Disclosure Report Cover

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.

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name: Mark Kleinschmidt for Mayor

c. ID Number: KH D4H3

b. Mailing Address (include City, State and Zip Code): 102 Boulder Lane, Chapel Hill, N.C. 27514

d. Date Filed: Oct 26 2015

e. Phone Number: 919-260-2488

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	9-23-2015	10-19-2015	Michelle Lyn Hoover

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report: 1

9. Type of Report *(check only one type of report from one category)*

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☒ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: Suntrust

b. Purpose: Campaign expenses

c. Account Code: MK15

d. Period Begin Balance: $4636.47

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Michelle Lyn Hoover	Michelle Lyn Hoover	10-26-2015

FOR OFFICE USE ONLY

Date Received: 10/29/15 Employee: [illegible]

Date Postmarked: 10/26/15 Employee:

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

Date Data Entered: Employee:

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Delivery Method
- ☐ Normal Mail
- ☒ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Mark Kleinschmidt for Mayor	Pre-Election	KHD4H3

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4636.47	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 6346	$ 14229
7) Contributions from Political Party Committees	(CRO-1220)	$ 350	$ 350
8) Contributions from Other Political Committees	(CRO-1230)	$ 300	$ 300
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)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 6996	$ 14879
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 18.45	$ 3114.98
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$ 150.00
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)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$	$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$	$
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-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

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Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): MARK Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Jeff Meanza, 3944. Grand Ave South, Minneapolis MN. 55409

b. Job Title/Profession: Assoc Director

c. Employer's Name/Specific Field: Guthrie Theater

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
☐	MK15	Paypal		9/27/2015	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Doug Ferguson, 5047 N. Sheridan #3S, Chicago. IL 60640

b. Job Title/Profession: Attorney

c. Employer's Name/Specific Field: US Dept. of HHS

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
☐	MK15	Paypal		9/26/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Holly Fraccaro, 5318 walnut Cove Rd. Chapel Hill, NC 27516

b. Job Title/Profession: Ex. Director

c. Employer's Name/Specific Field: Home Builders ASSOC.

d. Comments:

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
☐	MK15	paypal		9/25/2015	$ 336.00
☐					$
☐					$

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4. Total only this Page $ 461.00

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

Contributions from Individuals

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Mark Kleinschmidt for Mayor	KH0443

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Whit Rummel 201 Hillcrest Rd. Chapel Hill, NC 27514	~~Retired~~ writer	Self-employed.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Patrice Ferriola 729 Pinehurst Dr. Chapel Hill, NC 27514	Medical Communications Consultant	KZE Pharm Associates		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mark Chilton 122 S. Merrit Mill Rd. Carrboro, NC 27516	Register of Deeds	Orange Co.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

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4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Andrew Chilton 716 Carl Dr. Chapel Hill, NC 27516	Writer	Self-employed.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeffrey Prang 1230 N. Sweeter Ave., Apt 107 West Hollywood, CA 90069	Assessor	County of Los Angelas, CA		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		9/29/2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Patricia Balltzinglier 202 Henler Chapel Hill, NC 27517	mortgage Broker	Home Services Lending		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

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4. Total only this Page $ 250.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Donald Bryan, 607 Aberdeen St, Chapel Hill, NC 27515

b. Job Title/Profession: Owner

c. Employer's Name/Specific Field: Bryan Properties

d. Comments:

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
☐	MK15	Check		9/29/2015	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Kenneth Brown, 140 W. Franklin St, Apt 607, Chapel Hill, NC 27516

b. Job Title/Profession: Professor

c. Employer's Name/Specific Field: UNC School of Law

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
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Diana Steele, 1207 Mason Farm Rd., Chapel Hill, NC 27514

b. Job Title/Profession: Retired

c. Employer's Name/Specific Field:

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
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

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4. Total only this Page $ 400.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): MARK Kleinschmidt for Mayor

2. ID Number: KHD 4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Douglas Sutherland, 3005 Hemlock Pl., Basking Ridge NJ 07920

b. Job Title/Profession: Director

c. Employer's Name/Specific Field: Compensation & Wellbeing Programs at Travelport

d. Comments:

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
☐	MK15	Check		9/22/2015	$ 336.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Susan Jackson, 221 Ironwoods, Chapel Hill, NC 27516

b. Job Title/Profession: Partner

c. Employer's Name/Specific Field: Blue Wave Political Partners

d. Comments:

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
☐	MK15	Check		10/1/2015	$ 50.00
☐					$
☐					$

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

c. Employer's Name/Specific Field: UNC

d. Comments:

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
☐	MK15	Chek		10/1/2015	$ 336.00
☐					$
☐					$

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4. Total only this Page $ 722.00

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

Contributions from Individuals

Pg 6 of 23

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
MARK Kleinschmidt for Mayor	KHD 443

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jesse White 38 Mt. Bolus Rd. Chapel Hill, NC 27514	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check			$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert Seymour 750 Weaver Dairy Rd., Apt 219 Chapel Hill, NC 27514	Retired			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		9/29/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Wilbur Culley 4803 Montvale Dr. Durham, NC 27705	Retired			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		9/23/2015	$ 35.00
☐					$
☐					$

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4. Total only this Page	$ 235.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): MARK Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Joan Holland, 1 Martha Ln, Chapel Hill, NC 27514

b. Job Title/Profession: Psychotherapist

c. Employer's Name/Specific Field: Self employed

d. Comments:

e. Election Sum to Date: $ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Check		10/10/2015	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Jacqueline Rich, 109 Oldham Pl., Chapel Hill, NC 27516

b. Job Title/Profession: Retired

c. Employer's Name/Specific Field:

d. Comments:

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
☐	MK15	Check		9/26/15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Robert Page, 1089 Knox Rd., Greensboro, NC 27420

b. Job Title/Profession: Owner

c. Employer's Name/Specific Field: Replacements Ltd

d. Comments:

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
☐	MK15	Check		9/27/2015	$ 330.00
☐					$
☐					$

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4. Total only this Page $ 505.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): MARK Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Young Fenton, 1129 Weaver Dairy Rd., Chapel Hill, NC

b. Job Title/Profession: Owner

c. Employer's Name/Specific Field: Margaret's Cantina

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
☐	MK15	Check		10/1/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Randee Haven O'Donnell, 106 Fairfield Ct., Chapel Hill, NC 27516

b. Job Title/Profession: Teacher

c. Employer's Name/Specific Field: Durham Academy

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
☐	MK15	Check		10/24/2015	$ 25
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Flicka Bateman, 106 Stateside Dr., Chapel Hill, NC 27514

b. Job Title/Profession: Director

c. Employer's Name/Specific Field: Refugee Support Center

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
☐	MK15	check		10/3/2015	$ 100.00
☐					$
☐					$

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4. Total only this Page $ 225.00

5. Total of ALL CRO-1210 Pages $

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

Contributions from Individuals

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Mark Klemschmidt for Mayor	KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tom Fewel 328 Burlage Cr. Chapel Hill, NC 27514	Retired			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Paypal		9/23/2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mary Kate Cullen 9303 Bulls Run Parkway Bethesda MD 20817	Director of Public Policy	Gay Lesbian Straight Educ. Network GLSEN		$ 336.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		9/23/2015	$ 336.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Steven Jones 1801 Fountain Ridge Rd. Chapel Hill, NC 27517	V.P / General Counsel	Clintrax Global		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	Paypal		9/23/2015	$ 50.00
☐					$
☐					$

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4. Total only this Page	$ 436.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

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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): Mark Kleinschmidt for Mayor

2. ID Number: KHD 413

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Laura Brooks 5700 McGee St. Kansas City, MO 64113	Attorney	Berkowitz Oliver Williams Shaw & Eisenbrandt, LLP		$ 336.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		9/23/2015	$ 336.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Melissa Scott 500 Umstead Dr Chapel Hill, NC 27514	WRITER	Self-employed.		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		9/23/2015	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Hammond 114 Essex Dr. Chapel Hill, NC 27514	Retired			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		9/23/2015	$ 100.00
☐					$
☐					$

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4. Total only this Page $ 461.00

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

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): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Art Feldman 50 Beechtree Ln West Hartford CT 06107	Executive Director	International Hartford		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	check		9/29/2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAN Shannon 1777 Fordham Blvd. #105 Chapel Hill, NC 27514	Owner	Chapel Hill Magazine		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		10/25/2015	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Neal Cagle III (ANDY 3420 Mt. Willing Rd. Efland, NC 27243	Self-employed	Construction Company		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal	RECEIVED	9/23/2015	$ 50.00
☐			OCT 29 2015		$
☐			Orange County Bd. of Elections		$

4. Total only this Page $ 200.00

5. Total of ALL CRO-1210 Pages $

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

Contributions from Individuals

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

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Micah Beasley, 2600 Oberlin Rd., Unit P2, Raleigh, NC 27608

b. Job Title/Profession: Internal Communications Specialist.

c. Employer's Name/Specific Field: Dept of State Treasurer

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
☐	MK15	PayPal		Oct 17, 15	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Betsy Wu, 122 Woodshire Ln, Chapel Hill, NC. 27514

b. Job Title/Profession:

c. Employer's Name/Specific Field:

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
☐	MK15	PayPal		Oct 17, 2015	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Michael Madden, 213 Bennington Dr., Chapel Hill, N.C. 27516

b. Job Title/Profession: Professor

c. Employer's Name/Specific Field: UNC - School of Medicine

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
☐	MK15	PayPal		Oct 18, 2015	$ 25.00
☐					$
☐					$

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4. Total only this Page $ 75.00

5. Total of ALL CRO-1210 Pages $

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

Contributions from Individuals

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

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD 443

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gregory ~~Oilley~~ Olley	Professor	UNC		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		Oct 5, 2015	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
B. Paul Lindsay 100 Glendale Dr. Chapel Hill, N.C. 27514		Retired		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK 15	PayPal		Oct 5, 2015	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Hannah Spector 1401 Virginia Ave Durham, N.C. 27705	PI.	Planned Parenthood		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		10/1/15	$ 50.00
☐					$
☐					$

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4. Total only this Page $ 100.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Shawn Slome 99 S Elliott, Chapel Hill, NC 27514	Owner	TWIG		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		10/16/2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Eleanor Howe 135 Stateside Dr. Chapel Hill, NC 27514	Senior Advisor	IPAS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		Oct 18, 2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Matthew Fajack 809 Old Mill Rd. Chapel Hill, NC. 27514	CFO-Vice Chancellor	UNC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal			$ 250.00
☐					$
☐					$

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4. Total only this Page $ 350.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Mark Kleinschmidt for Mayor	KHD 4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Damon Seils 601 Jones Ferry Rd. Apt B-13 Carrboro, NC. 27510	Researcher	Duke		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		10/01/2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Luke Largess 301. E. Park Ave Charlotte NC.	Lawyer	Tin, Fulton Walker & Owen		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		10-1-2015	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert Sandefur 6 Mt. Bolus Rd. Chapel Hill, NC 27514	Technical Operations Manager	PPD Pharmaceuticals.		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		10-01-2015	$ 50.00
☐					$
☐					$

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4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD 4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Jackie Tanner, 110 elm st., Carrboro, NC 27510

b. Job Title/Profession: Realtor

c. Employer's Name/Specific Field: Allen Tate

d. Comments:

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
☐	MK15	PayPal		9/30/15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Charles Kafoure, 1002 Willard Dr. Apt 90, Chapel Hill, NC 27514

b. Job Title/Profession: Equal Opportunity analyst

c. Employer's Name/Specific Field: Duke

d. Comments:

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
☐	MK15	PayPal		9-30-2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Steven Gardner, 250 Douglass st Apt 10, San Francisco, CA. 94114

b. Job Title/Profession: Systems Engineer

c. Employer's Name/Specific Field: Wells Fargo

d. Comments:

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
☐	MK15	PayPal		9-30-2015	$ 50.00
☐					$
☐					$

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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)

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): Mark Kleinschmidt for Mayor

2. ID Number: KHD 443

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Christina Dufresne 1817 Meadowood Lane Charlotte, N.C. 28211				$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		9-30-15	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeffrey Danner 423 New Parkside Dr. Chapel Hill, NC 27516	Director of Operations	Grifols worldwide		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		9-30-15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gene Pease 13924 Marquesas Way #2506 Marina Del Rey, CA 90292	Founder	Vestrics		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal			$ 100.00
☐					$
☐					$

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4. Total only this Page $ 175.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Deanna Carson, 337 Brookberry Circle, Chapel Hill, NC 27517

b. Job Title/Profession: Homeownership Program Mgr.

c. Employer's Name/Specific Field: Orange County Home Trust "Community Home Trust"

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
☐	MK15	PayPal		9-30-15	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Susan Worley, 205 Lloyd St, Carrboro, NC 27510

b. Job Title/Profession: Director

c. Employer's Name/Specific Field: Volunteers for Youth.

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
☐	MK15	PayPal		9-30-2015	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Katherine Kaufman, 1305 Lucy Lane, Chapel Hill, NC 27516

b. Job Title/Profession: Child and Patient Therapist

c. Employer's Name/Specific Field: Carolina Outreach

d. Comments:

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
☐	MK15	PayPal		9-29-2015	$ 50.00
☐					$
☐					$

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4. Total only this Page $ 95.00

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

Contributions from Individuals

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Tamsie Hughes, 109 Shalestone, Chapel Hill, N.C. 27516

b. Job Title/Profession: Clerk

c. Employer's Name/Specific Field: Court of Appeals

d. Comments:

e. Election Sum to Date: $ ~~100.00~~ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		9-30-2015	$ ~~100.00~~ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Philip Butler, 104B Mulberry St., Carrboro, NC 27510

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐	MK15	Pay Pal		9-30-15	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Susan H. Johnson, 1312 Annapolis Dr. #115, Raleigh, N.C. 27608

b. Job Title/Profession: Program facilitator

c. Employer's Name/Specific Field: Carolina Ctr for Civic Education

d. Comments:

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
☐					$ 50.00
☐					$
☐					$

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4. Total only this Page $ 175.00

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

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): Mark Kleinschmidt for Mayor

2. ID Number: KH0443

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jennifer Tharrington 1011 Shady Nook Ct Chapel Hill, NC 27517	lawyer	HPAPS & ASSOC.		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		9-23-15	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Manuel Turner 208 Webster Rd. Graham, NC 27253	Public Works	~~Pubt~~ Town of Carrboro.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		9-23-15	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mark Marcoplos 7207 Southern Trail Chapel Hill NC 27516	Owner.	Marcoplos Construction		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	PayPal		9-23-15	$ 50.00
☐					$
☐					$

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4. Total only this Page $ 175.00.

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

Contributions from Individuals

Pg 21 of 23

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): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Jennifer Manning, 7363 Swan Point Way, Columbia, MD 21045

b. Job Title/Profession: Congressional librarian

c. Employer's Name/Specific Field: Congressional Research Service

d. Comments:

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
☐	MK15	PayPal		9-23-15	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Mani Carpenter, 306 Hemlock Dr., Chapel Hill, NC 27517

b. Job Title/Profession: lawyer

c. Employer's Name/Specific Field: Orange County Public Defender

d. Comments:

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
☐	MK-15	PayPal		9-23-15	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): C. Maggie Bowers, 3428 Seven Springs Rd, Hillsborough, NC

b. Job Title/Profession: Owner

c. Employer's Name/Specific Field: Magnolia Bowers Home Inspection

d. Comments:

e. Election Sum to Date: $ 40.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

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4. Total only this Page $ 110.00

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

Contributions from Individuals

Pg 22 of 23

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): Mark Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Andrew Klutz 860 Appletree Ln Cary, NC 27513	Retail Assoc.	Sur La Table		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		9/23/2015	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sue Goodman 140 W. Franklin St., Apt 501 Chapel Hill, NC 27516	ret.	UNC		$ 35.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	paypal		9/29/2015	$ 35.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Heidi Davidson 235 Wells Dr Athens, GA 30606	retired			$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MK15	check		9/23/2015	$ 25.00
☐					$
☐					$

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4. Total only this Page $ 110.00

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

Contributions from Individuals

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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): MARK Klemschmidt for Mayor

2. ID Number: KHD 4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): William Anderson, 101 River Run Rd., Durham, NC 27712

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐	MK15	check		9/25/2015	$ 336.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

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

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐					$
☐					$
☐					$

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4. Total only this Page $ 336.00

5. Total of ALL CRO-1210 Pages $ 6346.00

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

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
MARK Kleinschmidt for MAYOR	KHD4H3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
LGBT Democrates of Wake County P.O. Box 25548 Raleigh, NC 27611	
	c. Election Sum to Date: $ 250.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
MK15	Check		10/19/2015	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
LGBT Democrats of North Carolina 220 Hillsborough St. Raleigh, NC 27603	
	c. Election Sum to Date: $ 100.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
MK15	Check		10/10/2015	$ 100.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

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4. Total only this Page	$ 350.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 350.00

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): MARK Kleinschmidt for Mayor

2. ID Number: KHD4H3

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Committee to Elect Glenn Gerding, 109 Westbury Dr., Chapel Hill, NC 27516

b. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 300.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
MK15	Check		10/6/2015	$ 300
				$
				$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): ~~LGBT Democrats of Wake County, P.O. Box 12012, Raleigh NC 27605~~

b. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

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

b. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

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4. Total only this Page $ 300.00

5. Total of ALL CRO-1230 Pages $ 300.00

(This line must be on line 8 of Detailed Summary Page CRO-1100)

Disbursements

Pg 1 of 1

Amendment ☐ Yes ☐ No

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): Mark Kleinschmidt for Mayor

2. ID Number: KHD443

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

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): US Postal Services, 125 S. Estes, Chapel Hill NC 27514

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MK15	debit card	I	10/1/2015	$ 5.95	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Suntrust, 126 W. Franklin St, Chapel Hill, NC 27516

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MK15	electronic	O	10/7/2015	$ 12.50	BANK Fee
				$	

4. Payee Information ☐ Add ☐ Remove

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

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page $ 18.45

6. Total of ALL CRO-1310 Pages $ 18.45

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

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

In-Kind Contributions

Pg ____ of ____

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): MARK Kleinschmidt for MAYOR

2. ID Number: KH D4H3

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): ~~M~~ michael Frazier, 140 W. FRANKLIN ST, Chapel Hill, NC 27516

b. Type of Contributor: ☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments:

d. Election Sum to Date: $ 341.44

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Beer & Wine for Fundraiser	10/1/2015	$ 341.44
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): ~~Michael~~ Thomas Lawton, 140 W. FRANKLIN ST, Chapel Hill, NC 27516

b. Type of Contributor: ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments:

d. Election Sum to Date: $ 299.69

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Catering for Fundraiser	10/1/2015	$ 299.69
		$
		$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Don Young, 2127 Doar Rd., Chapel Hill, NC 27514

b. Type of Contributor: ☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments:

d. Election Sum to Date: $ 336.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Photography Services	9/23/2015	$ 336.00
		$
		$

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4. Total only this Page	$ ~~641.13~~
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 977.13