

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 COMMITTEE TO ELECT LEE STORROW	c. ID Number 089-KICD3K-C-001
b. Mailing Address (include City, State and Zip Code) PO BOX 1272 CHAPEL HILL, NC 27514	d. Date Filed 7/30/15
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	01/01/15	06/30/15	BLAKE BRENNAN

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 Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

8. Number of Fundraisers this Report		10. Special Report Name	
1			
11. Account Information		11. Account Information	
a. Financial Institution Full Name BANK OF NC	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose FUNDRAISING	c. Account Code 9140311	b. Purpose	c. Account Code
d. Period Begin Balance \$ 550	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance
			\$

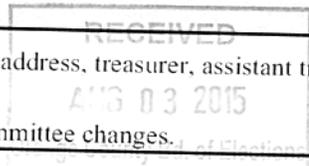
CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Lee Storrow Printed Name of Signer Lee Storrow Signature of Appointed Treasurer July 31, 2015 Date

FOR OFFICE USE ONLY

Date Received: <u>8-3-15</u>	Employee: _____	Delivery Method <input checked="" type="checkbox"/> Normal Mail PRIORITY <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: <u>7-31-15</u>	Employee: _____	
Date Scanned: <u>8-3-15</u>	Employee: <u>BS</u>	
Date Data Entered: _____	Employee: _____	

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.



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	
COMMITTEE TO ELECT LEE STORROW		2015 Mid Year Semi Annual		089-KICD3K-C-001	
Start of Election Cycle: January 1, <u>2012</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 550.00		\$ 550.00	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 11,004.00	\$ 11,554.00	\$ 11,554.00	\$ 11,554.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 836.00	\$ 836.00	\$ 836.00	\$ 836.00
9) Loan Proceeds	(CRO-1410)	\$	\$	\$	\$
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)		\$ 11,890.00	\$ 12,440.00	\$ 11,890.00	\$ 12,440.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 710.30	\$ 710.30	\$ 710.30	\$ 710.30
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)	\$	\$	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,010.30	\$ 1,010.30	\$ 1,010.30	\$ 1,010.30
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 11,429.70	\$ 11,429.70	\$ 11,429.70	\$ 11,429.70
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$	\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	\$	\$	\$
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)	\$	\$	\$	\$



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 \$ 30.00	
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		04/27/2015	\$ 10.00
<input type="checkbox"/>	9140311	Credit Card		05/27/2015	\$ 10.00
<input 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) JOHN ARROWOOD 210 N CHURCH ST CHARLOTTE, NC 28202		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field JAMES MCELROY		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		03/28/2015	\$ 35.00
<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) CARLA BAKER 140 WEST FRANKLIN ST CHAPEL HILL, NC 27514		b. Job Title/Profession PRESIDENT		d. Comments	
		c. Employer's Name/Specific Field SOUTHEASTERN EMERGENCY EQUIPMENT		e. Election Sum to Date \$ 250.00	
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		06/12/2015	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 315.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

Contributions from Individuals

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

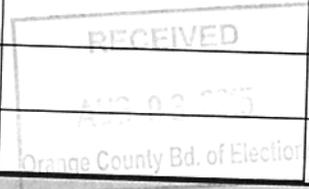
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) AMY BARKLEY 220 FAIRMEADE RD LOUISVILLE, KY 40207			b. Job Title/Profession DIRECTOR		d. Comments e. Election Sum to Date \$ 150.00	
			c. Employer's Name/Specific Field CAMPAIGN FOR TOBACCO FREE KIDS			
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		03/17/2015	\$ 150.00	
<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) CHAZ BEASLEY 13912 CEDAR FARM RD CHARLOTTE, NC 28278			b. Job Title/Profession ATTORNEY		d. Comments e. Election Sum to Date \$ 336.00	
			c. Employer's Name/Specific Field ALSTON AND BIRD, LLC			
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		03/24/2015	\$ 336.00	
<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) SUSAN BICKFORD 44 OAKWOOD DR CHAPEL HILL, NC 27517			b. Job Title/Profession PROFESSOR		d. Comments e. Election Sum to Date \$ 50.00	
			c. Employer's Name/Specific Field UNC			
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		06/24/2015	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$ 536.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00



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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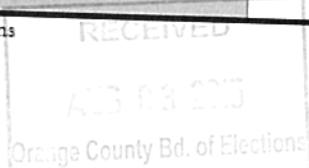
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES BINGHAM 3018 GOLDMIRE RD MONROE, NC 28110		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field RETIRED			
					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"/>	9140311	Credit Card		03/17/2015	\$ 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) CAMERON BINNIE 102 AMBER LANE CARRBORO, NC 27510		b. Job Title/Profession BIOCHEMIST RESEARCHER		d. Comments	
		c. Employer's Name/Specific Field UNC			
					e. Election Sum to Date \$ 300.00
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		02/02/2015	\$ 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) FRED BLACK 206 WOODLEAF DR CHAPEL HILL, NC 27516		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field RETIRED			
					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		03/17/2015	\$ 10.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 360.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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) TORIA BOULDWARE 1118 SCALEYBARK CHARLOTTE, NC 28209		b. Job Title/Profession STAFF		d. Comments	
		c. Employer's Name/Specific Field ATT			
					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		03/28/2015	\$ 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) THOMAS BOYER PO BOX 302 CARRBORO, NC 27510		b. Job Title/Profession OCC CONTROLLER		d. Comments	
		c. Employer's Name/Specific Field LABCORP			
					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	Check		03/14/2015	\$ 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) 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 \$ 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		03/31/2015	\$ 25.00
<input type="checkbox"/>	9140311	Credit Card		04/30/2015	\$ 25.00
<input type="checkbox"/>	9140311	Credit Card		05/30/2015	\$ 25.00

4. Total only this Page	\$ 150.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

April 2007

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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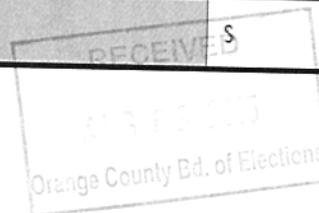
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH BRANDON 808 GLENDALE DRIVE GREENSBORO, NC 27406		b. Job Title/Profession EXECUTIVE DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field CAROLINACAN		e. Election Sum to Date \$ 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		06/30/2015	\$ 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) KEITH BRANNUM 1910 ENTERPRENEUR DRIVE RALEIGH, NC 27606		b. Job Title/Profession SALES ASSOCIATE		d. Comments	
		c. Employer's Name/Specific Field STAPLES		e. Election Sum to Date \$ 15.00	
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		03/23/2015	\$ 15.00
<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) JANE BROWN 451 LAKESHORE LANE CHAPEL HILL, NC 27514		b. Job Title/Profession PROFESSOR		d. Comments	
		c. Employer's Name/Specific Field UNC		e. Election Sum to Date \$ 330.00	
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		02/27/2015	\$ 330.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page					\$ 370.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 11,054.00

CRO-1210



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) JULIA BUCKNER 313 N BOUNDARY ST CHAPEL HILL, NC 27514		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field		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		03/28/2015	\$ 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) MATT CALABRIA 3213 DOULTON LANE FUQUAY VARINA, NC 27526		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field MCGUIRE WOODS		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	Check		03/28/2015	\$ 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	
				\$ 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		02/18/2015	\$ 10.00
<input type="checkbox"/>	9140311	Credit Card		03/18/2015	\$ 10.00
<input type="checkbox"/>	9140311	Credit Card		04/19/2015	\$ 10.00

4. Total only this Page	\$ 155.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

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) 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 \$ 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		05/19/2015	\$ 10.00	
<input type="checkbox"/>	9140311	Credit Card		06/19/2015	\$ 10.00	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHNELLE CAUSWELL 1320 IVY MEADOWS DR CHARLOTTE, NC 28213			b. Job Title/Profession PROGRAM DIRECTOR		d. Comments	
			c. Employer's Name/Specific Field INTL HOUSE		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		03/28/2015	\$ 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) AMY CHIOU 3403 ARSENAL CT CHARLOTTE, NC 28273			b. Job Title/Profession PROPERTY MANAGER		d. Comments	
			c. Employer's Name/Specific Field LINCOLN HARRIS		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		06/12/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$ 145.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

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) CHRISTINE CIANCIOLO 7704 AMESBURY DR CHAPEL HILL, NC 27514		b. Job Title/Profession RETIRED		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"/>	9140311	Check		03/28/2015	\$ 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) GEORGE CIANCIOLO 7704 AMESBURY DRIVE CHAPEL HILL, NC 27514		b. Job Title/Profession PROFESSOR		d. Comments	
		c. Employer's Name/Specific Field DUKE UNIVERSITY		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	Check		03/28/2015	\$ 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) JONATHAN COBY 1516 HERITAGE CLUB AVE WAKE FOREST, NC 27587		b. Job Title/Profession STUDENT		d. Comments	
		c. Employer's Name/Specific Field STUDENT		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		06/02/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 225.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

CRO-1210

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
--	---

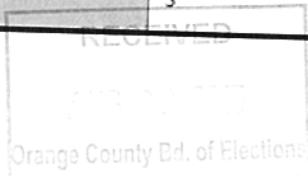
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GERRY COHEN 8909 TAYMOUTH CT RALEIGH, NC 27613		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field SELF		e. Election 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"/>	9140311	Credit Card		02/18/2015	\$ 100.00
<input type="checkbox"/>	9140311	Credit Card		06/23/2015	\$ 100.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAMANTHA COLE 901 CANENAUGH DRIVE RALEIGH, NC 27604		b. Job Title/Profession INFORMATION OFFICER		d. Comments	
		c. Employer's Name/Specific Field OFFICE OF THE AG		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		01/24/2015	\$ 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) RACHEL CONERLY 744 SHADY LAWN ROAD CHAPEL HILL, NC 27514		b. Job Title/Profession COACH/CONSULTANT/FACIL ITATOR		d. Comments	
		c. Employer's Name/Specific Field THECOS.ORG		e. Election Sum to Date \$ 5.00	
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		03/17/2015	\$ 5.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 230.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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
--	---

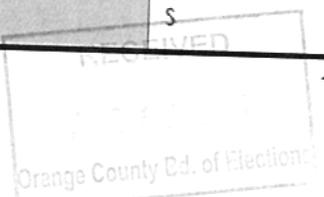
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUSTIN CONLEY 140 JIM CORBIN ROAD FRANKLIN, NC 28734		b. Job Title/Profession UNISERV		d. Comments	
		c. Employer's Name/Specific Field NCAE		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		03/11/2015	\$ 100.00
<input type="checkbox"/>	9140311	Credit Card		06/26/2015	\$ 50.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHLEEN DANIELS 2459 LAFAYETTE ST WINTERVILLE, NC 28590		b. Job Title/Profession CONDUCT OFFICE		d. Comments	
		c. Employer's Name/Specific Field ECU		e. Election Sum to Date \$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Cash		03/28/2015	\$ 20.00
<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) DWIGHT DEBREE 513 NORTH ST CHAPEL HILL, NC 27514		b. Job Title/Profession OWNER		d. Comments	
		c. Employer's Name/Specific Field TRU DELI + WINE		e. Election Sum to Date \$ 300.00	
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		05/15/2015	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 470.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



Contributions from Individuals

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

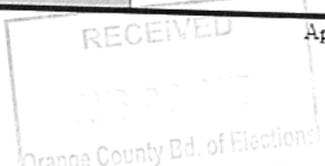
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LEAH DEVLIN 2318 CHURCHILL ROAD RALEIGH, NC 27608		b. Job Title/Profession VISITING PROFESSOR		d. Comments	
		c. Employer's Name/Specific Field UNC		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	Check		03/02/2015	\$ 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) ROBBIE DIRCKS 600 COPPERLINE DRIVE CHAPEL HILL, NC 27516		b. Job Title/Profession CFO		d. Comments	
		c. Employer's Name/Specific Field UNC PRESS		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		03/23/2015	\$ 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) LOUIS DUKE 1106 CYPRESS DRIVE REIDSVILLE, NC 27320		b. Job Title/Profession STUDENT		d. Comments	
		c. Employer's Name/Specific Field STUDENT		e. Election Sum to Date \$ 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		02/27/2015	\$ 336.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 536.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00



Contributions from Individuals

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

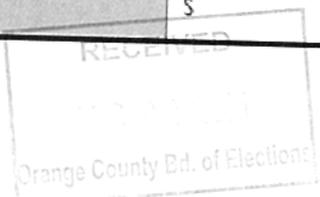
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SOPHIA DUONG 300 MASSACHUSETTS AVE NW WASHINGTON, DC 20001		b. Job Title/Profession STUDENT		d. Comments	
		c. Employer's Name/Specific Field GEORGETOWN UNIVERSITY		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		03/17/2015	\$ 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) JILL EDENS 141 STATESIDE DRIVE CHAPEL HILL, NC 27514		b. Job Title/Profession PASTOR		d. Comments	
		c. Employer's Name/Specific Field UNITED CHURCH OF CHRIST		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	Check		05/03/2015	\$ 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) ROBERT EPTING 707 E FRANKLIN ST CHAPEL HILL, NC 27514		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field EPTING AND HACKNEY		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		03/17/2015	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 150.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 11,054.00



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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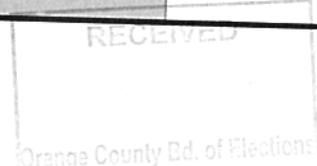
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHIL FEAGAN 927 W MORGAN ST RALEIGH, NC 27603			b. Job Title/Profession ATTORNEY		d. Comments
			c. Employer's Name/Specific Field SCHWARTZ AND SHAW PLLC		
					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		03/28/2015	\$ 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) PAM SEAMANS FELDMAN 304 PARKRIDGE AVE CHAPEL HILL, NC 27517			b. Job Title/Profession EXECUTIVE DIRECTOR		d. Comments
			c. Employer's Name/Specific Field NC ALLIANCE FOR HEALTH		
					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		03/19/2015	\$ 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) ANNA FESMIRE 1400 W CORNWALLIS DRIVE GREENSBORO, NC 27408			b. Job Title/Profession SELF EMPLOYED		d. Comments
			c. Employer's Name/Specific Field CORPORATE TRAINING		
					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		06/25/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 150.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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
--	---

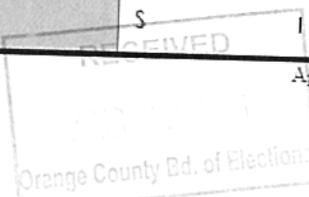
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) VIRGINIA FITT 5804 RENEE DR DURHAM, NC 27705		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field GLAXOSMITHKLINE			
				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		03/20/2015	\$ 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) BRIAN FITZSIMMONS 5400 GLENWOOD AVE SUITE G-11 RALEIGH, NC 27612		b. Job Title/Profession INSURANCE SALES		d. Comments	
		c. Employer's Name/Specific Field THE SORIN INSURANCE GROUP			
				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		02/08/2015	\$ 30.00
<input type="checkbox"/>	9140311	Credit Card		03/08/2015	\$ 30.00
<input type="checkbox"/>	9140311	Credit Card		04/08/2015	\$ 30.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRIAN FITZSIMMONS 5400 GLENWOOD AVE SUITE G-11 RALEIGH, NC 27612		b. Job Title/Profession INSURANCE SALES		d. Comments	
		c. Employer's Name/Specific Field THE SORIN INSURANCE GROUP			
				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		05/08/2015	\$ 30.00
<input type="checkbox"/>	9140311	Credit Card		06/08/2015	\$ 30.00
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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
--	---

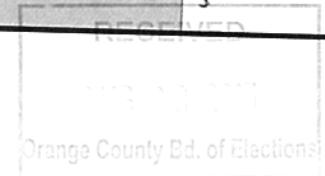
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ERIN FLECK 102 TIMBER HOLLOW CT CHAPEL HILL, NC 27514		b. Job Title/Profession INFORMATION AND COMMS SPECIALIST		d. Comments	
		c. Employer's Name/Specific Field NCGA		e. Election Sum to Date \$ 80.00	
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		03/04/2015	\$ 75.00
<input type="checkbox"/>	9140311	Credit Card		03/17/2015	\$ 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) KARL FRISCH 1631 S STREET NW WASHINGTON, DC 20009		b. Job Title/Profession COMMS CONSULTANT		d. Comments	
		c. Employer's Name/Specific Field SELF		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		02/16/2015	\$ 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) TOSHIKI FUKUNAGA 200 PERKINS DR CHAPEL HILL, NC 27514		b. Job Title/Profession COMPANY EXECUTIVE		d. Comments	
		c. Employer's Name/Specific Field MORINAGA AMERICA FOODS		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		03/27/2015	\$ 10.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 140.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

CRO-1210



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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH GOODWIN 4134 ASHERTON CHARLOTTE, NC 28226		b. Job Title/Profession EMPLOYER OUTREACH COORDINATOR		d. Comments	
		c. Employer's Name/Specific Field WFU SCHOOL OF LAW		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		03/27/2015	\$ 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) DAUNE HALL 4132 BREWSTER DRIVE RALEIGH, NC 27606		b. Job Title/Profession STATE REPRESENTATIVE		d. Comments	
		c. Employer's Name/Specific Field NC GENERAL ASSEMBLY		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"/>	9140311	Check		03/24/2015	\$ 200.00
<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) LARRY HALL PO BOX 25308 DURHAM, NC 27702		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field SELF		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"/>	9140311	Credit Card		06/30/2015	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 425.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

April 2007

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
--	---

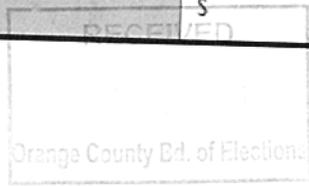
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN HAMMOND 114 ESSEX DRIVE CHAPEL HILL, NC 27514			b. Job Title/Profession RETIRED		d. Comments
			c. Employer's Name/Specific Field PROFESSOR EMERITUS		
					e. Election Sum to Date \$ 250.00
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		03/17/2015	\$ 250.00
<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) WILL HAYMAN 2527 WHITE OAK DRIVE RALEIGH, NC 27609			b. Job Title/Profession STUDENT		d. Comments
			c. Employer's Name/Specific Field UNC		
					e. Election Sum to Date \$ 15.00
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		03/28/2015	\$ 15.00
<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) JONAH HERMANN 710 E JONES ST RALEIGH, NC 27601			b. Job Title/Profession OUTREACH DIRECTOR		d. Comments
			c. Employer's Name/Specific Field EQUALITY NC		
					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		04/02/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 290.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

CRO-1210



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
--	---

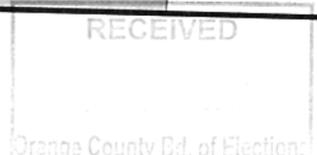
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNA HITROVA 1910 ENTREPRENEUR DRIVE #1523 RALEIGH, NC 27606		b. Job Title/Profession INTERN		d. Comments	
		c. Employer's Name/Specific Field NC GENERAL ASSEMBLY		e. Election Sum to Date \$ 15.00	
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		03/26/2015	\$ 15.00
<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) LIBBIE HOUGH 5401 HOUGH RD HILLSBOROUGH, NC 27278		b. Job Title/Profession COMMUNICATIONS		d. Comments	
		c. Employer's Name/Specific Field ORANGE COUNTY GOVERNMENT		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		03/28/2015	\$ 35.00
<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) DUSTIN INGALLS 1010 TOPSAIL COMMON DRIVE KNIGHTDALE, NC 27545		b. Job Title/Profession POLLSTER		d. Comments	
		c. Employer's Name/Specific Field NONE		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		03/19/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 75.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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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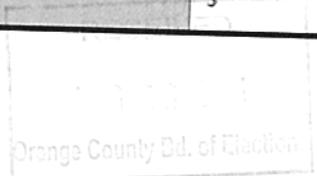
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LORI IRELAND 1434 ARBORETUM DRIVE CHAPEL HILL, NC 27517		b. Job Title/Profession PRESIDENT		d. Comments	
		c. Employer's Name/Specific Field THE IRELAND FOUNDATION		e. Election Sum to Date \$ 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	Check		05/06/2015	\$ 336.00
<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) DOUG JACKSON RALEIGH, NC 27613		b. Job Title/Profession CONSULTANT		d. Comments	
		c. Employer's Name/Specific Field TARGETED PERSUASION		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		03/28/2015	\$ 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) SUE JACKSON 221 IRONWOODS DR CHAPEL HILL, NC 27516		b. Job Title/Profession COMPLIANCE CONSULTANT		d. Comments	
		c. Employer's Name/Specific Field SELF		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	Check		01/29/2015	\$ 50.00
<input type="checkbox"/>	9140311	Credit Card		03/22/2015	\$ 100.00
<input type="checkbox"/>					\$

4. Total only this Page	\$ 511.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

CRO-1210



Contributions from Individuals

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

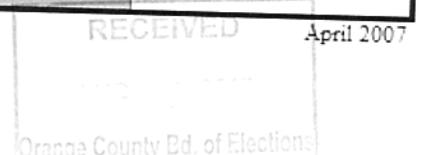
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

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	
BEN JELEN 2720 VANDERBILT AVE RALEIGH, NC 27607		STUDENT			
		c. Employer's Name/Specific Field STUDENT			
				e. Election Sum to Date	
				\$ 20.00	
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		03/28/2015	\$ 20.00
<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	
TOM JENSEN 1513 E FRANKLIN ST CHAPEL HILL, NC 27514		DIRECTOR			
		c. Employer's Name/Specific Field PUBLIC POLICY POLLING			
				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		02/16/2015	\$ 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	
HARRY JOHNSON 601 ROSEMONT AVE RALEIGH, NC 27607		ATTORNEY			
		c. Employer's Name/Specific Field GENE DAVIS,			
				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		03/28/2015	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 170.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00



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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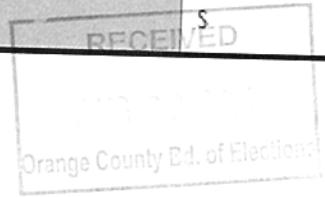
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JENNIFER JONES 102 E DELAFIELD AVE DURHAM, NC 27704		b. Job Title/Profession COMMUNICATIONS CONSULTANT		d. Comments	
		c. Employer's Name/Specific Field EQUALITY NC		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		06/24/2015	\$ 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) DAVID JOYNER 502 MANLEY GROVE CHURCH MOUNT OLIVE, NC 28356		b. Job Title/Profession STUDENT		d. Comments	
		c. Employer's Name/Specific Field STUDENT		e. Election Sum to Date \$ 15.00	
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		03/25/2015	\$ 15.00
<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) LYNNE KANE PO BOX 2552 CHAPEL HILL, NC 27515		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field RETIRED		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		03/19/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 65.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

CRO-1210



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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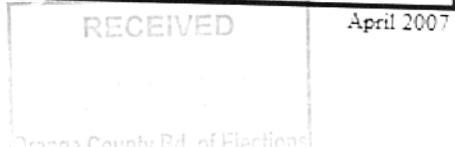
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MONTRAVIAS KING 1215 HIGHLAND AVE ELIZABETH CITY, NC 27909		b. Job Title/Profession EDUCATOR		d. Comments	
		c. Employer's Name/Specific Field STATE OF NC		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		02/16/2015	\$ 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) MARGOT LESTER 314 BOLIN FOREST DR CARRBORO, NC 27510		b. Job Title/Profession CONTENT TYCOON		d. Comments	
		c. Employer's Name/Specific Field TTMS		e. Election Sum to Date \$ 325.00	
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		02/16/2015	\$ 25.00
<input type="checkbox"/>	9140311	Credit Card		03/08/2015	\$ 300.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOGAN LILES 2524 HOLIDAY AVE ZEBULON, NC 27597		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field SELF		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		03/29/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 375.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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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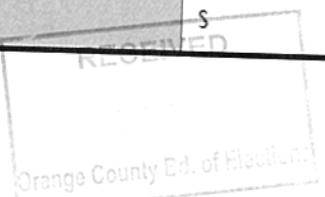
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BROWYN LUCAS 3621 WEIR WAY RALEIGH, NC 27616		b. Job Title/Profession EXECUTIVE DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field YOUTH EMPOWERED SOLUTIONS		e. Election Sum to Date \$ 75.00	
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		03/19/2015	\$ 75.00
<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) SCOTT MAGNESS 513 NORTH ST CHAPEL HILL, NC 27514		b. Job Title/Profession OWNER		d. Comments	
		c. Employer's Name/Specific Field TRU DELI + WINE		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	In-Kind	FOOD FOR EVENT	03/28/2015	\$ 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) MEG MALLOY 102 AMBER CT CARRBORO, NC 27510		b. Job Title/Profession CEO		d. Comments	
		c. Employer's Name/Specific Field PREVENTION PARTNERS		e. Election Sum to Date \$ 300.00	
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		02/02/2015	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 475.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALISON MCALISTER 1228A HAMILTON CT CARY, NC 27511	b. Job Title/Profession ADJUNCT INSTRUCTOR	c. Employer's Name/Specific Field DTCC	d. Comments
			e. Election Sum to Date \$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Cash		03/28/2015	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

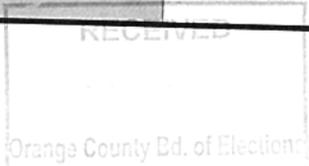
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN MCDERMOTT 8500 BRONNES POND WASHINGTON, DC	b. Job Title/Profession LAW STUDENT	c. Employer's Name/Specific Field LAW STUDENT	d. Comments
			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		03/28/2015	\$ 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) KARLA MCPHERSON 505 NORTH ST CHAPEL HILL, NC 27514	b. Job Title/Profession RETIRED	c. Employer's Name/Specific Field RETIRED	d. Comments
			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		03/22/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 145.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00



Contributions from Individuals

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

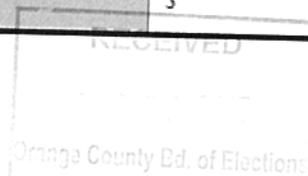
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LEE STORROW	2. ID Number 089-KICD3K-C-001
--	---

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	
JEFF MILES 1000 SMITH LEVEL RD CARRBORO, NC 27510		WEB MANAGER			
		c. Employer's Name/Specific Field NC DEPT OF CULTURAL RESOURCES			
				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		02/23/2015	\$ 10.00
<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	
COLBY MOORE 4 WYNNERWOOD GREENSBORO, NC 27408		STUDENT			
		c. Employer's Name/Specific Field STUDENT			
				e. Election Sum to Date \$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Cash		03/28/2015	\$ 20.00
<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 MURRAY 5018 WARREN ST WASHINGTON, DC 20016		STUDENT			
		c. Employer's Name/Specific Field UNIVERSITY OF CAPETOWN			
				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		04/24/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page					\$ 55.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 11,054.00



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
--	---

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 \$ 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		03/20/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK NEWMAN 8 MARS DRIVE ASHEVILLE, NC 28804	b. Job Title/Profession FUNDRAISER	d. Comments
	c. Employer's Name/Specific Field UNC CHAPEL HILL	
		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		04/07/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

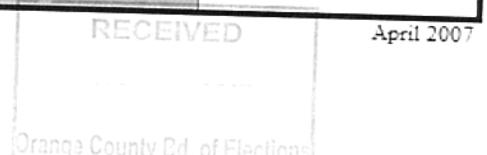
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAUREN NOTO 900 BULLDOG DR ASHEVILLE, NC 28801	b. Job Title/Profession CAREER PEER	d. Comments
	c. Employer's Name/Specific Field UNCA	
		e. Election Sum to Date \$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Cash		03/28/2015	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 145.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210



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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILSON PARKER 10 NORTHWOOD RD ASHEVILLE, NC 28804		b. Job Title/Profession STUDENT		d. Comments	
		c. Employer's Name/Specific Field STUDENT		e. Election Sum to Date \$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Cash		06/16/2015	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

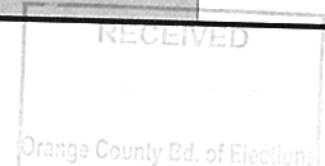
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY PARRY 210 OXFORD HILLS DRIVE CHAPEL HILL, NC 27514		b. Job Title/Profession DEVELOPMENT DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field COMPASS CENTER FOR WOMEN AND FAMILIES		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		03/27/2015	\$ 35.00
<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) GENE PEASE 208 GLANDON DRIVE CHAPEL HILL, NC 27514		b. Job Title/Profession CEO		d. Comments	
		c. Employer's Name/Specific Field VESTRICS		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		04/04/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 155.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210



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
--	---

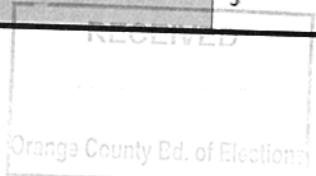
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
STEVE PEHA 314 BOLIN FOREST DR CARRBORO, NC 27510		CONSULTANT			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		TEACHING THAT MAKES SENSE		\$ 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		06/30/2015	\$ 336.00
<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	
HATHAWAY PENDERGRASS 1005 MAIN ST CARRBORO, NC 27510		ATTORNEY			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		EPTING HACKNEY		\$ 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		03/28/2015	\$ 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	
MATTHEW PEPPER 115 CAMILLE CT CHAPEL HILL, NC 27516		PHYSICIAN			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		JEFFERS MANN AND ARTMAN		\$ 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	Cash		03/28/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 411.00
5. Total of ALL CRO-1210 Pages	\$ 11,054.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

CRO-1210



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
--	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JESSICA POTTER 1010 TOPSAIL COMMON DR KNIGHTDALE, NC 27545	b. Job Title/Profession TEACHER	d. Comments
	c. Employer's Name/Specific Field WAKE COUNTY SCHOOLS	
		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		03/28/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES REECE 3604 DARWIN RD DURHAM, NC 27707	b. Job Title/Profession ATTORNEY	d. Comments
	c. Employer's Name/Specific Field RHO, INC	
		e. Election Sum to Date \$ 100.00

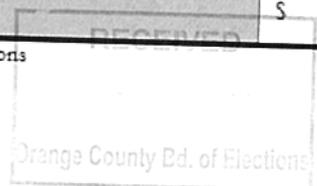
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		03/23/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ANDREW REYNOLDS 126 WEAVER RD CHAPEL HILL, NC 27514	b. Job Title/Profession PROFESSOR	d. Comments
	c. Employer's Name/Specific Field UNC CHAPEL HILL	
		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		03/17/2015	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 175.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00



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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PENNY RICH 109 OLDHAM PLACE CHAPEL HILL, NC 27516		b. Job Title/Profession PERSONAL CHEF		d. Comments	
		c. Employer's Name/Specific Field SELF		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	Check		03/26/2015	\$ 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) AMY RYAN 209 ADAMS WAY CHAPEL HILL, NC 27516		b. Job Title/Profession CONSULTANT		d. Comments	
		c. Employer's Name/Specific Field SELF		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	Check		03/28/2015	\$ 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) SAGAR SANE 901 CANENAUGH DRIVE RALEIGH, NC 27604		b. Job Title/Profession BUSINESS DEVELOPMENT MANAGER		d. Comments	
		c. Employer's Name/Specific Field THE SORIN INSURANCE GROUP		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		03/18/2015	\$ 10.00
<input type="checkbox"/>					\$
<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>	\$ 11,054.00

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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK SCHOEBERL 3728 STOCKPORT PLANO, TX			b. Job Title/Profession EXECUTIVE		d. Comments
			c. Employer's Name/Specific Field AMERICAN HEART ASSOCIATION		
					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		03/30/2015	\$ 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) SALLY SCRUGGS 405 BARCLAY RD CHAPEL HILL, NC 27516			b. Job Title/Profession DESIGNER		d. Comments
			c. Employer's Name/Specific Field SELF		
					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	In-Kind	DESIGN/PHOTOGRAPHY	03/01/2015	\$ 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) ROBERT SEYMOUR 750 WEAVER DAIRY RD 219 CHAPEL HILL, NC 27514			b. Job Title/Profession RETIRED		d. Comments
			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"/>	9140311	Check		03/19/2015	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 200.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

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
--	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JENNY SHULTZ 4003 MARYDELL LN DURHAM, NC 27707	b. Job Title/Profession PASTOR	d. Comments
	c. Employer's Name/Specific Field UNITED CHURCH	
		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		03/17/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SALLIE SHUPING-RUSSELL 507 E ROSEMARY ST CHAPEL HILL, NC 27514	b. Job Title/Profession INSTRUCTOR	d. Comments
	c. Employer's Name/Specific Field WTCC	
		e. Election Sum to Date \$ 330.00

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		04/08/2015	\$ 330.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

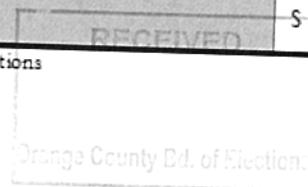
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRISTOPHER SIGMANN 101 RALEIGH ST RM 109 CHAPEL HILL, NC 27514	b. Job Title/Profession STUDENT	d. Comments
	c. Employer's Name/Specific Field STUDENT	
		e. Election Sum to Date \$ 15.00

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		03/27/2015	\$ 15.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 370.00

5. Total of ALL CRO-1210 Pages \$ 11,054.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210



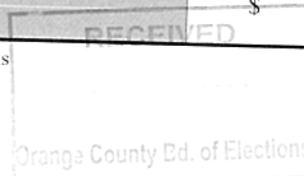
Contributions from Individuals

Pg _____ of _____

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	
COMMITTEE TO ELECT LEE STORROW						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)				b. Job Title/Profession		d. Comments	
Neil Smith 416 Old Buggy Trail Hillsborough, NC 27278				Volunteer			
				c. Employer's Name/Specific Field			
				Human Rights Campaign			
						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 Car		6/24/2015		\$ 35.00	
<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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 35.00	
5. Total of ALL CRO-1210 Pages						\$ 11,004.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							



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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROLINE SPENCER 121 MALLETTE ST CHAPEL HILL, NC 27516		b. Job Title/Profession DIRECTOR		d. Comments	
		c. Employer's Name/Specific Field VIF INTERNATIONAL EDUCATION		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		03/17/2015	\$ 25.00
<input type="checkbox"/>	9140311	Credit Card		06/25/2015	\$ 25.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAM SPENCER 1255 NUUANU AVE HONOLULU, HI 96817		b. Job Title/Profession DIGITAL COMMS SPECIALIST		d. Comments	
		c. Employer's Name/Specific Field L.E.E.		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	Check		05/16/2015	\$ 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) ANNA STEARNS 79 CAMP BRANCH RD BLACK MOUNTAIN, NC 25711		b. Job Title/Profession PARALEGAL		d. Comments	
		c. Employer's Name/Specific Field RON SNEED		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		03/28/2015	\$ 10.00
<input type="checkbox"/>					\$
<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>	\$ 11,054.00

CRO-1210

RECEIVED

April 2007

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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANKIE PRICE STERN 131 MEADOWMONT VILLAGE CIRCLE CHAPEL HILL, NC 27517		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field IBM			
				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		04/02/2015	\$ 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) DONNA STORROW 199 FOREST HILL DRIVE ASHEVILLE, NC 28803		b. Job Title/Profession HEALTH EDUCATOR		d. Comments	
		c. Employer's Name/Specific Field BUNCOMBE COUNTY HEALTH DEPARTMENT			
				e. Election Sum to Date \$ 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	Check		06/12/2015	\$ 336.00
<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 STORROW 506 W MAIN ST WILKESBORO, NC 28697		b. Job Title/Profession JOURNALIST		d. Comments	
		c. Employer's Name/Specific Field JOURNAL PATRIOT			
				e. Election Sum to Date \$ 300.00	
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		06/14/2015	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 736.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

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
--	---

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	
JOEL STORROW 199 FOREST HILL DRIVE ASHEVILLE, NC 28803		PRESIDENT			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MCGILL ASSOCIATES		\$ 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	Check		06/13/2015	\$ 336.00
<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	
LEE STORROW 208 BARCLAY ROAD CHAPEL HILL, NC 27516		COUNCILMEMBER			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CHTC		\$ 255.00	
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		06/16/2015	\$ 5.00
<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	
RICHARD STORROW 315 SAINT JOHNS PLACE BROOKLYN, NC 11238		LAW SCHOOL PROFESSOR			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CITY UNIVERSITY OF NY		\$ 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		04/25/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 366.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUTH ANN STORROW 3412 LANSLOWNE DRIVE LEXINGTON, KY 40517		b. Job Title/Profession RETIRED		d. Comments	
		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"/>	9140311	Check		06/08/2015	\$ 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) RENEE SULLENDER 814 FOREST STREET DURHAM, NC 27701		b. Job Title/Profession ANALYST		d. Comments	
		c. Employer's Name/Specific Field RTI INTERNATIONAL		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	In-Kind	PHOTOGRAPHY	04/01/2015	\$ 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) SCOTT TAYLOR 501 WEAVER MINE TRAIL CHAPEL HILL, NC 27517		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field SELF		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		02/16/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

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
--	---

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 \$ 132.00

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		02/08/2015	\$ 33.00
<input type="checkbox"/>	9140311	Credit Card		04/05/2015	\$ 33.00
<input type="checkbox"/>	9140311	Credit Card		05/19/2015	\$ 33.00

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 \$ 132.00

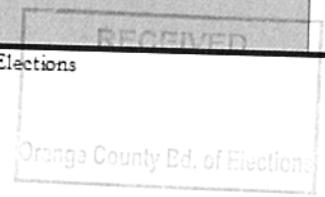
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Credit Card		06/08/2015	\$ 33.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PATTI THORP 1 BROOKINGS DR ST LOUIS, MO	b. Job Title/Profession HOMEMAKER	d. Comments
	c. Employer's Name/Specific Field HOMEMAKER	
		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	Check		02/27/2015	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 282.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00



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
--	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) KATE TORREY 501 DOGWOOD DRIVE CHAPEL HILL, NC 27516	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field BOOK PUBLISHER	
		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		03/17/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WES TRIPP 1521 CRAFTON WAY RALEIGH, NC 27607	b. Job Title/Profession INTERN	d. Comments
	c. Employer's Name/Specific Field NCGA	
		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		06/17/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

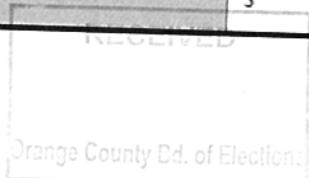
3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) BRIAN TURNER 10 CEDARCLIFF RD ASHEVILLE, NC 28803	b. Job Title/Profession OWNER	d. Comments
	c. Employer's Name/Specific Field TURNER SOAP COMPANY	
		e. Election Sum to Date \$ 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		03/27/2015	\$ 336.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 386.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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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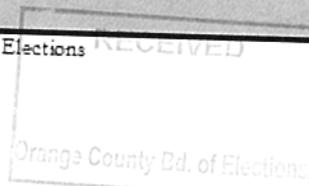
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROSEMARY WALDORF 106 GURNSLEY TRAIL CHAPEL HILL, NC 27517		b. Job Title/Profession STAFF		d. Comments	
		c. Employer's Name/Specific Field BRYAN PROPERTIES		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	Check		02/28/2015	\$ 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) ELIZABETH WEBBER 104 CHEROKEE CIRCLE CHAPEL HILL, NC 27514		b. Job Title/Profession REAL ESTATE AGENT		d. Comments	
		c. Employer's Name/Specific Field KELLER WILLIAMS		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 type="checkbox"/>	9140311	Credit Card		03/28/2015	\$ 60.00
<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) DIANE WEINSTEIN 103 WINSTON RIDGE DR CHAPEL HILL, NC 27516		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	Credit Card		03/22/2015	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 185.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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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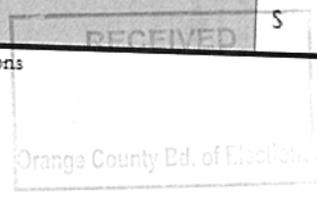
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) EBONY WEST 635 CONTACHE ST GREENVILLE, NC 27858		b. Job Title/Profession STUDENT		d. Comments 	
		c. Employer's Name/Specific Field STUDENT			
					e. Election Sum to Date \$ 20.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9140311	Cash		03/28/2015	\$ 20.00
<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) JANE WHILDEN 8 BUSBEE ROAD ASHEVILLE, NC 28803		b. Job Title/Profession RETIRED		d. Comments 	
		c. Employer's Name/Specific Field NC GENERAL ASSEMBLY			
					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	Check		06/12/2015	\$ 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) REBEKAH WHILDEN 8 BUSBEE ROAD ASHEVILLE, NC 28803		b. Job Title/Profession FIELD ORGANIZER		d. Comments 	
		c. Employer's Name/Specific Field LCV			
					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		05/30/2015	\$ 5.00
<input type="checkbox"/>	9140311	Credit Card		06/30/2015	\$ 5.00
<input type="checkbox"/>					\$

4. Total only this Page	\$ 130.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210



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
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNIKEN WILLIAMS 1108 S OVERLOOK DR GREENVILLE, NC 27858			b. Job Title/Profession STUDENT		d. Comments	
			c. Employer's Name/Specific Field STUDENT		e. Election Sum to Date \$ 15.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	9140311	Cash		03/28/2015	\$ 15.00	
<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) DYLAN YOUNG 921 ALABAMA AVE DURHAM, NC 27705			b. Job Title/Profession RESEARCH SOFTWARE ENGINEER		d. Comments	
			c. Employer's Name/Specific Field UNC		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		03/28/2015	\$ 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) NANCY ZEMAN 106 QUAILVIEW DRIVE CHAPEL HILL, NC 27516			b. Job Title/Profession MICROBIOLOGIST		d. Comments	
			c. Employer's Name/Specific Field SELF		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		03/18/2015	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$ 90.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,054.00

CRO-1210

RECEIVED

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT LEE STORROW				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)			b. Type of Committee		d. Comments
COMMITTEE TO ELECT SUSAN C FISHER 7 MAPLE RIDGE LANE ASHEVILLE, NC 28806			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			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:		
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		03/09/2015	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
EQUALITY NC ACTION PAC PO BOX 28768 RALEIGH, NC 27611			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			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:		
e. Election Sum to Date \$ 250.00					
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
9140311	Check		03/27/2015	\$ 250.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
FOUSHEE FOR NC 357 WESLEY DR CHAPEL HILL, NC 27516			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			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:		
e. Election Sum to Date \$ 150.00					
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
9140311	Check		03/17/2015	\$ 150.00	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1230 Pages				\$ 836.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Contributions from Other Political Committees Pg 2 of 2

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) UPWARD SOUTH PAC 1118 SCALEYBARK RD CHARLOTTE, NC 28209			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 \$ 336.00
			f. Account Code 9140311		
h. In-Kind Description			i. Date (mm/dd/yyyy) 06/29/2015		j. Amount \$ 336.00
					\$
					\$
4. Total only this Page					\$ 336.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					\$ 836.00

CRO-1230

NC State Board of Elections

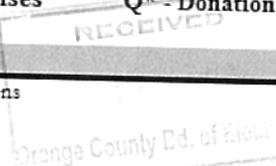
April 2007

RECEIVED
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) COMMITTEE TO ELECT LEE STORROW						2. ID Number 089-KICD3K-C-001	
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) PAYPAL 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 \$ 195.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9140311	Electric Funds Tran	C	06/30/2015	\$ 195.41	TRANSACTION FEES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SQUARE 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 \$ 10.89	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9140311	Electric Funds Tran	C	06/30/2015	\$ 10.89	TRANSACTION FEES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) LEE STORROW 208 BARCLAY ROAD CHAPEL HILL, NC 27516				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 \$ 254.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
9140311	Check	O	05/29/2015	\$ 254.00	WEBSITE		
				\$			
5. Total only this Page						\$ 460.30	
6. Total of ALL CRO-1310 Pages						\$ 710.30	
<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)							



In-Kind Contributions

Pg 1 of 1

Amendment
 Yes No

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) 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) SCOTT MAGNESS 513 NORTH ST CHAPEL HILL, NC 27514	b. Type of Contributor <input checked="" 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	c. Comments d. Election Sum to Date \$ 100.00
e. Description FOOD FOR EVENT	f. Date (mm/dd/yyyy) 03/28/2015	g. Fair Market Amount \$ 100.00
		\$
		\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) SALLY SCRUGGS 405 BARCLAY RD CHAPEL HILL, NC 27516	b. Type of Contributor <input checked="" 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	c. Comments d. Election Sum to Date \$ 100.00
e. Description DESIGN/PHOTOGRAPHY	f. Date (mm/dd/yyyy) 03/01/2015	g. Fair Market Amount \$ 100.00
		\$
		\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) RENEE SULLENDER 814 FOREST STREET DURHAM, NC 27701	b. Type of Contributor <input checked="" 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	c. Comments d. Election Sum to Date \$ 100.00
e. Description PHOTOGRAPHY	f. Date (mm/dd/yyyy) 04/01/2015	g. Fair Market Amount \$ 100.00
		\$
		\$

4. Total only this Page	\$	300.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$	300.00

CRO-1510

