Disclosure	Report	Cover
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Amendment		
Yes	\boxtimes	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 Inform	mation				
a. Full Name					c. ID Number
Chapel Hill Alliance	e for a Livable Town - Politi	cal			
Action Committee (CHALT-PAC)				
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
408 Lyons Road Chapel Hill, NC 275	514				10/21/2015
1					e. Phone Number
					919-619-2001
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period l (mm/dd/yy)	End Date	5. Treasurer Full N	Name
2015	09/23/2015	10/1	9/2015	Fred Lampe	
6. Type of Committ	tee (Check One)	9. Type of Report	(check on	ly one type of report f	from one category)
Candidate Campa	nign Party	Municipal	State/C	ounty	Referendum
PAC	Referendum	Organizational	. (Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	7	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(i) applicable, eneck one)	Pre-election	IH	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Year		Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform	ation		11. Account I	Information	
a. Financial Institution I	Full Name		a. Financial Insti	itution Full Name	
Wells Fargo Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Maintain	one	e			
funds to					
support	d. Period Begin Balance				d. Period Begin Balance
CHALT activity	\$ 3506.62				\$
CERTIFICATION					-
I certify that the Con the NC General State	utes and that no funds are co l correct and that I have beer e	mmingled with proh	ibited or other I State Board of E	non-disclosed funds. I Elections. 0	& 22D-22M of Chapter 163 of I further certify that this report 19/21/2015
	Printed Name of Signer	S	ignature of Appoint	ted Treasurer	Date
FOR OFFICE USE O	ONLY	CIE		т	Dalissams Mathad
Date Received:		Employee:		 	<u>Delivery Method</u> Normal Mail
Date Postmarke	d: FILE	Employee:			Registered Mail Hand Delivered
Date Scanned:	WITH	Employee:			Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi		nend committee informat			ss, treasurer, assistant treasurer,

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
Chapel Hill Alliance for a Livable Town-Political Action Committee (CHALT-PAC)	2015 35 Day Repo	ort	
	2015	Total this	Total this
Start of Election Cycle: January 1,	2015	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 3506.62	\$ 0.00
RECEIPTS 5) Aggregated Contributions from Individuals	(CRO 1205)	\$ 225.00	\$ 520.00
5) Aggregated Contributions from Individuals 6) Contributions from Individuals	(CRO-1205) (CRO-1210)	\$ 225.00 \$ 5704.30	\$ 520.00 \$ 9564.30
,	(CRO-1210)	\$ 3704.30	\$ 9304.30
7) Contributions from Political Party Committees 8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
,			
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources	(CRO-1240)	\$	\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1		\$ 5929.30	\$ 10084.30
EXPENDITURES	10, 114 and 110)	Ψ 3,2,30	ψ 1000 H30
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2567.78	\$ 2567.78
13b) Contributions to Candidates/Political Comm	ittees (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)	\$ 3093.26	\$ 3741.64
17) In-Kind Contributions	(CRO-1510)	\$ 1729.30	\$ 1729.30
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 7390.34	\$ 8038.72
19) Cash on Hand at End (Add lines 4 and 12 together, then su	abtract line 18)	\$ 2045.58	\$ 2045.58
ADDITIONAL INFORMATION	110	GRE	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (<i>CRO-1430</i>)	\$	
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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

of <u>1</u>

1

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

				l if applicable)			2. ID	Number
	•	Hill Alliance for		own -Political				
Ac	tion (Committee (CF	HALT-PAC)					
3. 0	Contr	ibutor Inform						
a. A	mend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	7)	f. Amount
		Add Remove	one	check		09/29/20)15	\$ 50.00
		Add	one	cash		09/29/20)15	\$ 25.00
$\frac{\square}{\square}$		Remove Add	one	Cush				
		Remove	one	check		10/02/20)15	\$ 40.00
\Box		Add Remove	one	check		10/09/20)15	\$ 50.00
H		Add	000	check		10/15/20)15	\$ 35.00
		Remove	one	CHECK		10/13/20)13	\$ 55.00
		Add Remove	one	check		10/15/20)15	\$ 25.00
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		l only this I					\$	225.00
		of ALL C					\$	225.00
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Contributions from Individuals		Pg	_1	of	

Ame	ndment		
	Yes	\boxtimes	No

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

1. Comm	1. Committee Full Name (and Fund if applicable)							2. ID Number		
Chapel H	ill Alliance for a L	ivable Town - Politica	al Actio	on Comm	nittee					
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove			
	ne, Mailing Address &	k Phone		b. Job T	itle/Prof	fession		d. Comments		
	city, state, & zip)			Sales						
William I	-					10	·e• T- 11			
	liott Road ill, NC 27514				oyer's Na cool Co		cific Field			
919-889-				VV IIII I	0001 C	лp.		e. Election Su	ım to Date	
717 007 3717										
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	one	check					09/23/20	015	\$	200.00
									\$	
									\$	
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove			
	ne, Mailing Address &	2 Phone		b. Job T		fession		d. Comments	5	
	city, state, & zip)			Consu	ltant					
Joan Guil	•									
246 Glandon Dr. Chapel Hill NC 27514				c. Employer's Name/Specific Field Retired						
-	Chapel Hill, NC 27514 919-967-6703			Retire	u			e. Election Su	ım to Date	
919-907-	0703									
	<u>-</u>	<u> </u>					-	\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	one	check					09/23/20	015	\$	75.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ne, Mailing Address &	2 Phone		b. Job T		fession		d. Comments	3	
	city, state, & zip)			UNC A	Admin					
Nancy Ch	ieek vood Court			- El-	!- NI	<i>IC</i>	cific Field	/		
	ill, NC 27517			Retire		ame/Spe	cilic Field	(
919-967-				Retires	u	M	CAL	e. Election St	ım to Date	
				~T	R()[A]		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	<u> </u> yy)	k. Amount	
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		MITH							\$	
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5. Total	of ALL CRO	-1210 Pages						\$		5704.30
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					Amer	ndment		
Contributions from Individuals	Pg	2	of	7_		Yes	\boxtimes	No
Use this form to rement individual contributions over \$50 or contribution		\$50 if for	m CDO	1205 :	tunad			

	. Committee Full Name (and Fund if applicable)									
1. Comm	ittee Full Name (and Fund II applicabl	le)				2. ID Number			
Chapel H	ill Alliance for a L	Livable Town - Politica	ıl Actio	on Committee						
3. Contri	ibutor Informatio	n	\boxtimes	Add	Rem	iove				
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Title/Profe	ession		d. Comments			
	city, state, & zip)			Geologist						
Diane Wi										
	lerwood Ln.			c. Employer's Na	me/Spe	cific Field				
-	ill, NC 27517			Retired						
919-967-1	1008						e. Election Su	m to Date		
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/yyy	y y)	k. Amount		
	one	check				09/25/20)15	\$	100.00	
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								\$		
3. Contri	ibutor Informatio	on		Add	Rem	iove				
a. Full Nam	ne, Mailing Address &	¿ Phone		b. Job Title/Profe	ession		d. Comments			
	city, state, & zip)			Homemaker						
Neva Whybark										
-	409 Clayton Road			c. Employer's Name/Specific Field						
-	ill, NC 27514									
919-967-4	4192						e. Election Su	m to Date		
							\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/yyy	yy)	k. Amount		
	one	check				10/02/20)15	\$	150.00	
		ļ ļ						\$		
		1						\$		
3. Contri	butor Informatio	n		Add	Rem	iove				
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Title/Profe	ession		d. Comments			
(include	city, state, & zip)			Research Prof	lessor					
Sandy Tu	rbeville									
	ington Dr.			c. Employer's Na	me/Spe	cific Field				
	ill, NC 27514			Retired		- ALL				
919-929-9	9659				M	(Cr.	e. Election Su	m to Date		
				TRU)/~	`	\$	400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/yyy	yy)	k. Amount		
	one	check				10/02/20)15	\$	400.00	
	-	FILE	B					\$		
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Contributions from Individuals		Pg	3	of	7_		Yes	\boxtimes	No
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		vidual contributions ov		or contric	Junons	under	. \$30 II IOIIII CKC			
1. Comm	ittee Full Name (and Fund if applicab	le)					2. ID Num	ber	
Chapel H	ill Alliance for a I	Livable Town-Political	Action	ı Committ	iee					
3. Contri	ibutor Informatio	n		Add		Remo	ove			
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	city, state, & zip)			Scientis	it					ĺ
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-	iill, NC 27517			Retired				77 d G		
919-942-0)669							e. Election Su	m to Date	
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	city, state, & zip)			Archited						
Priscilla C				1						
409 Lakes	•			c. Employ	er's Nar	ne/Spe	cific Field			
Chapel H	ill, NC 27514			Retired						
919-968-7	7640							e. Election Su	m to Date	
								\$	100.00	
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	city, state, & zip)			Adminis	strator					
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		MIIII							\$	
	only this Page							\$		1200.00
5. Total	of ALL CRO	-1210 Pages						\$		5704.30
(This line	e must be on line 6 of i	Detailed Summary Page CK	RO-1100)				ų I		3704.30

					Amen	dment		
Contributions from Individuals	Pg	4	of	7_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contribution	s under	\$50 if for	m CRO	1205 is no	t used			

1. Comm	ittee Full Name (and Fund if applicab	le)					2. ID Num	ber	
Chapel H	ill Alliance for a L	Livable Town-Political	Action	ı Commit	itee					
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Ti	tle/Profe	ession		d. Comments		
(include o	city, state, & zip)			Busine	ss Con	sultant				
Deborah I	-									
	ington Drive		!				cific Field			
	ill, NC 27514		ļ	Self En	nploye	d				
919-931-6	5433		!					e. Election Su	ım to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yyy	yy)	k. Amount	
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	city, state, & zip)			Market	ting					
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	haux Road		!		•	me/Spe	cific Field			
-	ill, NC 27514		ļ	Retired	Ī					
919-386-1	1065		ļ					e. Election Su	ım to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yyy	yy)	k. Amount	
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	city, state, & zip)			Scienti	st					
Rudy Julia			!	7 1	. NT	' C	+0+ X3+ X X	1		
408 Lyons			!	C. Employ Initos F	-		cific Field	(
919-619-2	ill, NC 27514		ļ	IIIIIOS 1	- Пагна	ceunca	al AL	e. Election Su	ım to Date	
717-U17-2	2001		ļ		~C	M'	10.			
f. Prior	1 Code	h. Form of Payment	. I. V	<u></u>	7/	<u>ハ</u>	j. Date (mm/dd/yyy	\$	800.00	
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	one	check	100	F			10/15/20)15	\$	300.00
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		MILL							\$	
4. Total	l only this Page	e						\$		800.00
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(This line	must be an line 6 of	Detailed Summary Page Ck	RO-1100)				\$		5704.30

		m Individuals vidual contributions o	over \$50	P _{		.O 1205 is no	Amendment Yes t used	No No
1. Comm	ittee Full Name (and Fund if applical	ble)			2. ID Num	ıber	
Chapel H	ill Alliance for a I	Livable Town-Politica	al Action	n Committee				
3. Contri	ibutor Informatio	on		Add Re	emove	•		
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comments	S	
3	city, state, & zip)			Faculty				
Michael V 15 Wyste	•			c. Employer's Name/S	pecific Field	1		
	ill, NC 27514			UNC	•			
919-929-	5977					e. Election S	um to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y)	yyy)	k. Amount	
	one	check			10/15/2	2015	\$	75.00
							\$	
							\$	
3. Contri	ibutor Informatio	n		Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comments	S	
(include Sylvia Cl	city, state, & zip)			_				
	CITICITES							
1603 Cur				c. Employer's Name/S	pecific Field	1		
1603 Cur Chapel H	tis Road ill, NC 27514			c. Employer's Name/S Retired	pecific Field			
1603 Cur	tis Road ill, NC 27514				pecific Field	e. Election S	um to Date	
1603 Cur Chapel H	tis Road ill, NC 27514				pecific Field	e. Election S	um to Date 125.00	
1603 Cur Chapel H	tis Road ill, NC 27514	h. Form of Payment	i. In-k		pecific Field j. Date (mm/dd/y	\$		
1603 Cur Chapel H 919-967-	tis Road fill, NC 27514 4184	h. Form of Payment check	i. In-k	Retired	_	\$ yyy)	125.00	125.00
1603 Cur Chapel H 919-967-	tis Road fill, NC 27514 4184 g. Account Code	-	i. In-k	Retired	j. Date (mm/dd/y	\$ yyy)	125.00 k. Amount	125.00
1603 Cur Chapel H 919-967-	tis Road fill, NC 27514 4184 g. Account Code	-		Retired	j. Date (mm/dd/y	\$ yyy)	125.00 k. Amount \$	125.00
1603 Cur Chapel H 919-967 f. Prior 3. Contri	tis Road fill, NC 27514 4184 g. Account Code one	check	i. In-k	Retired Kind Description Add Re	j. Date (mm/dd/y 10/15/2 emove	\$ 2015	125.00 k. Amount \$ \$ \$	125.00
1603 Cur Chapel H 919-967-	tis Road fill, NC 27514 4184 g. Account Code one abutor Informatione, Mailing Address &	check		Retired Kind Description Add Retired	j. Date (mm/dd/y 10/15/2 emove	\$ yyy)	125.00 k. Amount \$ \$ \$	125.00
1603 Cur Chapel H 919-967	tis Road fill, NC 27514 4184 g. Account Code one abutor Informatione, Mailing Address & city, state, & zip)	check		Retired Kind Description Add Re	j. Date (mm/dd/y 10/15/2 emove	\$ 2015	125.00 k. Amount \$ \$ \$	125.00
f. Prior G. Contri a. Full Nan (include Anne Bra 1606 Ferr	tis Road fill, NC 27514 4184 g. Account Code one abutor Informatione, Mailing Address & city, state, & zip) ashear rell Rd.	check		Retired Kind Description Add Retired	j. Date (mm/dd/y) 10/15/2	\$ 2015	125.00 k. Amount \$ \$ \$	125.00
f. Prior f. Prior J. Contri a. Full Nan (include Anne Bra 1606 Ferr Chapel H	tis Road fill, NC 27514 4184 g. Account Code one fibutor Informatione, Mailing Address & city, state, & zip) ushear rell Rd. fill, NC 27517	check		Retired Kind Description Add Retired b. Job Title/Profession School Counciler	j. Date (mm/dd/y) 10/15/2	\$ 2015	125.00 k. Amount \$ \$ \$	125.00
f. Prior G. Contri a. Full Nan (include Anne Bra 1606 Ferr	tis Road fill, NC 27514 4184 g. Account Code one fibutor Informatione, Mailing Address & city, state, & zip) ushear rell Rd. fill, NC 27517	check		Retired Kind Description Add Retired b. Job Title/Profession School Counciler c. Employer's Name/S	j. Date (mm/dd/y) 10/15/2	\$ d. Comment	125.00 k. Amount \$ \$ \$ s	125.00
f. Prior f. Prior J. Contri a. Full Nan (include Anne Bra 1606 Ferr Chapel H	tis Road fill, NC 27514 4184 g. Account Code one fibutor Informatione, Mailing Address & city, state, & zip) ushear rell Rd. fill, NC 27517	check		Retired Kind Description Add Retired b. Job Title/Profession School Counciler c. Employer's Name/S	j. Date (mm/dd/y) 10/15/2	\$ 2015	125.00 k. Amount \$ \$ \$	125.00

check

(This line must be on line 6 of Detailed Summary Page CRO-1100)

one

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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\$

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\$

10/16/2015

150.00

350.00

5704.30

C.	antribu	tions	from	Individua	Ala.
		HOUS	11(0)111	111(11)/1(11)2	118

Amendment Pg Yes 🔀 No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name (and Fund if applicab	le)					2. ID Num	ber	
		Livable Town-Political		ı Committ	tee					
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Tit	le/Profes	ssion		d. Comments		
(include o	city, state, & zip)			Sustaina	able En	ergy				
Tom Hen	kel			Consult	tant					
3 Mount I	Bolus Rd.		ļ	c. Employ	yer's Nar	ne/Spec	cific Field			
Chapel H	ill, NC 27514		ļ	Henkel	Solar,	Inc.				
919-960-2	2589		ļ					e. Election Su	ım to Date	
								\$	450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yyy	y y)	k. Amount	
	one	PayPal					10/16/20)15	\$	300.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remo	ove			
	ne, Mailing Address &			b. Job Tit	lle/Profes	ssion		d. Comments		
	city, state, & zip)									
Eunice Br				Real Es	state Br	oker				
	aver Dairy Road, #	[‡] 194	ļ	c. Employ			cific Field			
	ill, NC 27514		ļ	Retired		_				
919-918-3			ļ					e. Election Su	ım to Date	
7-7 : :	200.		ļ							
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yyy	у у)	k. Amount	
	one	PayPal					10/16/20)15	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remo	ove			
	ne, Mailing Address &	z Phone		b. Job Tit		ssion		d. Comments		
	city, state, & zip)			Historia	an					
John Swe			ļ					1		
208 Glent			ļ	c. Employ	yer's Nan	ne/Spec	cific Field			
Chapel H	ill, NC 27514		ļ	UNC		. 1	- ALL			
						N		e. Election Su	ım to Date	
				~15	20	114		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yyy	yy)	k. Amount	
	one	PayPal		F			10/16/20)15	\$	100.00
	1	FILLS	B						\$	
		WITH							\$	
4. Total	only this Page	e						\$		500.00
5. Total	of ALL CRO	-1210 Pages						\$		5704.30
(This line	must be on line 6 of 1	Detailed Summary Page Ch	RO-1100))				.		3704.30

					Amen	dment	
Contributions from Individuals	Pg	_7	of	7_		Yes	\boxtimes
Use this form to report individual contributions over \$50 or contribution	ns under	\$50 if for	n CRO	1205 is no	t used		

No

	<u> </u>	and Fund if applicab		or contributions under	T \$50 H TOTHL CITE	2. ID Num		
						2. ID Ruin	nei	
Chapel Hi	ill Alliance for a L	Livable Town-Political		ı Committee				
	butor Informatio			Add Rem	iove			
	ne, Mailing Address &	è Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Artist				ĺ
Martha Pe	•			N/C	*** *** * *			
316 Burla	age Circle fill, NC 27514			c. Employer's Name/Spec	cific Field			
919-933-4				Sen Employed	ŀ	e. Election Su	ım to Date	
717-755 -	+920							
						\$	1729.30	ļ
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
		stamps	poata	age	10/18/20)15	\$	323.80
		post cards	print	ing	10/18/2	015	\$	1405.50
							\$	
3. Contri	ibutor Informatio	n		Add Rem	iove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Writer				
Amey Mi								
	Lakeshore Drive			c. Employer's Name/Spec	cific Field			
-	fill, NC 27514			Self Employed		FI 4: G	1.5.1	
919-967-5	5349					e. Election Su	m to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
	one	check			10/15/20)15	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rem	iove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments		
(include o	city, state, & zip)							
						1		
				c. Employer's Name/Spec	111			
				-RON	CAL	e. Election Su	m to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
		EDE		J.F.			\$	
	1	FILLIC	B				\$	
		MITH					\$	
4. Total	only this Page	e				\$		1829.30
5. Total	of ALL CRO-	-1210 Pages				\$		5704.30
(TI · 1·		D . 11 16 D . G	DO 1100			.		3704.30

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 Chapel Hill Alliance for a Livable Town-CHALT-PAC (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures Add 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) **Professional Mail Services** P.O. Box 98115 c. Level Registered (Specify) Raleigh, NC 27624 Federal County: (919) 354-8842 State Municipality: e. Election Sum to Date 2567.78 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Addressing check В 10/14/2015 \$871.80 one postcards check I 10/14/2015 \$1695.98 one 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment j. Amount k. Required Remarks \$ \$ 5. Total only this Page \$ 2567.78 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 2567.78 (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

Q* - Donation to Legal Expense Fund

K* - Office Expenses

I - Postage

O* - Other

J - Penalties

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

FILED ELECTRONICALLY
WITH SBOE

Amendment **Refunds/Reimbursements From the Committee** No Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number Chapel Hill Alliance for a Livable Town - Political Action Committee (CHALT-PAC) \boxtimes Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 09/21/2015 Ann L:oftin Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 308 Barclay Rd. Chapel Hill, NC 27516 Federal County: 154.76 919-903-8165 State Municipality: f. Purpose Code j. Election Sum to Date 154.76 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Editor Free Lance Payment for approved CHALT -PAC expense l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount check Staples 10-04-2015 \$ 154.76 4 posters printed and mounted Add Remove 3. Payee Information d. Type of Committee a. Full Name, Mailing Address & Phone h. Original Receipt Date (include city, state, & zip) Candidate PAC 09/15/2015 Jane Kirsch Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 101 Page Xing Chapel Hill, NC 27517 Federal County: 92.13 610-585-5562 State Municipality: f. Purpose Code j. Election Sum to Date 277.29 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Free Lance Editor Retired Payment for approved CHALT -PAC expense l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount check 09/23/2015 92.13 Misc meeting display supplies & balloons Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 10/05/2015 Linda Carol Davis Referendum Party e. Level Registered (Specify) 1203 Hillview Road i. Original Receipt Amount Chapel Hill, NC 27514 Federal County: 41.32 919-815-8200 State Municipality: f. Purpose Code i. Election Sum to Date 41.32 c. Employer's Name/Specific Field b. Job Title/Profession g. Comments k. Account Code Real Estate Broker Berkshire Hathaway Payment for approved Homeservices Realty CHALT -PAC expense

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

CRO-1320

NC State Board of Elections

December 2007

n. Date (mm/dd/yyyy)

10-07-2015

N - Exceeded Contribution Limit

o. Amount

\$

41.32

288.21

3093.26

l. Form of Payment

4. Total only this Page

L - Returned to Contributor

P* - Reimbursement of In-Kind

check

m. Required Remarks

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

O* Other

M - Overpayment for Service

ULINE

doorknob bags

Amendment **Refunds/Reimbursements From the Committee** No Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number Chapel Hill Alliance for a Livable Town-Political Action Committee (CHALT-PAC) \boxtimes Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 08/29/2014 Fred Lampe Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 1710 Michaux Road Chapel Hill, NC 27514 Federal County: 270.00 919-386-0165 State Municipality: f. Purpose Code j. Election Sum to Date 270.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Marketing Retired NC State Board of Elec. Required Refund l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount check 10-10-2015 \$ 270.00 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 08/29/2014 Julie McClintock Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 614 Beech Tree Ct. Chapel Hill, NC 27514 Federal County: 250.00 919-967-3661 State Municipality: f. Purpose Code j. Election Sum to Date 250.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code NC State Board of Elec. Scientist Retired Required Refund l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount 10-10-2015 250.00 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 09/22/2014 Sandra Turbeville Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 219 Huntington Drive Chapel Hill, NC 27514 Federal County: 100.00 919-368-3248 State Municipality: f. Purpose Code j. Election Sum to Date 100.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code **Public Relations** Retired NC State Board of Elec. Required Refund l. Form of Payment m. Required Remarks

Codes require detailed explanation in required remarks field (m) CRO-1320 NC State Board of Elections December 2007

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

O* Other

M - Overpayment for Service

check

4. Total only this Page

L - Returned to Contributor

P* - Reimbursement of In-Kind

n. Date (mm/dd/yyyy)

10-10-2015

N - Exceeded Contribution Limit

o. Amount

620.00

3093.26

\$

100.00

Amendment **Refunds/Reimbursements From the Committee** No Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number Chapel Hill Alliance for a Livable Town-Political Action Committee (CHALT-PAC) Add \boxtimes Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 09/22/2014 Linda Carol Davis Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 1203 Hillview Road Chapel Hill, NC 27514 Federal County: 50.00 (919) 815-8200 State Municipality: f. Purpose Code j. Election Sum to Date 350.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Real Estate Broker Berkshire Hathaway NC State Board of Elec. Required Refund Homeservices Realty l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount check 10-10-2015 \$ 50.00 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 01/12/2015 Tom Henkel Referendum Party e. Level Registered (Specify) i. Original Receipt Amount 3 Mount Bolus Rd. Chapel Hill, NC 27514 Federal County: 100.00 919-960-2589 State Municipality: f. Purpose Code j. Election Sum to Date 250.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code Henkel Solar, Inc. NC State Board of Elec. Sustainable Energy Consultant Required Refund l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount check 10-10-2015 100.00 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 01/12/2015 Referendum Ann Loftin Party e. Level Registered (Specify) i. Original Receipt Amount 308 Barclay Road Chapel Hill, NC 27516 Federal County: 200.00 (919) 903-8165 State Municipality: f. Purpose Code j. Election Sum to Date 354.76 c. Employer's Name/Specific Field b. Job Title/Profession g. Comments k. Account Code Freelance Editor NC State Board of Elec. Required Refund l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount check

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

M - Overpayment for Service

4. Total only this Page

L - Returned to Contributor

P* - Reimbursement of In-Kind

10-10-2015

N - Exceeded Contribution Limit

100.00

350.00

3093.26

\$

Refunds/Reim	burseme	nts From the Committee	e pg <u>4</u>	of <u>4</u>	<u> </u>	Yes No
Use this form to repo	ort refunds/rei	mbursements, including contributio	ns returned to the contrib	utor.		
1. Committee Full N	Name (and Fu	ınd if applicable)			2.]	D Number
Chapel Hill Alliance for a	Livable Town-P	olitical Action Committee				
(CHALT-PAC)						
3. Payee Informatio	n	⊠ Ao				
a. Full Name, Mailing Ac	ddress & Phone		d. Type of Committee		h. C	Original Receipt Date
(include city, state, & a	zip)		Candidate 🔀	PAC		10/19/2015
Julie McClontock			Referendum	Party		
614 Beechtree Ct.			e. Level Registered (Specify		i. O	riginal Receipt Amount
Chapel Hill, NC 27514			Federal	County:	\$	994.00
919-967-3661			State	Municipality:		
			f. Purpose Code		j. E.	lection Sum to Date
			0		\$	1835.05
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	account Code
Scientist		Retired	Payment for approved		one	
			CHALT -PAC expense			
l. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yy	yy)	o. Amount
check	Indy Week 2 Advertisement	nts		10/19/2015		\$ 994.00
3. Payee Informatio		Ac	dd Remove			
a. Full Name, Mailing Ac	ddress & Phone		d. Type of Committee		h. C	Original Receipt Date
(include city, state, &	zip)		Candidate 🔀	PAC		10/19/2015
Julie McClontock			Referendum	Party		
614 Beechtree Ct.			e. Level Registered (Specify	y)	i. O	riginal Receipt Amount
Chapel Hill, NC 27514			Federal	County:	\$	841.05
919-967-3661			State 🔀	Municipality:	Ψ	011.00
			f. Purpose Code		j. E	lection Sum to Date
			0		\$	1835.05
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
Scientist		Retired	Payment for approved		one	
			CHALT -PAC expense			
1. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yy	yy)	o. Amount
check				10/19/2015		\$ 841.05
3. Payee Informatio	n	Ao	dd Remove			
a. Full Name, Mailing Ad	ddress & Phone		d. Type of Committee		h. C	Original Receipt Date
(include city, state, & 2	zip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specify		i. O	riginal Receipt Amount
			Federal	County:	\$	
			State	Municipality:		l d G / D /
			f. Purpose Code		j. E.	lection Sum to Date
			20141		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	account Code
		-nELEC				
l. Form of Payment	m. Required I	Remarks	<u> </u>	n. Date (mm/dd/yy	vv)	o. Amount
	1	TU SP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\$
1 Total only this Da	900	11111				\$ 1835.05
4. Total only this Pa	~		10 D 0D0 1100			
3. Total of ALL CK	0-1320 Page	S (This line must be on line 16 of Detailed	Summary Page CKO-1100)			\$ 3093.26

Amendment

M - Overpayment for Service

N - Exceeded Contribution Limit

L - Returned to Contributor

In.	Kin	Ы	Cor	atrib	utions
	. 1.	ш	w	111111	uuuuis

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. ID	Number
Chapel Hill Alliance for a Livable Town -					
Political Action Committee (CHALT-PAC)					
	Remov				
a. Full Name, Mailing Address & Phone			ontributor	c. Con	nments
(include city, state, & zip)		Indiv	vidual		
Martha Petty	IЦ		lidate		
316 Burlage Circle	IЦ	Party			
Chapel Hill, NC 27514	Ш	PAC			
919-933-4920	l∐		rendum	d. Elec	ction Sum to Date
		Othe	r Receipt Source	\$	1729.30
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
Postage stamps			10/18/2015	5	\$ 323.80
Custom printed post cards			10/18/2015	5	\$ 1405.50
					\$
3. Contributor Information	Remov	e			
a. Full Name, Mailing Address & Phone	b. Ty	pe of C	ontributor	c. Con	nments
(include city, state, & zip)		Indiv	vidual		
		Cano	lidate		
		Party	7		
		PAC			
		Refe	rendum	d. Elec	ction Sum to Date
		Othe	r Receipt Source	_	
			1	\$	
e. Description			f. Date (mm/dd/yyy		g. Fair Market Amount
e. Description					g. Fair Market Amount
e. Description					
e. Description					\$
	Remov				\$ \$
		e			\$ \$ \$
3. Contributor Information Add		e pe of C	f. Date (mm/dd/yyy	yy)	\$ \$ \$
3. Contributor Information Add Ba. Full Name, Mailing Address & Phone		e pe of C	f. Date (mm/dd/yyy	yy)	\$ \$ \$
3. Contributor Information Add Ba. Full Name, Mailing Address & Phone		e pe of C	f. Date (mm/dd/yyy ontributor vidual didate	yy)	\$ \$ \$
3. Contributor Information Add Ba. Full Name, Mailing Address & Phone		e pe of C Indiv	f. Date (mm/dd/yyy	yy)	\$ \$ \$
3. Contributor Information Add Ba. Full Name, Mailing Address & Phone		e pe of C Indiv Cano Party PAC	f. Date (mm/dd/yyy	c. Con	\$ \$ \$
3. Contributor Information Add Ba. Full Name, Mailing Address & Phone		e pe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/yyy	c. Con	\$ \$ \$ mments
3. Contributor Information Add Ba. Full Name, Mailing Address & Phone		e pe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/yyy	c. Con d. Elec	\$ \$ \$ mments
3. Contributor Information Add B a. Full Name, Mailing Address & Phone (include city, state, & zip)		e pe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/yyy ontributor vidual didate rendum or Receipt Source	c. Con d. Elec	\$ \$ shaments
3. Contributor Information Add B a. Full Name, Mailing Address & Phone (include city, state, & zip)		e pe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/yyy ontributor vidual didate rendum or Receipt Source	c. Con d. Elec	\$ stion Sum to Date g. Fair Market Amount
3. Contributor Information Add B a. Full Name, Mailing Address & Phone (include city, state, & zip)		e pe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/yyy ontributor vidual didate rendum or Receipt Source	c. Con d. Elec	\$ \$ shaments tion Sum to Date g. Fair Market Amount \$
3. Contributor Information Add B a. Full Name, Mailing Address & Phone (include city, state, & zip)		e pe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/yyy ontributor vidual didate rendum or Receipt Source	c. Con d. Elec	\$ \$ shaments ction Sum to Date g. Fair Market Amount \$