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: Pat Heinrich for Board of Education

c. ID Number: 7HDVTN

b. Mailing Address (include City, State and Zip Code): 137 Old Forest Creek Dr Chapel Hill NC 27514

d. Date Filed: 12/29/15

e. Phone Number: 9195368866

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	Patrick Heinrich

6. Type of Committee (Check One)

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

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

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

8. Number of Fundraisers this Report: 0

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☒ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name: Bank of America

b. Purpose: All Campaign Expenses

c. Account Code: PH1

d. Period Begin Balance: $ 1406.45

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.

Patrick Heinrich — Printed Name of Signer

[signature] — Signature of Appointed Treasurer

12/29/15 — Date

FOR OFFICE USE ONLY

Date Received:	12/29/15	Employee:	
Date Postmarked:		Employee:	
Date Scanned:	2/4/16	Employee:	[illegible]
Date Data Entered:		Employee:	

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.

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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
Pat Heinrich for Board of Education	End of Year	7HDVTN

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1406.45	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$ 110.00
6) Contributions from Individuals	(CRO-1210)	$ 200.00	$ 4330.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
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)		$ 200.00	$ 4440.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1452.27	$ 4285.82
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)	$ 154.18	$ 154.18
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1606.45	$ 4440.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 0.00	$ 0.00
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

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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)	2. ID Number
Pat Heinrich for Board of Education	7HDVTN

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
137 Old Forest Creek Dr. Chapel Hill NC 27514	Consultant	Sirius Computing		$ 4080

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PH1	Debit		10/20/15	$ 200
☐					$
☐					$

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
☐					$
☐					$
☐					$

4. Total only this Page	$ 200
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 200

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Disbursements

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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)	2. ID Number
Pat Heinrich for Board of Education	7HDVTN

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): VistaPrint, 275 Wyman St., Waltham MA 02451, 866 614 8002

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 0

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PH1	Debit	B	10/20/15	$1050.32	Small Mailing
PH1	Debit	B	10/20/15	$163.64	Flyers

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Facebook, 1 Hacker Way, Menlo Park 94025, 650 543 4800

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 0

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PH1	debit	A	10/22/15	$25.06	Facebook Boost Post
PH1	debit	A	10/26/15	$50.02	Online Ad

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Facebook, 1 Hacker Way, Menlo Park 94025, 6505434800

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 75.08

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PH1	debit	A	11/2/15	$163.23	Online Ad
				$	

5. Total only this Page	$ 1452.27
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	$

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)

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Refunds/Reimbursements From the Committee

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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
Pat Heinrich for Board of Education	7HDVTN

3. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Pat Heinrich 137 Old Forest Creek Dr Chapel Hill NC 27514 919 536 8866	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	10/20/15
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 200
	f. Purpose Code: L	j. Election Sum to Date: $ 4080

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Consultant	Sirius Computing		PH 1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Debit		12/2/15	$ 154.18

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

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
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

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	$ 154.18
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 154.18

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)**

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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 of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

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

FILED BY:

Committee Name: Pat Heinrich for Board of Education

Treasurer Name: PAT HEINRICH

Treasurer Address: 137 Old Forest Creek Dr.

(include city, state, & zip) Chapel Hill NC 27514

Treasurer Phone: 919 536 8866

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

12/27/15
Date Signed

Signature

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