hill, North Carolina 27517 919-967-4977							
				c. Employer's Name/Specific Field			
				Retired			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check #626		08/16/2015		\$ 100.00	
<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	
Eugene Farrar 803 North Estes Drive Chapel Hill, North Carolina 27514 919-933-2198				Custodian			
				c. Employer's Name/Specific Field			
				Chapel Hill-Carrboro City Schools			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	CC022613		09/02/2015		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages						\$ 1730	
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1. Committee Full Name (and Fund if applicable)					2. ID Number	
Broun for School Board					KHDXP	
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	
Elizabeth Stuckey 115 Virginia Drive Chapel Hill, North Carolina 27514 919-942-8373			Office Manager			
			c. Employer's Name/Specific Field			
			Triangle Pod & Spa Company			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CKG	Check #520		09/02/2015	\$ 50.00	
<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	
Joanna Barnes 308 Sunset Creek Cicle Chapel Hill, North Carolina 27516 919-929-3621						
			c. Employer's Name/Specific Field			
			Homemaker			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CKG	Check#4235		09/05/2015	\$ 100.00	
<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	
Doreen Stein-Seroussi 109 Creekview Circle Carrboro, North Carolina 27510 919-933-5192			Yoga Instructor			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CKG	Check#3058		09/12/2015	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages					\$ 1730	
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1730
~~1800.00~~
AM

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Broun for School Board						KHDXP	
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	
Collene Rogers 108 Collene Lane Chapel Hill, North Carolina 27516 919-932-1421				Retired			
						e. Election Sum to Date	
				\$ 50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check #201		08/31/2015		\$ 50.00	
<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	
Caitlin Fenhagen 314 Winter Drive Chapel Hill, North Carolina 27517 919-969-7623				Attorney Capital Assistant Defender			
				State of North Carolina		e. Election Sum to Date	
				\$ 50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check#1710		09/12/2015		\$ 50.00	
<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	
Paula Harrington 41005 Oaks Drive Apt. 18 Durham, North Carolina 27707 919-490-0487				Outreach Worker			
				Oxford House		e. Election Sum to Date	
				\$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check#3652		09/20/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages						\$ 1730	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						1800.00 AM	

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Broun for School Board						KHDXP	
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	
Stanley Foushee 145 Rubrum Drive Hillsborough, North Carolina 27278 919-245-3266				c. Employer's Name/Specific Field Retired		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Cash		09/27/2015		\$ 50.00	
<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	
Marjorie Broun 140 West Franklin Street Apt. 607 Chapel Hill, North Carolina 27516 919-903-8451				c. Employer's Name/Specific Field Retired		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check#8014		09/23/2015		\$ 100.00	
<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	
Kenneth Broun 140 West Franklin Street Apt. 607 Chapel Hill, North Carolina 27516 919-903-8451				c. Employer's Name/Specific Field Retired		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	CKG	Check#8015		09/23/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 250.00	
5. Total of ALL CRO-1210 Pages						\$ 1730	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1800.00	

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 Yes No

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Broun for School Board						KHDXP	
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	
Wanda Hunter 817 Old Mill Road Chapel Hill, North Carolina 27514 919-929-9655				Retired		e. Election Sum to Date	
						\$ 100.00	
				f. Prior		g. Account Code	
<input type="checkbox"/>		CKG		Check #101			
<input type="checkbox"/>						09/25/2015	
<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	
Anna Richards PO Box 2401 Chapel Hill, North Carolina 27515-2401						e. Election Sum to Date	
						\$ 75.00	
				f. Prior		g. Account Code	
<input type="checkbox"/>		CKG		Check#8082			
<input type="checkbox"/>						09/25/2015	
<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	
Reginale Hildebrand 319 Whitney Lane Durham, North Carolina 27713 919-450-0870				African-American Studies Professor		e. Election Sum to Date	
						\$ 50.00	
				f. Prior		g. Account Code	
<input type="checkbox"/>		CKG		Check#4040			
<input type="checkbox"/>						09/25/2015	
<input type="checkbox"/>							
						\$	
						\$	
4. Total only this Page						\$ 225.00	
5. Total of ALL CRO-1210 Pages						\$ 1730	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1800.00	

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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) Broun for School Board	2. ID Number KHDXP
--	------------------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Committee to Elect Glen Gerding 314 Winter Drive Chapel Hill, North Carolina 27517-4838	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field Self-Employed	
		e. Election Sum to Date \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CKG	Check#1026		10/06/2015	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

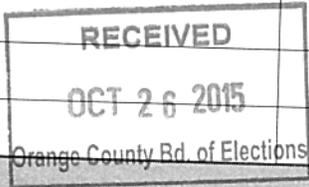
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jane Stein 750 Weaver Dairy Road Apt. 1324 Chapel Hill, North Carolina 27514 919-969-4530	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field Retired	
		e. Election Sum to Date \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CKG	Check#7789		10/08/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Judith Jones 205 Huntington Drive Chapel Hill, North Carolina 27514 919-929-1209	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field Retired	
		e. Election Sum to Date \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CKG	Check#5677		10/14/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

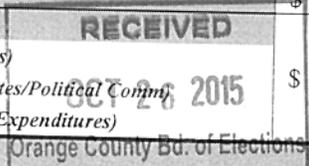


4. Total only this Page	\$ 400.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1730 1800.00 AM

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) Broun for School Board					2. ID Number KHDXP
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) VIP Print and Sign 99 South Elliott Road Chapel Hill, North Carolina 27514		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1001.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	VISA	B	09/16/2015	\$500.79	Yard Signs
	VISA	B	09/25/2015	\$500.78	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Suntrust Bank 102 Highway 54 West Carrboro, North Carolina 27510		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 12.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Electronic	0	10/01/2015	\$12.00	Bank Charge
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joal Broun 107 Creekview Circle Carrboro, North Carolina 27510 919-933-7725		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1001.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	OC4038110856	B	09/29/2015	\$1001.57	Candidate reimbursed from purchasing yard signs
				\$	
5. Total only this Page					\$ 1013.57
6. Total of ALL CRO-1310 Pages					\$ 1013.57
<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					



In-Kind Contributions

Amendment

Yes No

Pg 1 of 1

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Broun for School Board		KHDXP	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
Joal Broun 107 Creekview Circle Carrboro, North Carolina 27510 919-933-7725	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
	d. Election Sum to Date		\$ 105.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		07/17/2015	\$ 5.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			
5. Total of ALL CRO-1510 Pages		\$ 5.00	
(This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 5.00	

CRO-1510

RECEIVED
December 2007
OCT 26 2015
Orange County Bd. of Elections



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Broun for School Board
 Treasurer Name: Anissa C. McLendon
 Treasurer Address: 111 Alabama Avenue
 (include city, state, & zip) Carrboro, NC 27510

 Treasurer Phone: 919-932-5321

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

10/26/15
 Date Signed

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 OCT 26 2015
 Orange County Bd. of Elections

Joal H. Broun
 Signature