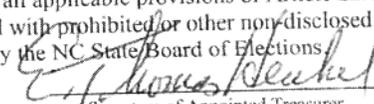


# Insurance Report Cover

Amendment  
 Yes       No

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

<b>1. Committee Information</b>		c. ID Number																																					
a. Full Name Nancy Oates for Town Council		64D08M																																					
b. Mailing Address (include City, State and Zip Code) 112 Mendel Dr. Chapel Hill, NC 27514		d. Date Filed 07/07/2015																																					
		c. Phone Number 919-942-0969																																					
2. Report Year 2015	3. Period Start Date (mm/dd/yy) 09/23/2015	4. Period End Date (mm/dd/yy) 12/31/2015	5. Treasurer Full Name E. Thomas Henkel																																				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>																																					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td>Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td>Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<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 checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																					
<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 checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>																																					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:																																							
<b>8. Number of Fundraisers this Report</b> 2																																							
<b>11. Account Information</b>		<b>11. Account Information</b>																																					
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 \$ 3639.88		d. Period Begin Balance \$																																				
<b>CERTIFICATION</b>																																							
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		 Signature of Appointed Treasurer	12/29/2015 Date																																				
<b>FOR OFFICE USE ONLY</b>																																							
Date Received: _____	Employee: _____	<b>Delivery Method</b>																																					
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training																																					
Date Scanned: <u>2/4/16</u>	Employee: <u>EB</u>																																						
Date Data Entered: _____	Employee: _____																																						
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																							

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Nancy Oates for Town Council		Final		64D08M	
<b>Start of Election Cycle:</b>	<b>January 1,</b>	<b>2012</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>			\$ 3639.88	\$ 0	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>		<i>(CRO-1205)</i>	\$ 50.00	\$ 646.75	
<b>6) Contributions from Individuals</b>		<i>(CRO-1210)</i>	\$ 736.00	\$ 6208.00	
<b>7) Contributions from Political Party Committees</b>		<i>(CRO-1220)</i>	\$ 0	\$ 0	
<b>8) Contributions from Other Political Committees</b>		<i>(CRO-1230)</i>	\$ 0	\$ 0	
<b>9) Loan Proceeds</b>		<i>(CRO-1410)</i>	\$ 46.23	\$ 7424.34	
<b>10) Refunds/Reimbursements To the Committee</b>		<i>(CRO-1240)</i>	\$ 22.27	\$ 22.27	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>		<i>(CRO-1250)</i>	\$ 0	\$ 0	
<b>11b) Contributions from Not-for-Profit Organizations</b>		<i>(CRO-1250)</i>	\$ 0	\$ 0	
<b>11c) Outside Sources of Income</b>		<i>(CRO-1250)</i>	\$ 0	\$ 0	
<b>11d) Legal Expense Fund – Other Sources</b>		<i>(CRO-1270)</i>	\$ 0	\$ 0	
<b>11 e) Exempt Purchase Price Sales</b>		<i>(CRO-1265)</i>	\$ 0	\$ 0	
<b>12) TOTAL RECEIPTS</b>	<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 854.50	\$ 14311.26	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>		<i>(CRO-1310)</i>	\$ 822.75	\$ 6781.88	
<b>13b) Contributions to Candidates/Political Committees</b>		<i>(CRO-1310)</i>	\$ 0	\$ 0	
<b>13c) Coordinated Party Expenditures</b>		<i>(CRO-1310)</i>	\$ 0	\$ 0	
<b>14) Aggregated Non-Media Expenditures</b>		<i>(CRO-1315)</i>	\$ 0	\$ 0	
<b>15) Loan Repayments</b>		<i>(CRO-1420)</i>	\$ 3594.24	\$ 7434.24	
<b>16) Refunds/Reimbursements From the Committee</b>		<i>(CRO-1320)</i>	\$ 0	\$ 0	
<b>17) In-Kind Contributions</b>		<i>(CRO-1510)</i>	\$ 0	\$ 17.75	
<b>18) TOTAL EXPENDITURES</b>	<i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 4416.99	\$ 14233.87	
<b>19) Cash on Hand at End</b>	<i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 77.39	\$ 77.39	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>		<i>(CRO-1330)</i>	\$ 0		
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>		<i>(CRO-1430)</i>	\$ 0		
<b>22) Debts and Obligations owed By the Committee</b>		<i>(CRO-1610)</i>	\$ 0		
<b>23) Debts and Obligations owed To the Committee</b>		<i>(CRO-1620)</i>	\$ 0		
<b>24) Account Transfers Within the Committee</b>		<i>(CRO-1720)</i>	\$ 0		
<b>25) Administrative Support</b>		<i>(CRO-1710)</i>	\$ 0	\$ 0	
<b>26) Forgiven Loans</b>		<i>(CRO-1440)</i>	\$ 0	\$ 0	
<b>27) 48-Hour Notice Reports Sum</b>		<i>(CRO-2200)</i>	\$ 0	\$ 0	
<b>28) Contributions to be Refunded</b>		<i>(CRO-1215)</i>	\$ 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Nancy Oates for Town Council					6HD08M	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Stephanie Griffith 628 N. 22nd St. Phladelphia, PA 19130			Nurse			
			<b>c. Employer's Name/Specific Field</b>			
			Retired		<b>e. Election Sum to Date</b>	
				\$ 336.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	NEO	Check		10/24/2015	\$ 336.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Jim Kitchen P.O. Box 225 Chapel Hill, NC 27514			Social entrepreneur			
			<b>c. Employer's Name/Specific Field</b>			
			Self		<b>e. Election Sum to Date</b>	
				\$ 50.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	NEO	Credit Cd		10/23/2015	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Joseph Buonfiglio 216 Copper Beech Court Chapel Hill, NC 27517			Writer			
			<b>c. Employer's Name/Specific Field</b>			
			Self		<b>e. Election Sum to Date</b>	
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	NEO	Credit Cd		10/25/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 486.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 736.00	
<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	
Shannon Pace 51 Davie Circle. Chapel Hill, NC 27514			Educator			
			c. Employer's Name/Specific Field			
			Retired			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NEO	Check		10/29/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dan Shannon 1777 Fordham Blvd. Chapel Hill, NC 27514			Publisher			
			c. Employer's Name/Specific Field			
			Shannon Media			
			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"/>	NEO	Cash		10/29/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Patricia Krebs 206 Schooner Cove Damarescotta, ME 04543			Lawyer			
			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"/>	NEO	Check		11/01/2015	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 736.00	

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Nancy Oates for Town Council					6HD08M
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
The Daily Tar Heel 151 E. Rosemary St. Chapel Hill, NC 27514				<b>c. Level Registered (Specify)</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
				<b>e. Election Sum to Date</b>	
				\$ 227.20	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
NEO	Check	A	10/20/2015	\$227.20	Newspaper Ad
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Indy Week 201 W. Main St. Durham, NC 27702				<b>c. Level Registered (Specify)</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
				<b>e. Election Sum to Date</b>	
				\$ 546.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
NEO	Check	A	10/23/2015	\$546.00	Newspaper Ad
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Top of the Hill 100 E. Franklin St. Chapel Hill, NC 27514				<b>c. Level Registered (Specify)</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
				<b>e. Election Sum to Date</b>	
				\$ 39.23	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
NEO	Cash	O	11/12/2015	\$39.23	Dinner for Volunteers
				\$	
<b>5. Total only this Page</b>					\$ 812.43
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 822.75
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Nancy Oates for Town Council					6HD08M
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Wallace Parking Deck E. Rosemary St. Chapel Hill, NC 2754					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
NEO	Cash	O	11/12/2015	\$2.00	Dinner Parking
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
PayPal					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$8.32	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 2.00
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 814.43
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

# Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Nancy Oates for Town Council				H6HD08M	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
Professional Mail Services 3500-# Tricenter Research Triange Park, NC 27713			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>h. Original Expenditure Date</b> 10/19/2015  <b>i. Original Expenditure Amt</b> \$ 707.34
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				Postcard Mailing	
				<b>j. Election Sum to Date</b> \$ 707.34	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
NEO	Check			11/20/2015	\$ 22.27
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>h. Original Expenditure Date</b>  <b>i. Original Expenditure Amt</b> \$
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>h. Original Expenditure Date</b>  <b>i. Original Expenditure Amt</b> \$
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$ 22.27
<b>5. Total of ALL CRO-1240 Pages</b> <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$ 22.27

# Loan Repayments

Use this form to report payments on an existing loan.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Nancy Oates for Town Council				64D08M	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
Nancy E. Oates 112 Mendel Dr. Chapel Hill, NC 27514					
				<b>c. Original Loan Date</b>	
				10/13/2015	
				<b>d. Original Loan Amount</b>	
				\$ 3480.00	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$ 0.00	NEO	Check	11/20/15	\$ 3480.00	
\$				\$	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
Nancy E. Oates 112 Mendel Dr. Chapel Hill, NC 27514					
				<b>c. Original Loan Date</b>	
				8/28/2015	
				<b>d. Original Loan Amount</b>	
				\$ 0.45	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$ 0.00	NEO	Check	11/20/2015	\$ 0.45	
\$				\$	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
Nancy E. Oates 112 Mendel Dr. Chapel Hill, NC 27514					
				<b>c. Original Loan Date</b>	
				7/08/2015	
				<b>d. Original Loan Amount</b>	
				\$ 5.00	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$	NEO	Check	12/11/2015	\$ 5.00	
\$				\$	
<b>4. Total only this Page</b>				\$ 3485.45	
<b>5. Total of ALL CRO-1420 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 3594.24	