

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 <u>Bernadette For County Commissioner</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>4214 mystic Lane Hillsborough, NC 27278</u>	d. Date Filed <u>1/10/2013</u>
	e. Phone Number <u>919 7325080</u>

2. Report Year <u>2012</u>	3. Period Start Date (mm/dd/yy) <u>10/21/2012</u>	4. Period End Date (mm/dd/yy) <u>12/31/2012</u>	5. Treasurer Full Name <u>Gail Alberti</u>
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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	<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
		<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 checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<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	

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

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

10. Special Report Name

II. Account Information		II. Account Information	
a. Financial Institution Full Name <u>Harrington Bank</u>	b. Purpose <u>Reelection Campaign Expenses</u>	a. Financial Institution Full Name	b. Purpose
c. Account Code <u>1</u>	d. Period Begin Balance <u>1780.60</u> <u>\$ 2780.60</u>	c. Account Code	d. Period Begin Balance <u>\$</u>

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.

Gail Alberti Printed Name of Signer

[Signature] Signature of Appointed Treasurer

1/9/13 Date

FOR OFFICE USE ONLY

Date Received: 1-10-13 Employee: [Redacted] Delivery Method

Date Postmarked: [Redacted] Employee: [Redacted] Normal Mail

Date Scanned: 1/11/13 Employee: [Redacted] Registered Mail

Date Data Entered: [Redacted] Employee: [Redacted] 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.

RECEIVED
JAN 10 2013
 Orange County Bd. of Elections

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	
Bernadette for County Commission	4th		
Start of Election Cycle: January 1, 2012		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1780.60	\$ 65.06
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 65.00	\$ 1265.00
6) Contributions from Individuals (CRO-1210)		\$	\$ 3430.00
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)		\$	\$.17
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)		\$ 813.41	\$ 813.41
		\$ 878.41	\$ 5508.58
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 923.07	\$ 3337.70
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)		\$ 813.41	\$ 813.41
17) In-Kind Contributions (CRO-1510)		\$ 0	\$ 500.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1736.48	\$ 4651.11
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 922.53	\$ 922.53
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)		\$ 813.41	\$

CRO-1100

NC State Board of Elections

August 2008



Contributions to be Reimbursed

Pg 1 of 1

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

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.
 Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Bernadette for County Commissioner			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Bernadette Pelissier 4516 Mystic Lane Hillsborough, NC 27278			
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$ 813.41
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page			\$
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 813.41



Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable) <u>Bernadette For County Commission</u>	2. ID Number
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3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Bernadette Pelissier</u> <u>4516 Mystic Lane</u> <u>Hillsborough, NC 27278</u>	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$	
	f. Purpose Code <u>0</u>	j. Election Sum to Date \$	
b. Job Title/Profession <u>Orange County Commission</u>	c. Employer's Name/Specific Field	g. Comments	k. Account Code <u>1</u>
l. Form of Payment <u>check</u>	m. Required Remarks <u>reimbursement for Super Cheap Signs</u>	n. Date (mm/dd/yyyy) <u>10/23/2012</u>	o. Amount <u>\$ 389.61</u>

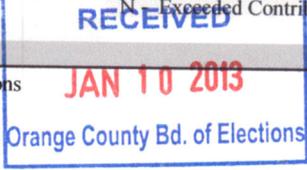
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Bernadette Pelissier</u> <u>above</u>	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$	
	f. Purpose Code <u>0</u>	j. Election Sum to Date \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment <u>check</u>	m. Required Remarks <u>reimbursement for earlier CH Herald ad</u>	n. Date (mm/dd/yyyy) <u>10/23/2012</u>	o. Amount <u>\$ 179.10</u>

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Bernadette Pelissier</u> <u>above</u>	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$	
	f. Purpose Code <u>0</u>	j. Election Sum to Date \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment <u>check</u>	m. Required Remarks <u>reimbursement for Daily Tar Heel ad</u>	n. Date (mm/dd/yyyy) <u>10/22/2012</u>	o. Amount <u>\$ 210.00</u>

4. Total only this Page	\$ <u>778.71</u>
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ <u>813.41</u>

L - Returned to Contributor M - Overpayment for Service
P* - Reimbursement of In-Kind O* Other
N - Exceeded Contribution Limit

* Codes require detailed explanation in required remarks field (m)



Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable) <u>Bunade He for County Commissioner</u>	2. ID Number
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3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Bunade He Pelissier</u> <u>4516 Mystic Lane</u> <u>Hillsborough, NC 27278</u>	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$	
	f. Purpose Code <u>0</u>	j. Election Sum to Date \$	
b. Job Title/Profession <u>Orange County Commissioner</u>	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment <u>check</u>	m. Required Remarks <u>Reimbursement for staples purchase</u>	n. Date (mm/dd/yyyy) <u>10/23/2012</u>	o. Amount <u>\$ 34.70</u>

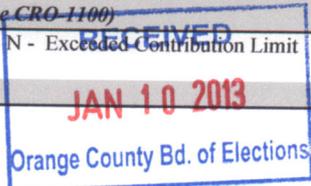
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	\$ <u>34.70</u>
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ <u>813.41</u>

L - Returned to Contributor M - Overpayment for Service
P* - Reimbursement of In-Kind O* Other
N - Exceeded Contribution Limit

* Codes require detailed explanation in required remarks field (m)



Disbursements

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>Bernadette He for County Commissioner</u>						2. ID Number
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)				b. Coordinated Committee Name		d. Comments
<u>The News of Orange County 109 E King Street PO Box 580 Hillsborough, NC 27278</u>				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:		
						\$ <u>183.97</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>check</u>	<u>A</u>	<u>10/23/2012</u>	<u>\$ 183.97</u>	<u>Advertisement</u>	
						\$
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
<u>The Daily Tar Heel 151 E Rosemary St Chapel Hill, NC 27514</u>				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:		
						\$ <u>210.00</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>check</u>	<u>A</u>	<u>10/24/2012</u>	<u>\$ 210.00</u>	<u>Advertisement</u>	
						\$
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
<u>Herald-Sun 2828 Pickett Rd Durham, NC 27705</u>				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:		
						\$ <u>179.10</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>check</u>	<u>A</u>	<u>10/25/2012</u>	<u>\$ 179.10</u>	<u>advertisement</u>	
						\$
5. Total only this Page						\$ <u>573.07</u>
6. Total of ALL CRO-1310 Pages						\$ <u>923.07</u>
<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)						

CRO-1310

NC State Board of Elections

December 2009



Disbursements

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
Bunnette For County Commissioner								
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)				b. Coordinated Committee Name		d. Comments		
Orange County Democratic Party 209 Lloyd St - #310 Carrboro, NC 27510								
c. Level Registered (Specify)								
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:								
						e. Election Sum to Date		
						\$		
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1		check		0		11/15/2012	\$ 350.00	Election night party
							\$	
							\$	
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)								
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:								
						e. Election Sum to Date		
						\$		
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)								
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:								
						e. Election Sum to Date		
						\$		
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						\$ 350.		
6. Total of ALL CRO-1310 Pages						\$ 923.07		
<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)								

CRO-1310

NC State Board of Elections

December 2009

