

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			c. ID Number	
Committee to Elect Margaret Samuels for School Board			1HDT 3G	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
Margaret Samuels 1070 Green Willow Ct. Chapel Hill, NC 27514			1/5/2016	
			e. Phone Number	
			919-699-4400	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2015	10/20/2015	12/31/2015	Jamezetta R. Bedford	
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 <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund			Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
			State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)			10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
11. Account Information			11. Account Information	
a. Financial Institution Full Name			a. Financial Institution Full Name	
Branch Banking and Trust Company			N/A	
b. Purpose		c. Account Code	b. Purpose	
Campaign Expenses and contributions		001		
		d. Period Begin Balance	d. Period Begin Balance	
		\$ 1,011.05	\$	
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.				
Jamezetta R. Bedford		Jamezetta R. Bedford		1/5/2016
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	1/9/16	Employee:	Delivery Method	
Date Postmarked:	1/7/16	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:	2/4/16	Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee:	JAN 10 2016	
<p>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.</p>				

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 Margaret Samuels for School Board	Year-End & Final	114DT3G	
Start of Election Cycle: January 1, 2015	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1011.05	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 20.00	\$ 179.00	
6) Contributions from Individuals (CRO-1210)	\$ 2651.91	\$ 5489.46	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 50.00	
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)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2671.91	\$ 5,718.46	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 203.50	\$ 1,537.45	
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)	\$ 1,327.55	\$ 1,327.55	
17) In-Kind Contributions (CRO-1510)	\$ 2,151.91	\$ 2,853.46	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3,682.96	\$ 5,718.46	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ -0-	\$ -0-	
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)	\$ -	\$ -	

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	
Committee to Elect Margaret Samuels for School Board					14DT3G	
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	
Mary Anne Gucciardi 1090 Bathgate Lane Cary, NC 27513			small business owner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Dragonwing Girdgear		\$ 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"/>	001	PayPal	—	10/30/2015	\$ 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)			b. Job Title/Profession		d. Comments	
Mary Ellen Keough 209 Cliff Ave. Winthrop, MA 02152			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			—		\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	PayPal	—	10/23/2015	\$ 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	
Sharon Keschull Barrett 100 Morgan Bluff Lane Chapel Hill, NC 27517			Editor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Public Impact		\$ 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"/>	001	check	—	10/24/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages					\$ 2651.91	
<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
Committee to Elect Margaret Samuels for School Board						1HDT 3 G
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Jamezetta R. Bedford 401 Knob Ct. Chapel Hill, NC 27517				CPA		
				c. Employer's Name/Specific Field		
				Coleman Hunter + Brown PLLC		
				e. Election Sum to Date		
				\$ 434.03		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	check	—	10/23/2015	\$ 300. ⁰⁰	
<input type="checkbox"/>	—	—	certified mail postage	10/26/2015	\$ 4.16	
<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 Samuels 107 Green Willow Ct. Chapel Hill, NC 27514				CEO	Candidate	
				c. Employer's Name/Specific Field		
				OE Enterprises		
				e. Election Sum to Date		
				\$ 2,855.43		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	—	—	WCHL ads	10/31/2015	\$ 529.25	
<input type="checkbox"/>	—	—	N40 ads	10/29/2015	\$ 617.85	
<input type="checkbox"/>	—	—	N40 ads	10/23/2015	\$ 434.24	
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 Samuels 107 Green Willow Ct. Chapel Hill, NC 27514				CEO	Candidate	
				c. Employer's Name/Specific Field		
				OE Enterprises		
				e. Election Sum to Date		
				\$ 2,855.43		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	—	—	A Better Image Printing Handouts	11/2/2015	\$ 281.69	
<input type="checkbox"/>	—	—	USPS for mailing	10/26/2015	\$ 184.00	
<input type="checkbox"/>	—	—	Vista Print postcards	10/22/2015	\$ 100.72	
4. Total only this Page					\$ 2,451.91	
5. Total of ALL CRO-1210 Pages					\$ 2,651.91	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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)						2. ID Number	
Committee to Elect Margaret Samuels For School Board						14DT36	
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	
PayPal c/o Committee to Elect Margaret Samuels For School Board							
				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:		\$ 37.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	direct debit	0	10/23/2015	\$ 1.75	PayPal Fees		
001	direct debit	0	10/30/2015	\$ 1.75	Pay Pal 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	
Melanie Fugua 3473 Forestdale Dr. Apt 1C Burlington, NC 27215-8203							
				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:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	check	B	10/22/2015	\$ 200.00	Design for print ads		
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		
				\$			
				\$			
5. Total only this Page						\$ 203.50	
6. Total of ALL CRO-1310 Pages						\$ 203.50	
<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)							

Refunds/Reimbursements From the Committee

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Committee to Elect Margaret Samuels For School Board			1HDT3G		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Margaret Samuels 107 Green Willow Ct. Chapel Hill, NC 27514		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/22 - 11/2/2015	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ see in-kind list	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
CEO		OE Enterprises		Candidate	
				k. Account Code	
				001	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		Reimburse Margaret Balance in Bank & Close Account		12/15/2015	
				o. Amount	
				\$ 1,307.55	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Margaret Samuels 107 Green Willow Ct. Chapel Hill, NC 27514		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/22 - 11/2/2015	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ See in-kind list	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
CEO		OE Enterprises		Candidate	
				k. Account Code	
				-	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
Cash		Reimburse Margaret for expenses - Close bank acct.		10/24/2015	
				o. Amount	
				\$ 20.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
				k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page				\$ 1327.55	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1327.55	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

JAN 19 2016

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)		2. ID Number	
Committee to Elect Margaret Samuels For School Board		1HDT3G	
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	
Jamezetta R. Bedford 401 Knob Ct. Chapel Hill, NC 27517		<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	
		\$ 9.03	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Certified Mail Postage		10/26/2015	\$ 4.16
			\$
			\$
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	
Margaret Samuels 107 Green Willow Ct. Chapel Hill, NC 27514		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2,755.43	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WCHL Radio Ads		10/31/2015	\$ 529.25
N+O Print Ads (News+Observer)		10/29/2015	\$ 617.85
N+O Print Ads		10/23/2015	\$ 434.24
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	
Margaret Samuels 107 Green Willow Ct. Chapel Hill, NC 27514		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 2,755.43	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ABetter Image Printing Handouts		11/2/2015	\$ 281.69
USPS - postage for mailing		10/26/2015	\$ 184.00
Vista Print postcards		10/22/2015	\$ 100.72
4. Total only this Page			\$ 2,151.91
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 2,151.91



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

Kim Westbrook Strach
 Executive Director

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

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

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

FILED BY:

Committee Name: Committee to Elect Margaret Samuels For School Board
 Treasurer Name: Jamezetta R. Bedford
 Treasurer Address: 401 Knob Ct
 (include city, state, & zip) Chapel Hill, NC 27517

Treasurer Phone: cell 919-360-9498
home 919-933-5391

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/5/2014
 Date Signed

JAN 19 2015

Jamezetta R. Bedford
 Signature