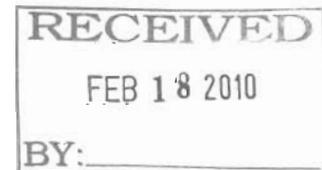


# Disclosure Report Cover

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	
MCELVEEN FOR SCHOOL BOARD		9HD204	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514		02/18/2010	
		e. Phone Number	
		919-967-3082	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	04-01-2009	12-31-2009	JANE A. GARRETT
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	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End
		<input type="checkbox"/> Special	<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			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
WACHOVIA BANK, NA			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
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.			
JANE A. GARRETT		Jane A. Garrett	02/18/2010
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	2/18/10	Employee:	BBS
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		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	
<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

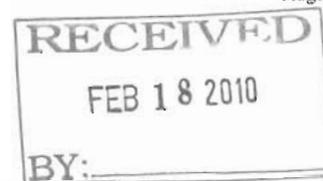
Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
<i>McELVEEN FOR SCHOOL BOARD</i>		<i>9 HD 204</i>	
Start of Election Cycle: January 1, <i>2009</i>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$	\$	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>1701.00</i> ✓	\$ <i>1701.00</i>	
6) Contributions from Individuals (CRO-1210)	\$ <i>1770.96</i> ✓	\$ <i>1770.96</i>	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ <i>633.03</i> ✓	\$ <i>633.03</i>	
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)	\$ <i>.21</i> ✓	\$ <i>.21</i>	
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)	\$ <i>4105.22</i>	\$ <i>4105.22</i>	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <i>3513.80</i> ✓	\$ <i>3513.80</i>	
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)	\$ <i>513.66</i> ✓	\$ <i>513.66</i>	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ <i>77.76</i> ✓	\$ <i>77.76</i> ✓	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>4105.22</i>	\$ <i>4105.22</i>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>0</i>	\$ <i>0</i>	
<b>ADDITIONAL INFORMATION</b>			
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)	\$ <i>119.37</i>	\$ <i>119.37</i>	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

CRO-1100

NC State Board of Elections

August 2008



# Aggregated Contributions from Individuals

Page 1 of 3

Amendment  
 Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MCELVEEN FOR SCHOOL BOARD				9HD204	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	/	CHECK		08/07/2009	\$ 50.00
<input type="checkbox"/> Remove	/	CHECK		08/08/2009	\$ 25.00
<input type="checkbox"/> Add	/	CHECK		08/09/2009	\$ 50.00
<input type="checkbox"/> Remove	/	CHECK		08/09/2009	\$ 50.00
<input type="checkbox"/> Add	/	CHECK		08/09/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		08/12/2009	\$ 30.00
<input type="checkbox"/> Add	/	CHECK		08/14/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		08/15/2009	\$ 50.00
<input type="checkbox"/> Add	/	CHECK		08/25/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		08/25/2009	\$ 25.00
<input type="checkbox"/> Add	/	CHECK		08/25/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		08/26/2009	\$ 50.00
<input type="checkbox"/> Add	/	CHECK		08/26/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		08/26/2009	\$ 25.00
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		09/28/2009	\$ 25.00
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 50.00
<input type="checkbox"/> Remove	/	CHECK		09/28/2009	\$ 50.00
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 50.00
<input type="checkbox"/> Remove	/	CASH		09/28/2009	\$ 25.00
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 25.00
<input type="checkbox"/> Remove	/	CHECK		09/28/2009	\$ 25.00
<b>4. Total only this Page</b>					\$ 830.00
<b>5. Total of ALL CRO-1205 Pages</b>					<b>Received</b> \$ 1701.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

JAN 27 2010

# Aggregated Contributions from Individuals

Amendment  
 Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MCELVEEN FOR SCHOOL BOARD				9HD204	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	/	PAYPAL		09/28/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 12.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 12.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CASH		09/28/2009	\$ 15.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CASH		09/28/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CASH		09/28/2009	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	MONEY ORDER		09/28/2009	\$ 35.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		09/28/2009	\$ 35.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CASH		09/28/2009	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CASH		09/28/2009	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CASH		10/16/2009	\$ 12.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		10/16/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		10/16/2009	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	MONEY ORDER		10/16/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		10/16/2009	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		10/16/2009	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		10/16/2009	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	/	CHECK		10/16/2009	\$ 50.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>					\$ 676.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 1701.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					Received

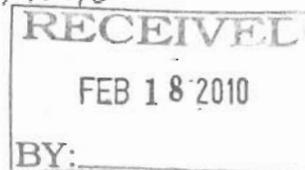
JAN 27 2010



**Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

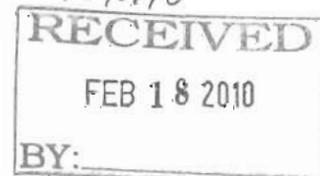
1. Committee Full Name (and Fund if applicable)						2. ID Number	
MCELVEEN FOR SCHOOL BOARD						9HD204	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHARON PASLEY-NIEVES 137 S. FIELDS CIRCLE 919-962-2553 CHAPEL HILL, NC 27516				BUSINESS ANALYST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				UNC-CH/HUMAN RES. CHAPEL HILL, NC		\$ <del>967.00</del> 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK 3405		08/25/2009	\$ 75.00		
<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	
BRENTA J. BALDWIN 524 HATCH ROAD CHAPEL HILL, NC 27516 919-942-2232				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ <del>967.00</del> 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK 7646		08/25/2009	\$ 200.00		
<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	
KEVA D. BUTLER 32 EMILY ROAD CHAPEL HILL, NC 27514 919-929-1328				FINANCE MANAGER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				PERFORMANCE BICYCLE, INC.		\$ <del>967.00</del> 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"/>	1	CHECK 7933		08/25/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ <del>1770.98</del>	



# 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	
MCELVEEN FOR SCHOOL BOARD						91HD204	
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 W. DAVIS 107 BEL ARBOR 919-967-2018 CARRBORO, NC 27510				NURSE MANAGER			
				c. Employer's Name/Specific Field			
				UNC HOSPITALS/ PEDIATRICS		e. Election Sum to Date	
						\$ <del>467.00</del> 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"/>	1	CHECK 6296		08/25/2009	\$ 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	
WESLEY & <del>ESSIE</del> MCELVEEN 215 FEDERAL LANE 256-852-8049 HUNTSVILLE, AL 35811				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ <del>1183.44</del> 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK 1338		08/28/2009	\$ 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	
JAMEZETTA R. BEDFORD 401 KNOB COURT 919-933-5391 CHAPEL HILL, NC 27517				SCHOOL BOARD MEMBER			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ <del>1351.66</del> 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"/>	1	CHECK		09/28/2009	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ <del>1770.98</del> 901	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							



# 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	
MCELVEEN FOR SCHOOL BOARD						9HD204	
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	
JOAN KOFODIMUS 919-830-4634 613 GREENWOOD ROAD CHAPEL HILL, NC 27514				SELF EMPLOYED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				TELEDS / MGMT. CONSULTING		\$ 1351.66 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	PAY PAL		10-23-2009	\$ 200.00		
<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	
PAUL & HAZEL MINOR 102 APPLE STREET 919-929-6259 CHAPEL HILL, NC 27514				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 1351.66 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK 8279		10-16-2009	\$ 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	
GREG MCELVEEN 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-932-9364				CANDIDATE		INITIAL SEED MONEY INTO #150 CHECKING ACCT.	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 1351.66 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CASH		07/20/2009	\$ 50.00		
<input type="checkbox"/>	1	CASH		04/28/2009	\$ 100.00		
<input type="checkbox"/>					\$ <i>gry</i>		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages						\$ <del>1025.00</del> <i>gry</i>	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

1770.98

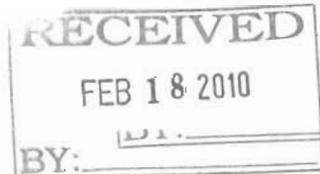
RECEIVED

FEB 18 2010

**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>	
MCELVEEN FOR SCHOOL BOARD				9HD204	
<b>3. Contributor Information</b> <input checked="" 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>	
GREG MCELVEEN 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-933-8364			CANDIDATE		
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>	
				\$ 395.98	
<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"/>	1	CASH	PRINTING - STAPLES	08/03/2009	\$ 21.33
<input type="checkbox"/>	1	CASH	BROCHURES - STAPLES	09/11/2009	\$ 224.65
<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>	
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>	
				\$	
<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"/>					\$
<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>	
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>	
				\$	
<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"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>				\$ 245.98	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>				\$ 1770.98	



# Loan Proceeds

Pg 1 of 1

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

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) <b>MCELVEEN PDR SCHOOL BOARD</b>				2. ID Number <b>9HD204</b>	
3. Lender 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	
<b>GREG MCELVEEN 919-933-3364 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514</b>		<b>CANDIDATE</b>			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				<b>09/14/2009</b>	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%			<b>CASH</b>	<b>\$ 633.03</b>	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					
				<b>\$ 633.03</b>	

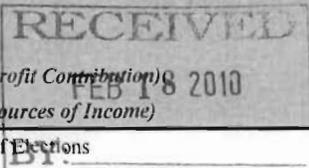
Orange Co. Bd. Of Elections

Received  
JAN 27 2010

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
MCELVEEN FOR SCHOOL BOARD			9HD204	
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
AUTOMATED CREDIT PAYPAL			<b>c. Outside Source Explanation</b>	
			<b>e. Election Sum to Date</b>	
	\$ .21			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
1	CREDIT		9/16/2009	\$ .21
				\$
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
			<b>c. Outside Source Explanation</b>	
			<b>e. Election Sum to Date</b>	
	\$			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
				\$
				\$
<b>4. 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. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
			<b>c. Outside Source Explanation</b>	
			<b>e. Election Sum to Date</b>	
	\$			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
				\$
				\$
<b>5. Total only this Page</b>				\$ .21
<b>6. Total of ALL CRO-1250 Pages</b>				\$ .21
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</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	
MCELVEEN FOR SCHOOL BOARD						9HD204	
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, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
STAPLES 1710 EAST FRANKLIN STREET CHAPEL HILL, NC 27514 919-942-4115						ACTUAL 292.40	
				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:		\$ <del>467.00</del> 292.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	B	08/03/2009	\$ 21.33	LABELS FOR MAILING		
1	CHECK	B	09/10/2009	\$ 211.07	PRINTING/FOLDING BROCHURES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
BODY BILLBOARDS 4905 SOUTH ALSTON AVENUE DURHAM, NC 27713 919-544-4540							
				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:		\$ 967.00 399.09	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	O, F	09/10/2009	\$ 399.09	T-SHIRTS-ADVERTISEMENTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
FED EX / KINKO'S 5319 NEW HOPE COMMONS DURHAM, NC 27701 919-402-8160							
				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:		\$ 967.00 24.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK		09/10/2009	\$ 2.11	COPIES - BROCHURES		
1	CHECK		09/29/2009	\$ 22.63	COPIES - FLYERS, MEET N QPETS		
5. Total only this Page						\$ 716.23 ✓	
6. Total of ALL CRO-1310 Pages						\$ 3513.8099	
(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)							

RECEIVED December 2009  
FEB 18 2010  
BY: \_\_\_\_\_

**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) <b>MCELVERN FOR SCHOOL BOARD</b>	2. ID Number <b>9HD204</b>
---	-------------------------------

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) <b>CHAPEL HILL POST OFFICE ESTES DRIVE CHAPEL HILL, NC 27514-9998 919-942-4170</b>	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 <b>\$ <del>1183.44</del> 132.00</b>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<b>1</b>	<b>CHECK</b>	<b>C</b>	<b>09/11/2009</b>	<b>\$ 88.00</b>	<b>STAMPS FOR MAILINGS</b>
<b>1</b>	<b>CHECK</b>	<b>C</b>	<b>10/01/2009</b>	<b>\$ 44.00</b>	<b>"</b>

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>STAPLES 1710 EAST FRANKLIN STREET CHAPEL HILL, NC 27514 919-942-4115</b>	b. Coordinated Committee Name	d. Comments <b>ACTUAL 517.05</b>
	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 <b>\$ <del>1183.44</del> 517.05</b>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<b>1</b>	<b>CHECK</b>	<b>P</b>	<b>09/11/2009</b>	<b>\$ 224.65</b>	<b>BROCHURES</b>
				<b>\$</b>	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>CHICK-FIL-A UNIVERSITY MALL CHAPEL HILL, NC 27514 919-968-0126</b>	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 <b>\$ <del>1183.44</del> 39.87</b>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<b>1</b>	<b>CHECK</b>	<b>0</b>	<b>09/26/2009</b>	<b>\$ 39.87</b>	<b>REFRESHMENTS FOR COMMITTEE MTG/WORK SESSION</b>
				<b>\$</b>	

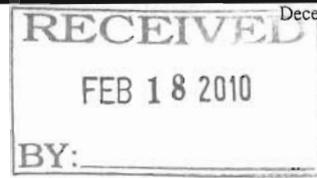
5. Total only this Page    \$ **396.52** ✓

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)  
 \$ **3513.00** *ops*

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)



**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
MCELVEEN FOR SCHOOL BOARD						9HD204
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
MICHAELS 5442 NEW HOPE COMMONS DRIVE DURHAM, NC 27707						
				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
						\$ <del>1183.44</del> 58.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	C	10/03/2009	\$ 58.19	CAMPAIGN PARAPHENALIA	
				\$		
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
FED EX / KINKO'S 610 NINTH STREET DURHAM, NC 27705-4801 919-286-1000						
				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
						\$ <del>1183.44</del> 35.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	O	10/04/2009	\$ 10.86	COPIES - FLYERS	
				\$		
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
UPS STORE 919-960-0900 1818 MLK JR BLVD, B-9 CHAPEL HILL NORTH CENTER CHAPEL HILL, NC 27514						
				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
						\$ <del>1183.44</del> 27.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	B	10/16/2009	\$ 15.09	COPIES - BROCHURES	
1	CHECK	B	10/29/2009	\$ 12.07	COPIES - FLYERS	
5. Total only this Page						\$ 96.21 ✓
6. Total of ALL CRO-1310 Pages						\$ 3513.80 PAYS
<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)						

RECEIVED  
FEB 18 2010  
BY: \_\_\_\_\_

**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>
MCELVEEN FOR SCHOOL BOARD						9HD204
<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>
PARTY CITY 5402 NEW HOPE COMMONS DURHAM, NC 27707 919-493-7997				<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> \$ 1183.44 777.76
<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>	
1	CHECK	C	10/23/2009	\$ 77.76	SUPPLIES FOR MEET N GREET CANDIDATE	
				\$		
<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>
STARBUCKS COFFEE COMPANY EASTGATE SHOPPING CENTER 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> \$ 1183.44 38.79
<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>	
1	CHECK	C	10/24/2009	\$ 38.79	REFRESHMENTS FOR MEET N GREET CANDIDATE	
				\$		
<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>
US POST OFFICE TIMBERLYNE STATION CHAPEL HILL, NC 27516-1541 800-275-8777				<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> \$ 1183.44 154.00
<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>	
1	CHECK	C	10/30/2009	\$ 22.00	STAMPS FOR MAILINGS	
				\$		
<b>5. Total only this Page</b>						\$ 138.55 ✓
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3513.80 000
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 2000.00
<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>						
<b>7. Purpose Codes</b> (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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FEB 18 2010

BY:

# Disbursements

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

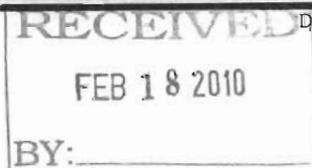
1. Committee Full Name (and Fund if applicable)						2. ID Number
MCELVEEN FOR SCHOOL BOARD						9HD204
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political 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
THE WDS STORE 919-960-0900 1818 MLK, JR. BLVD, B-9 CHAPEL HILL NORTH CENTER CHAPEL HILL, NC 27514				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
						\$ 1103.45 33.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK		10/30/2009	\$ 16.42	COPIES - FLYERS	
				\$		
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
FED EX / KINKO'S 114 W. FRANKLIN STREET CHAPEL HILL, NC 27516-2516 919-967-0790				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
						\$ 1351.66 92.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK		11/03/2009	\$ 57.21	COPIES - FLYERS	
				\$		
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
HARLAND CLARKE				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
						\$ 1103.44 21.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK DRAFT	0	10/07/2009	\$ 21.00	CHECK ORDER	
				\$		
5. Total only this Page						\$ 84.63 ✓
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)						\$ 3513.80 21029.44
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)						

RECEIVED  
FEB 18 2010  
BY: \_\_\_\_\_

**Disbursements**

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

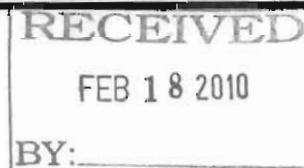
1. Committee Full Name (and Fund if applicable)						2. ID Number
MCELVEEN FOR SCHOOL BOARD						9HD204
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political 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	
VIP PRINTING AND SIGN 99 SOUTH ELLIOTT ROAD CHAPEL HILL, NC 27576 919-968-0000/933-0066					PAID BY CANDIDATE ON PERSONAL CREDIT CARD	
			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:		\$ <del>967.00</del> 633.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
/	CRED. CARD	D,F	09/14/2009	\$ 633.03	CAMPAIGN SIGNS	
				\$		
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	
THE CARRBORO CITIZEN P.O. BOX 248 CARRBORO, NC 27510						
			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:		\$ <del>1183.44</del> 124.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
/	CHECK	A	10/29/2009	\$ 124.60	ADVERTISEMENTS	
				\$		
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	
NEWS & OBSERVER 215 SOUTH MCDOWELL STREET RALEIGH, NC 27601 919-829-4500						
			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:		\$ 1351.66 392.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
/	CHECK	A	11/20/2009	\$ 392.81	ADVERTISEMENTS	
				\$		
5. Total only this Page					\$ 1150.44 ✓	
6. Total of ALL CRO-1310 Pages					\$ 3513.80 008 <del>2069.00</del>	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						
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)						



**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	
MCELVEEN FOR SCHOOL BOARD						9HD204	
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	
TIME OUT TAVERN 1301 N. FORDHAM BLVD CHAPEL HILL, NC 27514							
				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:		\$ 1351.66446.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	0	11/03/2009	\$ 445.57	ELECTION NIGHT CELEBRATION		
1	CHECK	0	11/03/2009	\$ 20.99	"		
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	
NATHALIE GRIPDON 1423 PITCHING WEDGE DR. APT 108 RALEIGH, NC 27603 252-412-1281							
				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:		\$ 1183.44 20.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	0	10/20/2009	\$ 20.00	TRANSLATE BROCHURE INTO SPANISH		
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						\$ 486.56 ✓	
6. Total of ALL CRO-1310 Pages						\$ 3518.8099	
(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)						\$ 3069.41	
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)							



# Disbursements

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

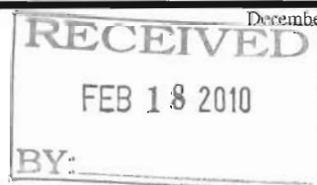
<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
MCELVEEN FOR SCHOOL BOARD						9HD204
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments
US POST OFFICE CHAPEL HILL, NC 27514						
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:						\$ 242.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	C	08/05/2009	\$ 44.00	STAMPS	
1	CHECK	C	08/05/2009	\$ 44.00	STAMPS	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments
FED EX / KINKO'S						
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:						\$ 248.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	B	10/09/2009	\$ 45.26	BROCHURES & FLYERS	
1	DEBIT	B	11/24/2009	\$ 110.06	"	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments
THE HERALD SUN DURHAM, NC						
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:						\$ 114.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH	A	10/28/2009	\$ 114.60	ADVERTISEMENTS	
<b>5. Total only this Page</b>						\$ 357.92 ✓
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3513.80 <i>Jan</i>
<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>						
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>						
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)						

RECEIVED  
FEB 18 2010  
BY: \_\_\_\_\_

**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>
McELVEEN FOR SCHOOL BOARD						94B204
<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
WACHOVIA-REGIONAL SERVICECENTER P O BOX 40031 ROANOKE, VA 24022-0031						
				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:		\$ 8.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH/DEBIT	0	11/10/2009	\$ 8.00	SERVICE CHARGE	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
LOWE'S HOME CENTERS, INC. 1801 FORDHAM BOULEVARD CHAPEL HILL, NC 27514 919-967-3289						
				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:		\$ 78.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CASH	0	09/25/2009	\$ 31.87	STAKES FOR CAMPAIGN SIGNS	
1	DEBIT	0	09/26/2009	\$ 46.87	"	
<b>4. Payee Information</b> <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	
				\$		
				\$		
<b>5. Total only this Page</b>						\$ 86.74 ✓
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3513.8088
<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>						
<b>7. Purpose Codes</b> (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)						



# Loan Repayments

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

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MCELVEEN FOR SCHOOL BOARD				9HD204	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MCELVEEN, GREG 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-933-9364					
				c. Original Loan Date	
				09/14/2009	
				d. Original Loan Amount	
				\$ 633.03	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 633.03	1	CHECK	11/12/2009	\$ 450.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
GREG MCELVEEN 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-933-9364					
				c. Original Loan Date	
				09/14/2009	
				d. Original Loan Amount	
				\$ 633.03	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 183.03	1	CHECK	01/27/2010	\$ 63.66	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 573.66	
5. Total of ALL CRO-1420 Pages <small>(This line must be on line 15 of Detailed Summary Page CRO-1100)</small>				\$ 573.66	

JAN 27 2010

# Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable) <b>MCELVEEN FOR SCHOOL BOARD</b>			2. ID Number <b>9HD204</b>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>KAREN GREEN MCELVEEN 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-929-9899</b>		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <b>10-23-2009</b>
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		i. Original Receipt Amount <b>\$ 77.76</b>
		f. Purpose Code <b>L SUPPLIES FOR CAMPAIGN MEET N GREET</b>		j. Election Sum to Date <b>\$ 1351.66</b>
b. Job Title/Profession <b>COSMETOLOGIST</b>	c. Employer's Name/Specific Field <b>SELF-EMPLOYED</b>	g. Comments		k. Account Code <b>1</b>
l. Form of Payment <b>CASH</b>	m. Required Remarks <b>REIMBURSED W/CK #1026</b>	n. Date (mm/dd/yyyy) <b>10/26/2009</b>	o. Amount <b>\$ 77.76</b>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>SHOWN ON CRO-1420</b> <b>GREG MCELVEEN 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-933-9364</b>		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <b>9-14-2009</b>
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		i. Original Receipt Amount <b>\$ 633.03</b>
		f. Purpose Code <b>CAMPAIGN SIGNS</b>		j. Election Sum to Date <b>\$ 1351.66</b>
b. Job Title/Profession <b>CANDIDATE</b>	c. Employer's Name/Specific Field <b>SELF-EMPLOYED</b>	g. Comments		k. Account Code <b>1</b>
l. Form of Payment <b>PIERS. CRD. CARD</b>	m. Required Remarks <b>REIMBURSED W/CK #1027</b>	n. Date (mm/dd/yyyy) <b>11/24/2009</b>	o. Amount <b>\$ 450.00</b>	
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 <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		\$ <b>77.76</b>		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ <b>77.76</b> <i>QWB</i>		
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)				

# Forgiven Loans

Pg 1 of 1

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

Use this form to report any loan which has been forgiven by the lender.  
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
MCELVEEN FOR SCHOOL BOARD		9HD204	
<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>	
GREG MCELVEEN 457 PINEY MOUNTAIN ROAD CHAPEL HILL, NC 27514 919-933-9364			
<b>c. Original Loan Date (mm/dd/yyyy)</b>		<b>f. Election Sum to Date</b>	
09/14/2009		\$ 119.37	
<b>d. Original Loan Amount</b>		<b>g. Date (mm/dd/yyyy)</b>	
\$ 633.03		01/27/2010	
<b>e. Remaining Loan Balance</b>		<b>h. Forgiven Amount</b>	
\$ <del>633.03</del>		\$ 119.37	
<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>	
<b>c. Original Loan Date (mm/dd/yyyy)</b>		<b>f. Election Sum to Date</b>	
		\$	
<b>d. Original Loan Amount</b>		<b>g. Date (mm/dd/yyyy)</b>	
\$			
<b>e. Remaining Loan Balance</b>		<b>h. Forgiven Amount</b>	
\$		\$	
<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>	
<b>c. Original Loan Date (mm/dd/yyyy)</b>		<b>f. Election Sum to Date</b>	
		\$	
<b>d. Original Loan Amount</b>		<b>g. Date (mm/dd/yyyy)</b>	
\$			
<b>e. Remaining Loan Balance</b>		<b>h. Forgiven Amount</b>	
\$		\$	
<b>4. Total only this Page</b>		\$ 119.37	
<b>5. Total of ALL CRO-1440 Pages</b> <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 119.37	
The lender information should contain the same information as supplied under the original loan proceed.		Received	



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

Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

**Certification to Close Committee**

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

**FILED BY:**

Committee Name: MC ELVEEN FOR SCHOOL BOARD  
 Treasurer Name: JANE A. GARRETT  
 Treasurer Address: 123 SOUTH MERRITT MILL ROAD  
 (include city, state, & zip) CHAPEL HILL, NC 27516-2329  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919-967-3082

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.

18 Feb 2010  
 Date Signed

Jane A. Garrett  
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

RECEIVED  
 FEB 18 2010  
 BY: \_\_\_\_\_ December 2009