

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) COMMITTEE TO ELECT LEE STORROW	2. Type of Report 2015 Pre-Election	3. ID Number 089-KICD3K-C-001
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Start of Election Cycle: January 1, 2012	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 16,511.24	\$ 550.00

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)	\$ 1,529.00	\$ 21,414.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 100.00	\$ 936.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1,629.00	\$ 22,350.00

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,425.11	\$ 4,939.87
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 250.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 445.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,425.11	\$ 5,634.87
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 16,715.13	\$ 17,265.13

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

RECEIVED
 OCT 29 2015
 Orange County Bd. of Elections

Contributions from Individuals

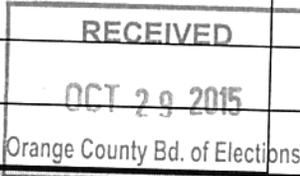
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) EMILY ADAMS 5646 WILLOW BLAIR PL CHAPEL HILL, NC 27516			b. Job Title/Profession NONPROFIT ADMINISTRATOR		d. Comments
			c. Employer's Name/Specific Field PPSAT		
					e. Election Sum to Date \$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	9140311	Credit Card		04/27/2015	\$ 10.00
<input checked="" type="checkbox"/>	9140311	Credit Card		05/27/2015	\$ 10.00
<input checked="" type="checkbox"/>	9140311	Credit Card		06/28/2015	\$ 10.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) EMILY ADAMS 5646 WILLOW BLAIR PL CHAPEL HILL, NC 27516			b. Job Title/Profession NONPROFIT ADMINISTRATOR		d. Comments
			c. Employer's Name/Specific Field PPSAT		
					e. Election Sum to Date \$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	9140311	Credit Card		07/28/2015	\$ 10.00
<input checked="" type="checkbox"/>	9140311	Credit Card		08/28/2015	\$ 10.00
<input type="checkbox"/>	9140311	Credit Card		09/28/2015	\$ 10.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRUCE BALLANTINE 204 TELLURIDE TRL CHAPEL HILL, NC 27514			b. Job Title/Profession ENGINEER		d. Comments
			c. Employer's Name/Specific Field BALLENTINE ASSOCIATES		
					e. Election Sum to Date \$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		09/28/2015	\$ 100.00
<input type="checkbox"/>	9140311	Credit Card		10/19/2015	\$ 50.00
<input type="checkbox"/>					\$



4. Total only this Page	\$ 160.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,529.00

Contributions from Individuals

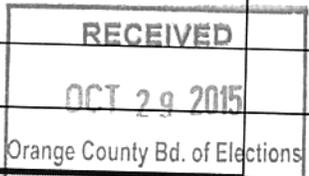
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH BRANDON 808 GLENDALE DRIVE GREENSBORO, NC 27406		b. Job Title/Profession EXECUTIVE DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field CAROLINACAN		e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		09/30/2015	\$ 25.00
<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) EMILY CALLEN 1020 W PEACE ST RALEIGH, NC 27605		b. Job Title/Profession FIELD DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field PLANNED PARENTHOOD SOUTH ATLANTIC		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"/>	9140311	Credit Card		09/24/2015	\$ 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) RITNEY CASTINE 5403 9TH ST NW WASHINGTON, DC 20011		b. Job Title/Profession MANAGING DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field AMERICAN LEGACY FOUNDATION		e. Election Sum to Date \$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/19/2015	\$ 10.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$



4. Total only this Page	\$ 135.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,529.00

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) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEANNE DAIRAGHI 54 AUSTINS KNL MARSHALL, NC 28753			b. Job Title/Profession ASSISTANT DIRECTOR		d. Comments
			c. Employer's Name/Specific Field YES!		
					e. Election Sum to Date \$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/19/2015	\$ 25.00
<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) DONALD DAVIS 507 GURLEY ST DURHAM, NC 27701			b. Job Title/Profession ATTORNEY		d. Comments
			c. Employer's Name/Specific Field THE NOBLE LAW FIRM		
					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"/>	9140311	Credit Card		10/13/2015	\$ 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) KAREN DEHART 102 OLD LARKSPUR WAY CHAPEL HILL, NC 27516			b. Job Title/Profession DEVELOPMENT		d. Comments
			c. Employer's Name/Specific Field NCHSAA		
					e. Election Sum to Date \$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Debit Card	RECEIVED	09/23/2015	\$ 25.00
<input type="checkbox"/>			OCT 29 2015		\$
<input type="checkbox"/>			Orange County Bd. of Elections		\$

4. Total only this Page	\$ 100.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,529.00

Contributions from Individuals

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1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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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	
BRIAN FITZSIMMONS 5400 GLENWOOD AVE SUITE G-11 RALEIGH, NC 27612		INSURANCE SALES			
		c. Employer's Name/Specific Field THE SORIN INSURANCE GROUP			
				e. Election Sum to Date	
				\$ 270.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/08/2015	\$ 30.00
<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	
MICHAEL FOOTE 121 N ANN ST BALTIMORE, MD		MEDICAL STUDENT			
		c. Employer's Name/Specific Field JOHNS HOPKINS			
				e. Election Sum to Date	
				\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Debit Card		09/23/2015	\$ 25.00
<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	
DAVID GODSCHALK 750 WEARY DAIRY RD CHAPEL HILL, NC 27514		RETIRED			
		c. Employer's Name/Specific Field RETIRED			
				e. Election Sum to Date	
				\$ 35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/13/2015	\$ 35.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

RECEIVED

OCT 29 2015

Orange County Bd. of Elections

4. Total only this Page					\$ 90.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,529.00

Contributions from Individuals

Amendment
 Yes No

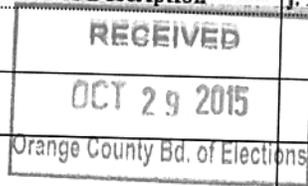
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BRAD JOHNSON RALEIGH, NC		CONSULTANT			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CIVIC PLUS		\$ 336.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/14/2015	\$ 86.00
<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	
MISSY JULIAN-FOX 324 W UNIVERSITY DR CHAPEL HILL, NC 27516		DIRECTOR			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		UNC VISITORS CENTER		\$ 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"/>	9140311	Debit Card		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	
LYNNE KANE PO BOX 2552 CHAPEL HILL, NC 27515		RETIRED			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		RETIRED		\$ 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"/>	9140311	Check		09/27/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$



4. Total only this Page					\$ 211.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,529.00

Contributions from Individuals

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1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DIANE LADD 1021 HILLSIDE DR CHAPEL HILL, NC 27517	b. Job Title/Profession ACCOUNTING	d. Comments
	c. Employer's Name/Specific Field UNC-CH	
		e. Election Sum to Date \$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/18/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

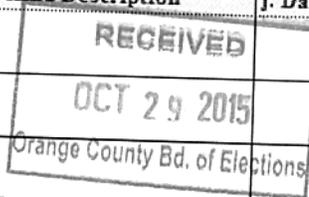
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEVE MILLSAPS 140 W FRANKLIN ST CHAPEL HILL, NC 27514	b. Job Title/Profession N/A	d. Comments
	c. Employer's Name/Specific Field N/A	
		e. Election Sum to Date \$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Check		10/13/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA NETTESHEIM 750 WEAVER DAIRY RD 237 CHAPEL HILL, NC 27514	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field RETIRED	
		e. Election Sum to Date \$ 65.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	9140311	Check		03/20/2015	\$ 25.00
<input type="checkbox"/>	9140311	Check		10/13/2015	\$ 40.00
<input type="checkbox"/>					\$



4. Total only this Page \$ 90.00

5. Total of ALL CRO-1210 Pages \$ 1,529.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

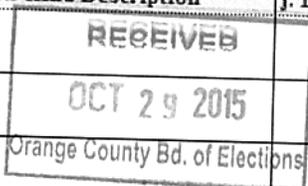
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1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) FLORENCE PEACOCK 306 N BOUNDARY ST CHAPEL HILL, NC 27514			b. Job Title/Profession OPERA SINGER		d. Comments
			c. Employer's Name/Specific Field SELF EMPLOYED		
					e. Election Sum to Date \$ 300.00
f. Prior <input type="checkbox"/>	g. Account Code 9140311	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 09/27/2015	k. Amount \$ 300.00
<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) JIM PEACOCK 306 N BOUNDARY ST CHAPEL HILL, NC 27514			b. Job Title/Profession PROFESSOR		d. Comments
			c. Employer's Name/Specific Field UNC		
					e. Election Sum to Date \$ 300.00
f. Prior <input type="checkbox"/>	g. Account Code 9140311	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 09/27/2015	k. Amount \$ 300.00
<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) SHAWN SLOME 418 DRAGONFLY TRL CHAPEL HILL, NC 27517			b. Job Title/Profession PRINCIPAL		d. Comments
			c. Employer's Name/Specific Field TWIG		
					e. Election Sum to Date \$ 50.00
f. Prior <input type="checkbox"/>	g. Account Code 9140311	h. Form of Payment Credit Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/16/2015	k. Amount \$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$



4. Total only this Page					\$ 650.00
5. Total of ALL CRO-1210 Pages					\$ 1,529.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAN STORROW 1059 HOLLY TREE FARMS RD BRENTWOOD, TN 37027	b. Job Title/Profession ASSOCIATE PROFESSOR	d. Comments
	c. Employer's Name/Specific Field VANDERBILT UNIVERSITY	
		e. Election Sum to Date \$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/19/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

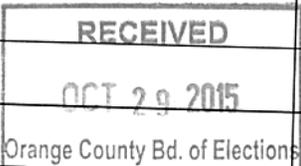
a. Full Name, Mailing Address & Phone (include city, state, & zip) VICTORIA TAYLOR 95 DOGWOOD CT TAYLORSVILLE, NC 28681	b. Job Title/Profession MANAGER OF STATE AND LOCAL CAMPAIGNS	d. Comments
	c. Employer's Name/Specific Field EMILYS LIST	
		e. Election Sum to Date \$ 264.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/08/2015	\$ 33.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ERIK VALERA 4101 DREW HILL LANE CHAPEL HILL, NC 27514	b. Job Title/Profession PROGRAM DIRECTOR	d. Comments
	c. Employer's Name/Specific Field LATINO COMMISSION	
		e. Election Sum to Date \$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		10/16/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$



4. Total only this Page \$ 83.00

5. Total of ALL CRO-1210 Pages \$ 1,529.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment
 Yes No

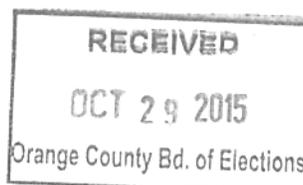
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1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW					2. ID Number 089-KICD3K-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) URIAH WARD 411 E. 5TH ST GREENVILLE, NC 27858			b. Job Title/Profession TEACHER		d. Comments	
			c. Employer's Name/Specific Field BEAUFORT COUNTY			
					e. Election Sum to Date \$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	9140311	Credit Card		10/05/2015	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 10.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,529.00	

CRO-1210

NC State Board of Elections

April 2007



Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

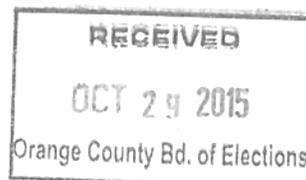
Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW			2. ID Number 089-KICD3K-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) LGBT DEMS OF NC 333 E FAIRISS AVE HIGH POINT, NC 27252		b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		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 \$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
9140311	Check		10/13/2015	\$ 100.00
				\$
				\$
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00

CRO-1230

NC State Board of Elections

April 2007



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)

COMMITTEE TO ELECT LEE STORROW

2. ID Number

089-KICD3K-C-001

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

AGE GRAPHICS
678 TOWNSHIP RD
LITTLE HOCKING, OH

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 925.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	B	10/07/2015	\$ 925.00	YARD SIGNS
				\$	

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

CAFE CAROLINA
CHAPEL HILL, NC

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 16.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	O	10/19/2015	\$ 16.11	FOOD FOR VOLUNTEERS
				\$	

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

COMMUNITY HOME TRUST
CHAPEL HILL, NC

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 53.49

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	O	09/28/2015	\$ 53.49	EVENT TICKET
				\$	

5. Total only this Page

\$ 994.60

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 1,425.11

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)

RECEIVED
OCT 29 2015

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) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FEDEX NC	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 \$ 78.97

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	B	09/30/2015	\$ 19.36	WALK LISTS
9140311	Debit Card	B	10/13/2015	\$ 37.87	WALK LISTS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> HABITAT FOR HUMANITY CHAPEL HILL, NC	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 \$ 55.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Check	O	10/19/2015	\$ 55.00	EVENT TICKET
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> NATIONBUILDER NC	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 \$ 98.00

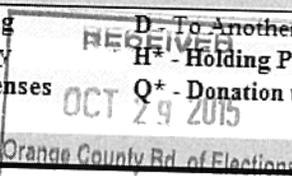
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	C	09/28/2015	\$ 49.00	WEBSITE
				\$	

5. Total only this Page \$ 161.23

6. Total of ALL CRO-1310 Pages \$ 1,425.11
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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			



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) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ORANGE COUNTY DEMOCRATIC PARTY NC	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: Orange		e. Election Sum to Date \$ 125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Check	O	10/07/2015	\$ 100.00	EVENT TICKET
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> STAPLES CHAPEL HILL, NC	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 \$ 33.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	B	09/30/2015	\$ 33.85	WALK LISTS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> STARBUCKS CHAPEL HILL, NC	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 \$ 16.07

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9140311	Debit Card	O	10/13/2015	\$ 16.07	FOOD FOR VOLUNTEERS
				\$	

5. Total only this Page \$ 149.92

6. Total of ALL CRO-1310 Pages \$ 1,425.11
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 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

