

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 Nancy Gates for Town Council	c. ID Number 64D08M
b. Mailing Address (include City, State and Zip Code) 112 Mendel Dr. Chapel Hill, NC 27514	d. Date Filed 10/26/2015
	e. Phone Number 919-942-0969

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	09/23/2015	10/19/2015	E. Thomas Henkel

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	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
2				

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo Bank, N.A.		a. Financial Institution Full Name	
b. Purpose Receive donations & pay expenses	c. Account Code NEO	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3689.00		d. Period Begin Balance \$

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

E. Thomas Henkel
 Printed Name of Signer

E. Thomas Henkel
 Signature of Appointed Treasurer

10/26/2015
 Date

FOR OFFICE USE ONLY

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

Date Postmarked: _____ Employee: _____

Date Scanned: 10/29/15 Employee: _____

Date Data Entered: _____ Employee: _____

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

Orange County Bd of Elections
 OCT 26 2015
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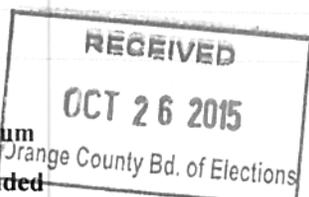
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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	
Nancy Oates for Town Council		Pre-Election		64D08M	
Start of Election Cycle:	January 1,	2015	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 3704.13	\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 108.75	\$ 596.75	
6) Contributions from Individuals	(CRO-1210)		\$ 1256.00	\$ 5472.00	
7) Contributions from Political Party Committees	(CRO-1220)		\$ 0	\$ 0	
8) Contributions from Other Political Committees	(CRO-1230)		\$ 0	\$ 0	
9) Loan Proceeds	(CRO-1410)		\$ 3480.00	\$ 7398.01	
10) Refunds/Reimbursements To the Committee	(CRO-1240)		\$ 0	\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)		\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)		\$ 0	\$ 0	
11c) Outside Sources of Income	(CRO-1250)		\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources	(CRO-1270)		\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales	(CRO-1265)		\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 4844.75	\$ 13466.76	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)		\$ 1410.25	\$ 5959.13	
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$ 0	\$ 0	
13c) Coordinated Party Expenditures	(CRO-1310)		\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures	(CRO-1315)		\$ 0	\$ 0	
15) Loan Repayments	(CRO-1420)		\$ 3480.00	\$ 3840.00	
16) Refunds/Reimbursements From the Committee	(CRO-1320)		\$ 0	\$ 0	
17) In-Kind Contributions	(CRO-1510)		\$ 8.75	\$ 17.75	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 4899.00	\$ 9816.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 3649.88	\$ 3649.88	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		\$ 0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		\$ 0		
22) Debts and Obligations owed By the Committee	(CRO-1610)		\$ 0		
23) Debts and Obligations owed To the Committee	(CRO-1620)		\$ 0		
24) Account Transfers Within the Committee	(CRO-1720)		\$ 0		
25) Administrative Support	(CRO-1710)		\$ 0	\$ 0	
26) Forgiven Loans	(CRO-1440)		\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum	(CRO-2200)		\$ 0	\$ 0	
28) Contributions to be Refunded	(CRO-1215)		\$ 0	\$ 0	



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)					2. ID Number	
Nancy Oates for Town Council					6HD08M	
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	
Del Snow 111 Tremont Circle Chapel Hill, NC 27516			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<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	
Martha Petty/Arthur Weisburd 316 Burlage Circle Chapel Hill, NC 27514			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Artist/Law professor		\$ 100.00	
			Self/UNC law school			
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	
James Bettman 213 Huntington Drive Chapel Hill, NC 27514			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Professor		\$ 50.00	
			Duke University			
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					\$ 200.00	
5. Total of ALL CRO-1210 Pages					\$ 1356.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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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

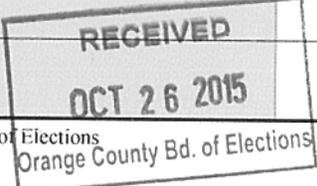
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Nancy Oates for Town Council					6HD08M	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mark Peters 104 Grainger Lane Chapel Hill, NC 27514			Software developer			
			c. Employer's Name/Specific Field			
			Self			
					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"/>						\$
<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	
Thomas Kenan III P.O. Box 4150 Chapel Hill, NC 27515			Chairman			
			c. Employer's Name/Specific Field			
			Flagler System			
					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"/>						\$
<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	
Diane Bloom 113 Mendel Drive Chapel Hill, NC 27514			Psychologist			
			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"/>						\$
<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>					\$ 1256.00	

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Contributions from Individuals

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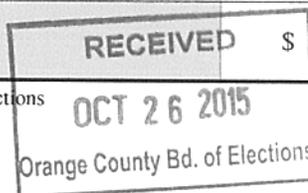
1. Committee Full Name (and Fund if applicable)						2. ID Number	
Nancy Oates for Town Council						6HD08M	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
John Sweet 208 Glenburnie St. Chapel Hill, NC 27514			Professor				
			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"/>							\$
<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		
Margaret Scarborough 209 Stable Road Carrboro, NC 27510			Community Advocate				
			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"/>							\$
<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		
P.H. Craig 7503 Sunrise Road Chapel Hill, NC 27514			Realtor				
			c. Employer's Name/Specific Field Self				
					e. Election Sum to Date		
					\$ 95.00		
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						\$	195.00
5. Total of ALL CRO-1210 Pages						\$	1256.00
<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)					2. ID Number	
Nancy Oates for Town Council					6HD08M	
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	
Nancy W. Cheek 102 Deerwood Court Chapel Hill, NC 27517			Educator			
			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"/>						\$
<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	
Theodora Lovejoy 3 Mount Bolus Rd. Chapel Hill, NC 27514			Psychologist			
			c. Employer's Name/Specific Field			
			Retired			
					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"/>						\$
<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	
Ellen G. Reinhold 209 Mount Bolus Rd. Chapel Hill, NC 27514			Artist			
			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"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 486.00	
5. Total of ALL CRO-1210 Pages					\$ 1256.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Loan Proceeds

Amendment

Pg 1 of 1

Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Nancy Oates for Town Council		64D08M		
3. Lender 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
Nancy E. Oates 112 Mendel Dr. Chapel Hill, NC 2751		Writer		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		Self-Employed		07/07/2015
				f. End Date (mm/dd/yyyy)
				12/31/2015
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0.00 %	0.00	NEO	Check	\$ 3480.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
				% \$
5. Total of ALL CRO-1410 Pages <small>City Bd. of Elections</small>				\$ 3480.00
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				

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Disbursements

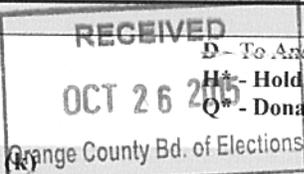
Amendment

Pg 1 of 2

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)					2. ID Number
Nancy Oates for Town Council					6JD08M
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Chapel Hill News 1504 E. Franklin St. Chapel Hill, NC 27514					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 434.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NEO	Check	A	10/13/2015	\$434.24	Newspaper Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Scott Brownlow 1000 Lake Front Drive, Apt. L Raleigh, NC 27613					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NEO	Check	A	10/19/2015	\$250.00	Mailer & Ad Design
NEO	Check	A	8/27/2015	\$250.00	Printing Design
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Professional Mail Services 3500-D Tricenter RTP, NC 27713					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 707.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NEO	Check	I	8/27/2015	\$707.34	Postcard Mailing
				\$	
5. Total only this Page					\$ 1391.58
6. Total of ALL CRO-1310 Pages					\$ 1410.25
<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		
* Codes require detailed explanation in required remarks field					



Disbursements

Amendment

Pg 2 of 2 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)					2. ID Number
Nancy Oates for Town Council					6HD08M
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Pay Pal 2221 North First Street. San Jose, California 95131					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 69.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NEO	Credit Card	C	7/15-9/22	\$50.87	Transaction Fees
NEO	Credit Card	C	9/28-10/15	\$18.67	Transaction Fees
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		I		\$	
				\$	
5. Total only this Page					\$ 18.67
6. Total of ALL CRO-1310 Pages					\$ 1410.25
(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	RECEIVED OCT 26 2015 County Bd. of Elections		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					

Loan Repayments

Use this form to report payments on an existing loan.

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Nancy Oates for Town Council				64D08M	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Nancy E. Oates 112 Mendel Dr. Chapel Hill, NC 27514					
				c. Original Loan Date	
				8/28/2015	
				d. Original Loan Amount	
				\$ 3480.45	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.45	NEO	Check	09/28/15	\$ 3480.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 3480.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 3480.00	

In-Kind Contributions

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)		2. ID Number	
Nancy Oates for Town Council		64D08M	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
Jamil Kadoura 410 W. Franklin St. Chapel Hill, NC 27514	<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		
		d. Election Sum to Date	
		\$ 8.75	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Refreshments		10/07/2015	\$ 8.75
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 8.75	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 8.75	