

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 Watson for School Board	c. ID Number WHD8D2
b. Mailing Address (include City, State and Zip Code) 1009 Sabre Court Chapel Hill, North Carolina 27516	d. Date Filed 07/10/2015
	e. Phone Number 919-274-2370

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	06/30/2015	10/19/2015	Anissa Carol McLendon

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
<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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name SunTrust	b. Purpose Candidate Campaign Account	a. Financial Institution Full Name	b. Purpose
c. Account Code IDJD	d. Period Begin Balance \$ 100.00	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.
Anissa C. McLendon
 Printed Name of Signer
Anissa C. McLendon
 Signature of Appointed Treasurer
10/20/2015
 Date

FOR OFFICE USE ONLY

Date Received: <u>10/23/15</u>	Employee: <u>BBJ</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>10/29/15</u>	Employee: <u>BBJ</u>	
Date Data Entered: _____	Employee: _____	

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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 Orange County Bd. of Elections

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	
Watson for Chapel Hill - Carrboro City Schools		Pre Election		WHD8D2	
Start of Election Cycle:		January 1, 2015		Total this Election Cycle	
4) Cash on Hand at Start				\$ 100.00	
				\$ 100.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)				\$ 1830.00	
6) Contributions from Individuals (CRO-1210)				\$ 0	
7) Contributions from Political Party Committees (CRO-1220)				\$ 0	
8) Contributions from Other Political Committees (CRO-1230)				\$ 0	
9) Loan Proceeds (CRO-1410)				\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)				\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)				\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)				\$ 0	
11c) Outside Sources of Income (CRO-1250)				\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)				\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)				\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 2205.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)				\$ 1264.46	
13b) Contributions to Candidates/Political Committees (CRO-1310)				\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)				\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)				\$ 0	
15) Loan Repayments (CRO-1420)				\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)				\$ 0	
17) In-Kind Contributions (CRO-1510)				\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 1264.46	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 935.54	
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	
26) Forgiven Loans (CRO-1440)				\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2200)				\$ 0	
28) Contributions to be Refunded (CRO-1215)				\$ 0	

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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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Watson for School Board						WHD8D2	
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	
Constance Mullinix 17 Clover Drive Chapel Hill, North Carolina 27517				Nursing			
				c. Employer's Name/Specific Field			
				East Carolina University			
						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"/>	IDJD	Ck #1609		07/22/2015		\$ 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	
Theresa Watson 1009 Sabre Court Chapel Hill, North Carolina 27516 919-274-2370				CEO/Founder		Candidate	
				c. Employer's Name/Specific Field			
				Synergy Training Solution Corporation			
						e. Election Sum to Date	
						\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	IDJD	Ck#		08/01/2015		\$ 500.00	
<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	
Doval Watson II 245 Erwin Road Chapel Hill, North Carolina 27514 919-360-4152				Advisor Group			
				c. Employer's Name/Specific Field			
				Insurance Agent			
						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"/>	IDJD	Ck#108		09/14/2015		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 800.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1725.00	

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Watson for School Board						WHD8D2	
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	
Katy Hargraves 511 Oak Avenue Carrboro, North Carolina 27510 919-929-1686				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"/>	IDJD	Ck#2956		09/21/2015		\$ 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	
Reginald Hildebrand 319 Whitney Lane Durham, North Carolina 27713 919-450-0870				African-American Professor			
				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"/>	IDJD	Ck#4039		09/25/2015		\$ 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	
Burmadeane George 1024 Sycamore Street Durham, North Carolina 27707 919-490-9853				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"/>	IDJD	Ck #1130		10/01/2015		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages						\$ 1725.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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Contributions from Individuals

Amendment Yes No

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Waston for School Board						WHD8D2	
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	
Charles Brownell 1008 Sabre Court Chapel Hill, North Carolina 27516 919-923-8809				Lead Master			
				c. Employer's Name/Specific Field			
				Marketing			
						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"/>	IDJD	Ck#4975		10/03/2015		\$ 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	
Peggy Richmond 241 Hales Wood Road Chapel Hill, North Carolina 27517 919-929-6606							
				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"/>	IDJD	Ck#1378		10/04/2015		\$ 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 Bushnell 81 Oak Bluffs Pittsboro, North Carolina 27312-7302 919-929-8832							
				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"/>	IDJD	Ck #11779		10/02/2015		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1725.00	

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1. Committee Full Name (and Fund if applicable)						2. ID Number	
Waston for School Board						WHD8D2	
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	
Collene Rogers 108 Collene Lane Chapel Hil, North Carolina 27516 919-932-1421				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"/>	IDJD	Ck #203		10/03/2015		\$ 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	
Cathy Cole 355 Warren Court Chapel Hill, North Carolina 27516 919-929-3072				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"/>	IDJD	Ck #107		10/13/2015		\$ 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	
Daniel Waston 1009 Sabre Court Chapel Hill, North Carolina 27516 919-260-8128				User Product Manager			
				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"/>	IDJD	Ck #2002		10/12/2015		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1725.00	

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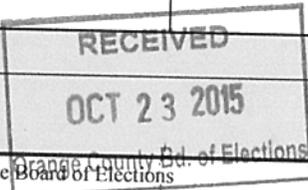
OCT 23 2015

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	
Watson for School Board					WHD8D2	
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	
Jessica Waston 1009 Sabre Court Chapel Hill, North Carolina 27516 919-360-4153			Executive Associates			
			c. Employer's Name/Specific Field			
			H-O Marketing Group			
					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"/>	IDJD	Ck #2003		10/13/2015		\$ 250.00
<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	
Betsy Davis 107 Apple Street Chapel Hill, North Carolina 27514						
			c. Employer's Name/Specific Field			
			Retired			
					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
<input type="checkbox"/>	IDJD	Ck #1854		09/25/2015		\$ 25.00
<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	
			c. Employer's Name/Specific Field			
					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
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1725.00	



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) Watson for School Board					2. ID Number WHD8D2	
3. Type of Disbursement <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						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Best Value Copy			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 checked="" type="checkbox"/> Municipality:		\$ 377.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Visa	P	8/17/2015	\$121.75	Calendars Index Cards	
	Visa	P	09/15/2015	\$255.60	Copies Post Cards	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dollar Tree 5446 New Hope Commons Drive Durham, North Carolina 27707 919-419-8517			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 checked="" type="checkbox"/> Municipality:		\$ 7.53	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Visa	O	09/09/2015	\$7.53	7 Envelopes	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples 1710 East Franklin Street Chapel Hill, North Carolina 919-942-4115			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 checked="" type="checkbox"/> Municipality:		\$ 91.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Visa	F	09/14/2015	\$13.96	Staples Laser	
	Visa	O	09/30/2015	\$77.92	Ink/Envelopes	
5. Total only this Page					\$ 476.76	
6. Total of ALL CRO-1310 Pages					\$ 1264.46	
<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)						

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Orange County Bd. of Elections

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) Watson for School Board					2. ID Number WHD8D2
3. Type of Disbursement <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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Gephart Markieting Solutions PO Box 669 Hillsborough, North Crolina 27278 919-732-6464		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 210.70	
f. Account Code	g. Form of Payment Visa	h. Purpose Code 0	i. Date (mm/dd/yyyy) 09/14/2015	j. Amount \$210.70	k. Required Remarks Car Magnets
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> A.G.E. Graphics, LLC 52231 State Route 248 Long Bottom, Ohio 45743 740-989-0006		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 565.00	
f. Account Code	g. Form of Payment Visa	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/28/2015	j. Amount \$565.00	k. Required Remarks Yard Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Suntrust 102 Highway 54 Carrboro, North Carolina 27510		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$ 12.00	
f. Account Code IDJD	g. Form of Payment Electronic	h. Purpose Code 0	i. Date (mm/dd/yyyy) 09/30/2015	j. Amount \$12.00	k. Required Remarks Bank Fee
				\$	
5. Total only this Page					\$ 787.00
6. Total of ALL CRO-1310 Pages <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>					\$ 1264.46
7. Purpose Codes (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.					

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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 Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name:

Watson for Chapel Hill-Carrboro City Schools

Treasurer Name:

Anissa C. McLeod

Treasurer Address:

110 Alabama Ave

(include city, state, & zip)

Carrboro, NC 27510

Treasurer Phone:

919 932-5321

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

10-7-1-2015
 Date Signed

Theresa Watson
 Signature

