1. Committee Information a. Full Name Committee To Reclect Ellen Reckhow County Commissioner b. Mailing Address (include City, State and Zip Code) 5. Mailing Address (include City, State and Zip Code) 5. State State The Code	Committee Information Committee To Reelect Ellen Reckhow County Commissioner Committee Check One	Do not use this form	meneral report and committee to update information			mong wit	if other detailed forms.
A pull Name Committee To Reelect Ellen Reckhow County Commissioner b. Malling Address (include City, State and Zip Code) c. Malling Address (include City, State and Zip Code) d. Date Filed O7/01/2016 e. Phone Number 919-471-9625 P. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 6/30/2016 6/3	A Paul Name Committee To Reelect Ellen Reckhow County Commissioner Mailing Address (include City, State and Zip Code)						
Address (include City, State and Zip Code) Mailing Address (include City, State and Zip Code) Address (inclu	A. Mailing Address (include City, State and Zip Code) S. Mailing Address (include City, State and Zip Code) Durham NC 27712 Continue City, State and Zip Code) Continue Continue	a. Full Name					
Durham NC 27712 Control Control	Durham NC 27712 Part	Committee To Ree	elect Ellen Reckhow County	Commissioner			c. 1D Number
Durham NC 27712 Durham NC 27712 Durham Nc 27712 Durham Nc 2	Durham NC 2712 Condition Part Period Start Date (mm/dd/yy) Period End Date (mm/dd/yy) S. Treasurer Full Name Part						d. Date Filed
Prione Number Post Prione Propert Presented Presidential Election Part Prione Presidential Election Part Presidential Election	C. Phone Number 919-471-9625						
Seport Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name	2016 03/01/16 6/30/2016 George M Kolasa 2016 03/01/16 State/County one type of report from one category) 2016 Campaign Party Municipal State/County Referendum 2016 Campaign Party Municipal State/County Referendum 2016 Campaign Party Municipal Organizational Organizational Organizational Prove-referendum 2016 Paper Fund (1/4) opplicable, check onto) Pre-election Second Second Supplemental Final Presidential Election Part Candidates Fund Semi-annual Fourth Special Semi-annual Semi-annual Fourth Special Other: 2016 Part Fund (1/4) opplicable, check onto) Pre-election Second Second Supplemental Final Presidential Election Part Candidates Fund Semi-annual Fourth Special Semi-annual Fourth Special Semi-annual Semi-annual Semi-annual Fourth Special Semi-annual Semi-annual Special Semi-annual	Darmani 140 2//1	2				
2016 03/01/16 6/30/2016 George M Kolass Post	A. Period Start Date (mm/dd/y) A. Period End Date (mm/dd/y) George M Kolasa						
S. Presurer Full Name	Candidate Party Party Party Party Party Pre-referendum Pre-referen	. Report Year	3. Period Start Date (mm/s	4. Period	d End Date		
Stype of Committee (Check One) S. Type of Report Check only one type of report from one category)	Stype of Committee (Check One) 9. Type of Report (check only one type of report from one category)			(mm/dd/yy	y)		
Campaign Party Municipal State/County Referendum	Candidate Campaign Parry				30/2016	George M Kola	asa
Campaign	Campaign	Candidate			rt (check or	nly one type of rep	ort from one category)
Referendum Legal Expense Fund Thirty-five day Quarterly Pre-primary First	Referendum Legal Expense Fund Thirty-five day Quarterly Pre-greated Pre-referendum Pre-referendu	Campaign			State/C		
Type of Fund (if applicable, check one) Type of Fund (if applicable) Type of Type	Type of Fund (t/applicable, check one) Pre-referendum Annual Annual Pre-referendum	=				_	Organizational
Building Fund Pre-election Pre-election Second Supplemental Final Annual Special Pre-election P	Building Fund		SALES IN THE PARTY OF THE PARTY		ay	-	Pre-referendum
Building Fund Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: Number of Fundraisers this Report Number of Fundraisers this Report Number of Number of Special Number of Special Number of Special Number of Special Number of Other or Fund Institution Full Number of Other Pull Number of Other Institution Full	Building Fund		(у пррисцом, спеск опе)				
Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: New Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: Semi-annual Year End Mid Year Year End Mid Year Year End Final Year End Special Final Special	Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: Vear End Semi-annual Special Semi-annual Special Spec						
NC Public Campaign Financing Fund Other:	NC Public Campaign Financing Fund Other:		tion Year Candidates Fund		ᅵ님		
Other: Year End	Number of Fundraisers this Report				ar		Special
Number of Fundraisers this Report Final Special Final Final Special Final Final Special Final Final Special Final F	Number of Fundraisers this Report Final Special Final Final Special Final Final Final Special Final						10 Special Deposit Name
Number of Fundraisers this Report Special Final Special	Special Final Final Final Special Final Fi						10. Special Report Name
Account Information Financial Institution Full Name a. Financial Institution Full Name factovia Bank Purpose c. Account Code ampaign contributi RA d. Period Begin Balance \$ 10,287.94 CENTIFICATION etrify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f). George Kolasa Printed Name of Signer ROFFICE USE ONLY Date Received: Employee: Signer has not received Signer has not received	Account Information Financial Institution Full Name an Financial Institution Full Name Tachovia Bank Purpose Total	Number of Funda	raisers this Report	=	l iii		
Account Information Financial Institution Full Name Achovia Bank Purpose C. Account Code The Period Begin Balance Superior Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is mplete, true and correct and that I have been trained by the NC State Board of Elections according to N. C. G. S. 163-278.7(f). George Kolasa Printed Name of Signer Printed Name of Signer Date Postmarked: Employee:	Account Information Financial Institution Full Name a. Financial Institution Full Name ampaign contributi Expenses d. Period Begin Balance \$ 10,287.94 CERTIFICATION Pertify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. The committee of Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. The committee of Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. The committee of Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. The committee of Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. The committee of Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. The committee of Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is applicated. In the certified provisions of Arti						
Financial Institution Full Name Vachovia Bank Purpose c. Account Code ampaign contributi expenses d. Period Begin Balance \$ 10,287.94 ERTIFICATION ertify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 is C. General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is mplete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f). George Kolasa Printed Name of Signer Printed Name of Signer Employee: Date Postmarked: Employee: Delivery Method Normal Mail Normal Mail Date Postmarked: Employee: Employee: Employee: Employee: Signer has not received	Financial Institution Full Name Vachovia Bank Purpose	. Account Inform	ation			•	
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ertify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 in Complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f). George Kolasa Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Date Pate Delivery Method Normal Mail Date Postmarked: Employee: Date Scanned:	ertify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 in Complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f). George Kolasa		\$ 10,287.94				\$
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George Kolasa Printed Name of Signer Printed Name of Signer Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Signature of Appointed Treasurer Date Delivery Method Normal Mail Registered Mail Hand Delivered Date Scanned: Employee: Employee: Signer has not received	George Kolasa Printed Name of Signer Date OR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Employee: Employee: Employee: Date Scanned: Employee: Date Data Entered: Employee:		and that no funds are commin	igled with proping	ed or other non	disclosed funds I	C
Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Date OR OFFICE USE ONLY Date Received: Delivery Method Normal Mail Registered Mail Hand Delivered Date Scanned: Employee: Employee: Employee: Signer has not received	Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Date Delivery Method Normal Mail Normal Mail Date Postmarked: Employee: Date Scanned: Employee: Employee: Employee: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received Date Date Data Entered: Employee: Date Date Data Entered: Employee:	inprote, true und co	ricci and that I have been trai	ned by the NC Sta	ite Board of Elec	ctions according to	N.C.G.S. 163-278.7(f).
Date Received:	Date Received:	_George Kola	isa		enu -	Schalas	07-01-2016
Date Received: Delivery Method Normal Mail	Date Received: Delivery Method Normal Mail Registered Mail Hand Delivered Date Scanned: Employee: Signer has not received Date Data Entered: Employee: mandatory training			Si	gnature of pointe	Treasurer	Date
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Date Scanned: Employee: Electronically Filed Signer has not received	Date Scanned: Employee: Employee: Date Data Entered: Employee: Employee: Employee: Employee: Employee: Employee:						있다 는 ~~~~~ 있는 것이 되어 있었습니다. 하는 사람들이 있는 사람들이 되었다면 하는 것이 되었다면 하는데 되었다. 나를 다 보다 되었다.
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	Date Data Entered: Employee: Inmandatory training	Date Received: Date Postmarked:					Hand Delivered
Employee: IN PERSONS		Date Received: Date Postmarked:					Hand Delivered Electronically Filed
	Please Note: This form cannot be used to amend committee information and a state of the state of	Date Received: Date Postmarked: Date Scanned:		Employee:			Hand Delivered Electronically Filed Signer has not received

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

Amer	dment			
	Yes	\boxtimes	No	

1. Committee Full Name (and Fund if applicable) Committee to Reelect Ellen	Type of Repor	t		3. ID N	lumber
	cond Quarter				
Start of Election Cycle: January 1,	2016		Total this Reporting Period		Total this Election Cycle
RECEIPTS		\$	5,917.90	\$	10,287.94
5) Aggregated Contributions from Individuals					
6) Contributions from Individuals	(CRO-1205)	-	240.00	\$	2,325.00
	(CRO-1210)	\$	600.00	\$	2,810.00
7) Contributions from Political Party Committees8) Contributions from Other Political Committees	(CRO-1220)	\$		\$	
	(CRO-1230)	\$	200.00	\$	450.00
,	(CRO-1410)	\$		\$	
Refunds/Reimbursements To the Committee Other Receipt Sources	(CRO-1240)	\$		\$	
11a) Interest on Bank Accounts	(CDO	•			
,	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations11c) Outside Sources of Income	(CRO-1250)	\$		\$	
,	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	and 11e)	\$	1,040.00	\$	5,585.00
XPENDITURES B) Disbursements					
13a) Operating Expenditures	(CBO 1210)	6	4.000.01		
, 1 8 - P	(CRO-1310)	\$	4,829.04	\$	13,744.08
, serious to candidates/1 ontical Committees	(CRO-1310)	\$	500.00	\$	500.00
- P	(CRO-1310)	\$		\$	
Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
Loan Repayments	(CRO-1420)	\$		\$	
Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
) In-Kind Contributions	(CRO-1510)	\$		\$	
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and		\$	5,329.04	\$	14,244.08
Cash on Hand at End (Add lines 4 and 12 together, then subtract lines	ne 18)	\$	1,628.86	\$	1,628.86
DDITIONAL INFORMATION					
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	9		
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
Debts and Obligations owed By the Committee	(CRO-1610)	\$			
Debts and Obligations owed To the Committee	(CRO-1620)	\$			
Account Transfers Within the Committee	(CRO-1720)	\$			
Administrative Support	(CRO-1710)	\$		18 0	-000:
Forgiven Loans	(CRO-1440)	\$		S	ERSON
48-Hour Notice Reports Sum		\$		JUL	9 1 2016
Contributions to be Refunded	-	\$		DIMPLI	AM BOE

Aggregated Contributions from Individuals

Page

1

	Ame	ndment		
1		Yes	\boxtimes	No

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

	ounty Commis					
a. Am		b. Accou				
a. Am	Add	Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Remove	RA	Checks		03/14/2016	\$ 50.00
	Add Remove	RA	Checks		03/13/2016	
	Add Remove	RA	Checks		03/13/2016	\$ 50.00
	Add Remove	RA	Checks		03/06/2016	\$ 40.00
	Add Remove	RA	Checks		03/00/2016	\$ 100.00
	Add Remove	- RA	Checks			\$
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	Add Remove	RB	Checks		JUL 01 2	
	Add Remove	RB	Checks		DURHAM B	
Tota	l only this	Page RO-1205 I				240.00

Use th	is form to report	individual contribution	is over §	550 or co	ontribut	ions un	der \$50 if form	OF	1	Yes 🔀
1. Con	nmittee Full Na	me (and Fund if appli	icable)			ions un	der \$50 II Iorm			
		Ellen Reckhow County		issioner				2. ID	Number	
No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	tributor Inform					CPS 1000 m production				
	ame, Mailing Addr			Add			move			
(inclu	de city, state, & zip)	css & I none		b. Job Title/Profession d. C					ments	
Lorisa					ector					
2410 Pa					ising Se					
Durhan	n NC 27705			c. Em	iployer's	Name/Sp	pecific Field			
				Keir	nvestme	nt Parti	ners			
								e. Electi	on Sum to Da	ate
								\$	100.0	00
Prior	g. Account Code	h. Form of Payment	i. In-	Kind Des	cription		j. Date (mm/dd/			
	RA	check							k. Am	ount
							03/02/	/2016	\$	100.0
									\$	
. Conti	ributor Informa	tion	\boxtimes	A 11					\$	
	me, Mailing Addres			Add		Rem	love			
	city, state, & zip)				Title/Pro	fession		d. Comm	ents	
arolyn	Aaronson			Artist	t					
	ron Dr			c. Emn	loverte N	am a/6	cific Field			
urham,	NC 27707			c. Emp	loyer s iv	ame/spe	cific Field			
				Self-e	employe	h		se		All and an analysis of the second
					mploye	ď		e. Election	Sum to Dat	
Prior								\$		300.00
rior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	ription		j. Date (mm/dd/y	yyy)	k. Amor	unt
	RA	check					03/03/2			
							03/03/2	.010	\$	300.00
									\$	
									\$	
	butor Informati			Add		Remo	VO.			
ull Nam	e, Mailing Address	& Phone		b. Job Ti	itle/Profe		ive			
	city, state, & zip)				tive/Att			d. Commer	nts	
rolyn ai	nd Wade Penny					orney				
	ett Road			c. Emplo	yer's Nai	me/Speci	fic Field			
rghamn	n, NC 27705			Center Investment Corp						
							r	e. Election	Sum to Date	
rior	g. Account Code	h. Form of Payment	1 To 17	15				\$	200.00	
	RA		r m-Kii	nd Descrip	ption	j	. Date (mm/dd/yyy	(y)	k. Amour	
		check					03/02/20	16	\$	200.00
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F-4 1	. , .				T- 10-8 0-0-1		N PERSC	N	\$	
otal	only this Page	2					JUL 0 1 2016	\$		600.00
otal o	of ALL CRO-	-1210 Pages					JOE 0 1, 2010			
		Detailed Summary Page CR.	0.1100			Г	OURHAM BO	\$		600.00

Contributions from Individuals

Amendment

Contributions from Other Political Committee

	to report contributions from			III OI I AC (ommittees			
Committee To	Reelect Ellen Reckhow C	county Commissi					2. I	D Number
3. Contributo	r Information							
a. Full Name, Ma	iling Address & Phone		Add		Remove			
(include city, st	ate, & zin)		b. Type	of Committe	e		d Co	omments
Steve Unruhe4	DurhamSchools			Candidate		PAC	u. C.	niments
Box 71482	- with selloofs			Referendu	ım			
Durham, NC 2	7722		c. Level	Registered (S	specify)			
				Federal	\boxtimes	County:		
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3. Contributor	Information		Add	П	Remove			
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DURHAM BOE

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1. Committe	e Full Name (and)	Frand : 6 1: 1:		77.50	of 4 Yes Ons to candidate/political
Committee 1	o Reelect Ellen Re	ckhow County Cor	nmissi		2. ID Number
J. Type of D	isbursement (Please use separate	e CRO-1310 forms for Candidates/Political C		
Operatin	g Expenses	Contributions to	Candidates/Political Committee	each type of Dish	ursement.)
4. Payee Info	rmation	∇			Coordinated Party Expenditures
a. Full Name, M	ailing Address & Phone	e	b. Coordinated Comm	Remove	
(include city, sta PayPal	te, & zip)			ee ivame	d. Comments
156 Universit	v Deixa				
Palo Alto, Ca	lifornia 94301-16		c. Level Registered (Sp	ecify)	
650-543-4800)		Federal	County:	
			State	Municipality	e. Election Sum to Date
f. Account Code	g. Form of Paymen	h. Purpose Code	i Date (man (III)		\$ 58.14
RA	cash		i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
	Casii	О	03/10/2016	\$1.75	Processing fee
RA	cash	0	02/05/201		for donation
4. Payee Inform			03/06/2016	\$12.20	Processing fee
			Add	Remove	for donations
include city, state	ling Address & Phone		b. Coordinated Committ	ee Name	d. Comments
Pirate's Hook	, & zip)				
Riverside High	School				
3218 Rose of			c. Level Registered (Spec	ify)	
Sharon			Federal	County:	
Durham, NC 27	7712		State	_	
919-560-3965				Municipality:	e. Election Sum to Date
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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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			03/00/2010	\$55.00	oumpuign ad
				\$	
Payee Inform	ation		Add		
Full Name, Mailir	ng Address & Phone		b. Coordinated Committee	Remove	
clude city, state, &	& zip)		5. Cool unlated Committee	Name	d. Comments
arolina Times					
O. Box 3825			c. Level Registered (Specify	v)	
urham, NC 277	702		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				1	
ccount Code	g. Form of Payment	h. Purpose Code			\$ 221.25
		ii. I urpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	A	03/08/2016	\$221.25	Campaign ad
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otal only this	Page				
otal of ALL (RO-1310 Pages				\$ 290.20
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8	o 150 of Detailed Summ	arv Page CRO-1100 it	Coordinated Dant E	ures)	\$ IN PERS
Media	(List detailed expe	enditure code in (h.) above)		UL 01 2016
Salaries	B* - Printing	C* - Fundi		D - To And	11 0 111
Postage	F* - Equipment J - Penalties	G - Politica	H* - Holdi	ng Public Office Expenses	
odes require d	etailed explanation	K* - Office	Expenses	O* - Other	
)-1310	- CAPIAHALIO	in required rem	arks field (k)		

Committee To Reelec	ame (and F	expenditures und if applicable)			of 4 Yes S to candidate/political
	t Ellen Reck	thow County Com	missi		2. ID Number
3. Type of Disbursem	ent (Pi	ease use separate	CRO-1310 forms for ed	- 1	
Operating Expenses		Contributions to C	Candidates/Political Committe	uch type of Disbur	
4. Payee Information			Add	Remove	Coordinated Party Expenditures
a. Full Name, Mailing Add	ress & Phone		b. Coordinated Commit	tee Name	110
(include city, state, & zip) Lorisa Seibel					d. Comments
2410 Par Place					
Durham, NC 27705			c. Level Registered (Spe	cify)	
Darnam, NC 27703			Federal	County:	
			State	Municipality:	e. Election Sum to Date
Account Code g. Form	m of Payment	h. Purpose Code			\$ 1,350.00
2.4		m r ur pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RA check	ζ.	О	03/12/2016	\$1,350.00	Poll workers'
				,	stipend
				\$	
. Payee Information			Add	Remove	
Full Name, Mailing Addre	ess & Phone		b. Coordinated Committee	Pe Name	
clude city, state, & zip)				e Hame	d. Comments
arl Mauro			1		
3791 Flora Place			c. Level Registered (Speci	fy)	
Delray, Fl 33484			Federal	County:	
			State	Municipality:	e. Election Sum to Date
Account Code g. Form	of Payment	h. Purpose Code			\$ 190.00
. 8		in 1 di pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A check		В	03/03/2016	\$190.00	Design mass
					mail/poll cards
				\$	
Payee Information			Add	Domesti	
ull Name, Mailing Addres	s & Phone		b. Coordinated Committee	Remove	
elude city, state, & zip)			7.7	7111110	d. Comments
ews and Observer					
5 S McDowell			c. Level Registered (Specify	y)	
leigh, NC 27601			Federal	County:	
			State	Municipality:	e. Election Sum to Date
ccount Code g. Form o	of Day	h Dun C			\$ 311.00
	of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
check		A	03/02/2016	\$311.00	Campaign Ad
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				\$	
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otal of ALL CRO-13 his line goes in line 13a of 1 his line goes in line 13b of 1	Detailed Sumn Detailed Sumn	nary Page CRO-1100 is	f Contrib to Candidates Palis	ical Comm	s IN PERSO
otal of ALL CRO-13 his line goes in line 13a of 1 his line goes in line 13b of 1 his line goes in line 13c of 1	Detailed Sumn Detailed Sumn Detailed Summ	nary Page CRO-1100 i pary Page CRO-1100 it	f Contrib to Candidates/Polit f Coordinated Party Expendi	ical Comm) tures)	
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1. Committe	e Full Name (an	ditures from the comments expenditures d Fund if applicable	1	To the second se		3		I
Committee	o Reelect Ellen I	Reckhow County Co.	e)					2. ID Number
3. Type of D	sbursement	(Please use separat	te CRO	1310 famus f				
	g Expenses	Contributions to	Candida	ites/Political Committe	ach typ	e of Disbu		
4. Payee Info		\sim		dd		Remove	Coordinate	d Party Expenditures
a. Full Name, M	ailing Address & Ph	one	7	Coordinated Commit	ttee Nam	Remove	1.0	
(include city, sta Herald Sun	te, & zip)						a. Co	mments
C/O Paxton N	Media Group							
P.O. Box 120	0		c. l	Level Registered (Spec	cify)			
Paducah, Ky				Federal		County:		
				State	N	Municipality:	e. Elec	ction Sum to Date
							\$ 8	0.00
Account Code	g. Form of Payn	nent h. Purpose Code		i. Date (mm/dd/yyyy)	1.			
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		A		03/09/2016	\$	160.00	Camp	paign ad
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. Payee Infor	mation				\$-	-80.00		aign ad
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clude city, state	& zin)	пе	b. C	oordinated Committe	ee Name		d. Com	ments
llen Reckhow	7							
1 Pinetop			a I a	and Double 1995				
Ourham, NC 2	7705		C. Le	evel Registered (Special Federal	7			
				State		unty:		
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							\$ 50	0.00
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				5/09/2010	\$50	00.00	stipend	
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Payee Inform	ation		Add					
	ng Address & Phone	•		ordinated Committee	Rei	nove		
lude city, state,	& zip)		D. C.	ordinated Committee	Name		d. Comm	ients
&J Custom Pri	inting							
03 Person St			c. Lev	el Registered (Specify	7)			
rham, NC 27' 9-596-7788	703			Federal	Cour	ntv:		
3-390-7788				State		icipality:	e. Electio	n Sum to Date
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count Code	g. Form of Paymen	t h. Purpose Code					\$ 2,31	9.00
		, at pose Code	i. D	ate (mm/dd/yyyy)	j. An	nount	k. Requir	ed Remarks
	check	В	03	/0/7/2016	\$530	5.43		
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nis line goes in li	ne 13c of Detailed St.	immary Page CRO-1100	if Contri	ib to Candidates/Politic	cal Com	n)	\$	IN PERSO
urpose Codes	(List detailed o	mmary Page CRO-1100 expenditure code in (1	if Coord	inated Party Expenditi	ures)			
Media	B* - Printing	C* - Fund						JUL 0 1 2016
		C" - Find	iraisine		D	To Amer	1. 0 11.1	
Salaries Postage	F* - Equipme						her Candid	office Expenses AM BO

Disbursements

Use this form to report expenditures formation of 4.

Amendment

Yes No.

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

Committee To	Full Name (and Fu	how County Com			2. ID Number
3. Type of Dis		ease use separate	CRO-1310 forms for each	type of Disburs	
4. Payee Infor	_	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
	iling Address & Phone		Add	Remove	
(include city, state			b. Coordinated Committee	Name	d. Comments
Steve Hopkins					
617 Mimosa			c. Level Registered (Specify		
Durham, NC 2	27703		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				1	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
					\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Ra	check	0	03/22/2016	\$75.00	pick up
				475.00	campaign signs
				\$	
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state					
			c. Level Registered (Specify)		
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			State	Municipality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
		•	L Date (mindu/yyyy)	j. Amount	k. Required Remarks
				\$	
				d.	
4 D. T.C				\$	
4. Payee Inform			Add	Remove	
i. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
meldde city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
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					\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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				\$	
. Total only thi	is Page				\$ 75.00
. Total of ALL	CRO-1310 Pages				\$ 75.00
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		
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	es (List detailed exp	THE COLUMN TWO DAYS OF THE PARTY OF THE PART			
* - Media - Salaries	B* - Printing	C* - Fund		ther Candidate JUL 01	
- Salaries - Postage	F* - Equipment J - Penalties				ng Public Office Expenses
	e detailed explanation	K" - Offic	ce Expenses	O* - Other	DURHAM

Disbursements Amendment Pg 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 and in the land) Yes \boxtimes No

Committee To	Reelect Ellen Reck	how County Com	missi		2. ID Number		
3. Type of Dis	bursement (Pla		CRO-1310 forms for each	h tune of Dishum			
	, Emperisos	Contributions to (Candidates/Political Committees	R type of Disbur			
4. Payee Infor		\boxtimes	Add	Remove	Coordinated Party Expenditures		
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committe	e Name	1.6		
(include city, state	e, & zip)		- Sanding	crvame	d. Comments		
Concerned Cit							
Durham PAG			c. Level Registered (Specif	(v)			
2022 W. Cluib			Federal \				
Durham, NC 2	27702		State	Municipality:	- 101 of G		
				1 Withhorpanty.	e. Election Sum to Date		
					\$ 500.00		
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA	check	0			Poll workers		
	CHECK	U	03/08/2016	\$250.00	stipend		
RA	check	0	02/12/2016		Poll workers		
		U	03/12/2016	\$250.00	Stipend		
I. Payee Inform			Add	Remove	Stipena		
	ling Address & Phone		b. Coordinated Committee		d. Comments		
include city, state,	, & zip)						
			c. Level Registered (Specify))			
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Durnoss Cal	ne 15c of Detailed Sumn	nary Page CRO-1100	if Coordinated Party Expenditu	res)	IN PERS		
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- Media	B* - Printing	C* - Fund					
- Salaries	F* - Equipment	White and the property of the party of the p			ng Public Office Expenses		
Postage	J - Penalties	K* - Offic	ce Expenses	O* - Other	DURHAM B		
odes require	detailed explanatio	n in required rei	marks field (k)	o - other	DOKINAM E		