Disclosure Report Cover	Yes Yes
Use this form for general report and committee information, must be signed and submitted along with of	other detailed forms.

Do not use this form to update information 1. Committee Information a. Full Name c. ID Number Committee to Re-Elect Diane Catotti for City Council IN-PERSON b. Mailing Address (include City, State and Zip Code) d. Date Filed JAN 1 3 2012 4147 Deepwood Circle Durham, NC 27705 DURHAM BOE 490-0984 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) (mm/dd/yy) Patricia Bocckino 2011 10/25/2011 12/31/2011 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Municipal State/County Party Referendum Organizational Organizational Organizational Referendum Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund 7. Type of Fund (if applicable, check one) Final Pre-primary First "Booster Fund" Pre-election Second Supplemental Final **Building Fund** Pre-runoff Third Annual Semi-annual Fourth Special Mid Year Semi-annual \boxtimes Other: Year End Mid Year 10. Special Report Name Year End Final 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Mechanic & Farmers b. Purpose c. Account Code c. Account Code b. Purpose Campaign Fin d. Period Begin Balance d. Period Begin Balance 7561.86 **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. Brecking tatricion Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received mandatory training Date Data Entered: Employee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

	Jse 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						
Committee to Re-Elect Diane Catotti for City Counc	Year End								
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this Election Cycle						
4) Cash on Hand at Start		\$ 7561.86	\$ 1955.54						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 415.00	\$ 3510.00						
6) Contributions from Individuals	(C RO- 1210)	\$ 925.00	\$ 11914.00						
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$						
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 250.00						
9) Loan Proceeds	(CRO-1410)	\$	\$						
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 6.00	\$ 6.00						
11) Other Receipt Sources									
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$						
11b) Contributions from Not-for-Profit Organizat	tions (CRO-1250)	\$	\$						
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	lic, IId and IIe)	\$ 1346.00	\$ 15680.00						
13) Disbursements									
13a) Operating Expenditures	(CRO-1310)	\$ 1822.48	\$ 7928.89						
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 350.00	\$ 2275.00						
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$						
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$						
15) Loan Repayments	(CRO-1420)	\$	\$						
I6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 188.35	\$ 420.62						
17) In-Kind Contributions	(CRO-1510)	\$	\$ 464.00						
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 2360.83	\$ 11088.51						
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract line 18)	\$ 6547.03	\$ 6547.03						
			Street majorite of the						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$							
21) Outstanding Loans (incl. ones from other campaignates)	gns) <i>(CRO-1430)</i>	\$							
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ IN-PER	SO						
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$							
24) Account Transfers Within the Committee	(CRO-1720)	\$ JAN 1 3	LUIL						
25) Administrative Support	(CRO-1710)	\$ DURHAN	A BOE						
26) Forgiven Loans	(CRO-1440)	\$	S						
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$						

28) Contributions to be Refunded

\$

(CRO-1215)

\$

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Yes

No

 \boxtimes

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

	mmittee Full Na		2. ID Number				
	mittee to Re-Elec						
3. Co	ntributor Infor	mation					_
a. Amo	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amouat
	Add Remove	1	Check		10/23/20	11	\$ 25.00
	Add Remove	2	Check		10/23/20	11	\$ 50.00
	Add Remove	3	Check		10/23/20	11	\$ 50.00
	Add	4	Check	<u>. </u>	10/23/20	11	\$ 40.00
	Remove Add	5	Check		10/23/20	11	\$ 25.00
	Remove Add	6	Check		10/23/20		\$ 50.00
	Remove Add						
	Remove Add	7	Check		10/23/20		\$ 25.00
	Remove Add	- 8	Check		10/23/20	11	\$ 50.00
	Remove	9	Check		11/3/201	11	\$ 50.00
	Add Remove	10	Check		12/15/20	11	\$ 50.00
<u> </u>	Add						\$
<u> </u>	Remove						
<u> </u>	Add	_					\$
	Remove	<u> </u>	_				
<u> </u>	Add	\dashv					\$
 	Remove Add	 	-	<u> </u>			
	Remove	-					\$
╫┈	Add						
Ħ	Remove	┪					\$
Ħ	Add						•
	Remove	7		IN DED	100		\$
	Add Remove			IN-PER			\$
Ħ	Add			JAN 1 3	<u> 2012 </u>		
	Remove	╡					\$
Ħ	Add			DURHAM	BOŁ	ļ	r
	Remove	7		00111111			\$
	Add						\$
	Remove						Ψ
	Add						\$
	Remove						
	Add	4					\$
4. T	Remove otal only this	Page				\$	415.00
	otal of ALL (99968	-		-	
			mmary Page CRO-1100)	_		\$	415.00

		n Individuals vidual contributions ov	ar ESA	l ar cantri	ihutian	Pg		3 1205 is not	Yes	No No
		and Fund if applicab		or contr	loution	s unde	r \$30 ii ionii CRC	2. ID Num		
	•	ne Catotti for City Cou						AL RIVITATION		
3. Contri	butor Informatio	n ·		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	Phone .		b. Job Ti	itle/Prof	ession		d. Comments		
	eity, state, & zip)			Interio	r Desig	ner				
Nicole Ba										
	an Avenue # 315			c. Emplo	yer's Na	me/Spe	eific Fleld			
Durnam,	NC 27701			3611				c. Election Su	m to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy)	yy)	k. Amount	
		Check					10/23/20	011	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n		A d d		Rem	ove			
a. Full Nam	ie, Malling Address d	Phoue		b. Job Ti	itle/Prof	ession	_	d. Comments		
	city, state, & zip)			Owner	•					
Daniel Je				. 77						
	ria Avenue NC 27701						ecific Field nes, PA			
	NC 27701			Counc	1 JCWC	11 1112	iics, i A	e. Election Su	m to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amouut	
		Check	,				10/23/20		\$	100.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	iove	1		
	ne, Mailing Address &			b. Job T		casion		d. Comments	<u> </u>	
	rity, state, & zip) Spaulding	IN-P	ERS	OMpu	ey					
	onardo Drive	***		c. Emplo	over's N	ame/Spe	ecific Field	_		
	NC 27713	JAL	N 1 3 7	Self			ecific Field			
				-05				e. Election Su	ım to Date	
ļ		DUF	NAH	BOE				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
		Check					10/31/2	011	\$	100.00
									\$	
		<u> </u>							\$	
4. Tota	l only this Pag	<u>e</u>					 	<u> </u>		300.00
5. Tota	l of ALL CRO	-1210 Pages						\$		
(This line	nust be on line 6 of i	Detailed Summary Page Cl	RO-1100,	<u> </u>				*		

Amendment

		n Individuals vidual contributions o	ver \$50	Pg Or contributions und			Amendment Yes	⊠ No	
		and Fund if applical				2. ID Num			
Committe	ee to Re-Elect Dia	ne Catotti for City Co	uncil						
3. Contri	ibutor Informatio	חיי <u> </u>		Add Rei	move				
a, Fell Nan	ne, Mailing Address é	k Phone		b. Job Title/Profession	-	d. Comment	3		
(include o	city, state, & zip)			President/CEO					
John Atk	John Atkins								
	P.O.Box 12037			c. Employer's Name/S					
Research	Triangle Park, NO	27709		O'Brien/Atkins As	sociate				
						e. Election S	um to Date		
						\$	250.00		
£ Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	(yy)	k. Amount		
		Check			11/09/2	011	\$	250.00	
							\$		
							\$		
3. Contri	ibutor Informatio	TR		Add 🔲 Re	move			-	
a, Full Nan	ne, Mailjng Address é	k Phone		b. Job Title/Profession		d. Comment	3		
	city, state, & zip)			Owner					
Vinita M						1			
ı	ndon Bell Drive			c. Employer's Name/Si MJM Real Estate I		-			
Kaleigii,	NC 27614			Wijivi Keai Estate i	HAC20HCHC	e. Election S	pm to Date		
						\$ 250.00			
£ Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Description	j. Date (mm/dd/yy	yyy) k. Amount			
		Pay Pal			11/10/2	011	\$	250.00	
							\$		
				-		**************************************	\$. .	
	ibutor Informatio			7	move	_	PERSO	<u>V</u>	
	ne, Mailing Address é	k Phone		b. Job Title/Profession		d. Comment			
	city, state, & zip)			Real Estate		J#	AN 1 3 2012		
P.O. Box	Galifianakis			c. Employer's Name/S	necific Field	D. 15			
	NC 27602			Hallmark Commer		⊣ ԾՄԻ	RHAM BO		
Kaicigii,	NC 27002			Tummark Commo	· Cita	e. Election S	um to Date		
l						\$	125.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Gad Description	j. Date (mm/dd/y)	/yy)	k. Amount		
		Pay Pal			11/10/2	011	\$	125.00	
							\$		
						1	\$		
	l only this Pag					\$		625.00	
5. Tota	l of ALL CRO	-1210 Pages						025.00	

CRO-1210

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

	Amendment							
Refunds/Reimbursements To the Committee	Pg 1	of	<u>1</u>	Yes Yes	\boxtimes	No		

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Ful	Committee Full Name (and Fund if applicable)						2. ID Numb	er	
Committee to Re-									
3. Contributor In	formatio	n		Add		Remove			
a. Full Name, Mailing	Address &	Phone .		d. Typ	pe of Cor	nmittee		g. (Comments
(include city, state, &	k zip)				Candid	late	PAC		
USPS Shannon Pl	aza Statio	on			Refere	ndum 🔲	Party		
Shannon Road				e. Lev	ct Regist	tered (Specify)		h. (Original Expenditure Date
Durham, NC 2771	.7				Federa State	u 🗀	County: Municipality:		6/28/2011
							ΓO	riginal Expenditure Amt	
								\$	29.00
b. Job Title/Profession	1	c. Employer's Name	e/Specific Field	f. Pur	pose			j. E	lection Sum to Date
				Key	Deposi	it ref		\$	6.00
k. Account Code	L Form o	f Payment	m. In-Kind Descri	ption		n. Date (mm/c	ld/yyyy)	_,	o. Amount
	Cash						2/05/2011		\$ 6.00
3. Contributor In	formatio	n	<u>' </u>	Add	П	Remove			I
a. Full Name, Mailing Address & Phone			_	pe of Cou			g. (Comments	
(include city, state, &					Candio	_	PAC	<u> </u>	
•	**				Refere	ndum 🔲	Party		
				c. Lev	el Regist	tered (Specify)		h. (Original Expenditure Date
					Federa	ıl 🔲	County:		
					State		Municipality:		
								i. O	riginal Expenditure Amt
								\$	
b. Job Title/Profession	1	c. Employer's Name	e/Specific Field	f, Pur	pose			j. E	lection Sum to Date
								\$	
k. Account Code	l. Form o	f Payment	m. In-Kind Descri	ption		n. Date (mm/c	ld/yyyy)		o. Amount
									\$
3. Contributor In	formatio	П		Add		Remove			
a. Full Name, Mailing					d. Type of Committee			g. (Comments
(include city, state, &	& zip)				Candio Refere		PAC Party		
				c. Lev	el Regist	tered (Specify)		Ъ. С	Original Expenditure Date
					Federa State	1 🗍	County: Municipality:		
								LO	riginal Expenditure Amt
								\$	
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	£ Pur	pose		_	j. E	lection Sum to Date
								\$	
k. Account Code	L Form o	of Payment	m. In-Kind Descri	ption		n. Date (mm/c	ld/yyyy)		o. Ameuut
		-				-	<u>-</u>		s
4. Total only this	Page					<u>I</u>		\$	6.00
5. Total of ALL C		Pages							
		Detailed Summary Po	ige CRO-1100)					\$	6.00

D:-	L		4_
DIS	DU	rsem	ents

Yes

Amendment

of <u>2</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	uli Name (and Fun					2. ID Number
Committee to R	e-Elect Diane Catott	i for City Counc				
3. Type of Disbu	ursement <i>(Plea</i>	se use separate C	RO-1310 form	s for each t	voe of Disburse	ment.)
Operating E	xpenses 🛛	Contributions to Car	ndidates/Political C	ommittees		Coordinated Party Expenditures
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated	Committee N	ame	d. Comments
(include city, state,	-					
Anthony Foxx			1			
P.O. Box 34065			c. Level Registe	red (Specify)		-
Charlotte, NC 2			Federal	rea (Speary)	Соилту:	\dashv
Charlotte, NC 2	0234		State		•	e. Election Sum to Date
			L.J. State	<u> </u>	Municipality:	e. Erection Sum to Date
						\$ 50.00
		h D C-d-	<u> </u>		T	
f. Account Code	g. Form of Payment	h. Purpose Code	L Date (mm/	dd/yyyy)	j. Amount	k. Required Remarks
	Check	D	10/27/201	1	\$50.00	
		_				
					 \$	
4. Payee Inform	ation		Add		Remove	- <u></u>
a. Foll Name, Maili	ng Address & Phone		b. Coordinated	Committee N	L ine	d. Comments
(include city, state,	_					
Beverly Perdue			1			
P.O. Box 12086			c. Level Registe	red (Specify)		\dashv
Raleigh, NC 27		Federal	(3)	County:	7	
Kaleigh, NC 27	3		State	H	Municipality:	e. Election Sum to Date
			⊠ 26tie	<u> </u>	with cipanty.	e. Electron Sunt to toute
						\$ 125.00
L Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	(dd/yyyy)	j. Amount	k. Required Remarks
	·	_	11/1/0011		0105.00	-
	Check	D	11/1/2011		\$125.00	
					1_	
					S	
4. Payee Inform	etion		Add		Remove	
			b. Coordinated	Committee N		d. Comments
	ng Address & Phone		D. Cool dipated	COMMITTEE IV	ig in c	at comments
(include city, state,	& zip}		_			
			c. Level Registe	red (Specify)		
			Federal Federal	닏	County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	/dd/vvvv)	j. Amount	k. Required Remarks
n vectant crat	6. LOUM OI LYMCH!		2 Daw fmm		J. Limbert	
					\$	
					s	
AP MO_4_5 = 8 - 45	ia Dana	<u> </u>			_	\$ 175.00
5. Total only th						\$ 175.00
	CRO-1310 Pages					
	line 13a of Detailed Sum					\$
, ,	line 13b of Detailed Sum		-			
,	line 13c of Detalled Sum			arty Expendita	ures)	
	es (List detailed ex	4				
A* - Media	B* - Printing	C* - Fun				ther Candidate
E - Salaries	F* - Equipment		-			ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses		Q* - Doma	tion to Legal Expense Fund
O* - Other						
* Codes requir	e detailed explanat	ion in required r	emarks field (l	k) :		

h	i	h.,	rse			÷.
v	IS	DU	rse	m	en	TS

Yes

Amendment

 \boxtimes

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

	ull Name (and Fun			<u> </u>				2. ID Number
Committee to R	e-Elect Diane Catott							
3. Type of Disb	ursement (Plea	se use separate C	RO	-1310 forms for e	ach t	ope of Disbursen	nent.)	
Operating E				tes/Political Committ	_			d Party Expenditures
4. Payee Inform	ation		A	dd	П	Remove		<u> </u>
	ng Address & Phone		_	Coordinated Commi	ittee Ne		d. Co	ттеліз
(include city, state,	_			OUT III COMMIN			4.00	
Senator Floyd N		·	ł					
P.O. Box 51608				Y 100 14 140				
			C.	Level Registered (Sp	ecity)	<u> </u>	-	
Durham, NC 27	/1/		╎┝	Federal	님	County:		
			L	State	<u> </u>	Municipality:	c. Ele	ction Sum to Date
							S 7	75.00
	,		L.,,			,	<u> </u>	
f. Account Code	g. Form of Payment	h. Purpose Code		i Date (mm/dd/yyy)	<u>y)</u>	j. Amount	k Re	quired Remarks
	Check	D		11/21/2011		\$75.00		
	000	_				3 , 3 ,3		
						s		
4. Payee Inform	ation		A	dd		Remove		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Comm	ittee Na	ıme	d. Co	m ments
(include city, state,	& zip)							
NC Democratic	Party							
220 Hillsboroug	h Street		c.	Level Registered (Sp	ecify)			
Raleigh, NC 27	603			Federal		County:		
			ĬĒ	State	Ħ	Municipality:	c. Ele	ction Sum to Date
				-				
							 \$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			j. Amount	k. Re	quired Remarks
		-			···		Ever	·
	Check	H		12/1/2011		\$100.00		
						\$		
4. Payee Inform	etion	<u> </u>	_			Remove		
•				Coordinated Comm	ittee Ni		d Co	mments
1	ing Address & Phone		<u> </u>	COOLDINATED COMM	IHEE IV	r tité	4. 00	innenes
(include city, state,	& zip)		-					
							_	
			C.	Level Registered (Sp	ecity)		4	
			⊨¦ ا	Federal	닏	County:		
			L	State	<u> </u>	Municipality:	e. Ele	etion Sum to Date
							S	
	1	T	L,			т		
L Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Re	quired Remarks
						\$		
						\$		
						_		
5. Total only th	is Page						\$	175.00
6. Total of ALL	CRO-1310 Pages							
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100) if C	perating Expenses)			\$	350.00
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if (Contrib to Candidates.	/Politic	al Comm)	Ψ	330.00
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if C	Coordinated Party Exq	pen <i>ditu</i>	res)	İ	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.)	above)				
A* - Medla	B* - Printing	C* - Func				D - To Anot	her Cano	lidate
E - Salaries	F* - Equipment							: Office Expenses
I - Postage	J - Penalties	K* - Offic	ce E	rpenses		Q* - Donati	on to Le	gal Expense Fund
O* - Other								
* Codes requir	e detailed explanat	ion in required r	ema s	rks field (k)				

Disbursements	D _{rr}	1
	rg	

	Ameadment			
3	☐ Yes			

 \times

No

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

1. Committee Full Name (and Fund if applicable)

	nn lande (and lane					2. 1D Number
Committee to Re	e-Elect Diane Catott	i for City Counc				
3. Type of Disbu	rsement (Plea	se use separate C	RO.	-1310 forms for each ty	ve of Disbursem	ent.)
Operating Ex	rpenses	Contributions to Car	ndida	tes/Political Committees	Coo	ordinated Party Expenditures
4. Payee Inform	ation		Ac	dd	Remove	
•	ng Address & Phone		Ъ.	Coordinated Committee Na	ıme	d. Comments
(include city, state,	_					
News and Obser			1			
215 South McDe				Level Registered (Specify)		
Raleigh, NC 276				Federal	County:	
Raicigii, NC 27	J O 1		===	State	Municipality:	e. Election Sum to Date
			┞┶	j 3020c <u> </u>	widincipanty.	e. Estada Sam to Date
						\$ 292.80
f Assert Code	- F	h. Purpose Code	Ц.,,	: D-4- (l : 4 4	b. Donnierd Domester
f. Account Code	g. Form of Payment	n. I ui pose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	Α		10/27/2011	\$292.80	Newspaper Ad
					\$	
					<u> </u>	
4. Payee Inform			A(Remove	
a. Foll Name, Maili	ng Address & Phone		b. •	Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)					
Pay Pal						
P.O. Box 45950			c.]	Level Registered (Specify)		
Omaha, NE 681	45			Federal	County:	
] State	Municipality:	e. Election Sum to Date
						\$ 11.48
f. Account Code	g. Form of Payment	h. Purpose Code	\perp	i. Date (mm/dd/yyyy)	j. Amonnt	k, Required Remarks
I. Account Code	g. rotte of rayment	2012. pose odde		i. Date (miniod/yyyy)	J. AMOUNT	Fees
	Wire Transfer	0		11/09/2011	\$11.48	ræs
					\$	
	4Ē		_	<u>., </u>	D	<u> </u>
4. Payee Inform		ئیا		dd L	Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee Na		d. Comments
(include city, state,			_			
Regulator Book	•					
720 Ninth Stree	t		c. Level Registered (Specify)			
Durham, NC 27	705		Federal County:		County:	
				State	Municipality:	e. Election Sum to Date
						\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	┪	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
r weening cont	S. Loi m or Lahment		\dashv	- sait (mmuwjjjj)	J. ramyent	Thank you gifts
	Check	0		11/07/2011	\$250.00	Campaign staff
						Campaign start
					\$	
# 170_aa_b1 42.5	in Dono		1		_	\$ 554.28
5. Total only thi				_		\$ 554.28
	CRO-1310 Pages	D CDO 1100	a :c c	lu sa adua. Essa sua sal		•
(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 Pages Expanditures)						
(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						
A* - Media B* - Printing C* - Fund E - Salaries F* - Equipment G - Politic				•		· - · · · · · · · · · · · · · · · · · ·
E - Salaries F* - Equipment G - Politic I - Postage J - Penalties K* - Office				cal Party H* - Holding Public Office Expenses ce Expenses Q* - Donation to Legal Expense Fund		
O* - Other	6 - I CHGINOS	R - VIII	J. E	Aprilara	✓ - Politico	TO TORNI TYPENSE LANG
	e detailed explanati	ion in required m	ema	rks field (k)		

n:	. h		
DB	SDU	rsem	ents

Pg <u>2</u>

Yes

Amendment

No

 \boxtimes

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

	uii Name (and Fun					2. ID Number	
	e-Elect Diane Catott	i for City Counc	. , . ,	,			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating E	xpenses	Contributions to Car	ndidat	tes/Political Committees	Coo	rdinated Party Expenditures	
4. Payee Information			Ac	id	Remove		
a. Full Name, Mailing Address & Phone			b. 6	Coordinated Committee Na	me	d. Comments	
(include city, state,	-			. ,	,		
Carolina Theate			1				
309 West Morga	=		- 1	Level Registered (Specify)			
Durham, NC 27				Federal Federal	Социту:		
Dunain, NC 27	701				•	e. Election Sum to Date	
			State Municipality:		Municipanty.	e. Election Sum to Date	
						\$ 100.00	
		h Domes Code	٠.,	<u> </u>			
L Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	Н		11/18/2011	\$100.00	Event	
					V		
					s		
					Ψ		
4. Payee Inform	ation		A	id 🔲	Remove		
a. Full Name, Maili	ng Address & Phone		b. 0	Coordinated Committee Na	me	d. Comments	
(include city, state,	•						
DDI	<u> </u>						
115 Market Stre	et Suite 213		6.1	Level Registered (Specify)		durhan	
				Federal Federal	County:	Antigaria.	
Durham, NC 27	701		۱ ⊨	=======================================	•	c. Election Sum to Date	
			<u> </u>	State	Municipality:	c. Election Sum to Date	
						\$ 100.00	
			<u> </u>		1		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	Н		11/18/2011	\$100.00	Event	
	CHOCK	11		11/10/2011	\$100,00		
					s		
					3		
4. Payce Inform	ation		A	dd 🗍	Remove		
	ng Address & Phone		b . (b. Coordinated Committee Name d.		d. Comments	
(include city, state,	•			<u> </u>			
	s Ladies Auxiliary		1				
			c. Level Registered (Specify)				
219 South Man							
Durham, NC 27	701		╽╠═	Federal .	County:		
				State	Municipality:	c. Election Sum to Date	
						\$ 50.00	
		T	<u> </u>				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	Н		11/1/2011	\$50.00	Retirement Dinner	
	Clieck	^{II}		11/1/2011	\$50.00	Sheriff Hill/event	
					•		
					\$		
5. Total only th	is Page				_	\$ 250.00	
	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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
					B To Amothe	or Condidate	
A* - Media B* - Printing C* - Fund				_	D - To Anothe		
			cal Party H* - Holding Public Office Expenses ice Expenses Q* - Donation to Legal Expense Fund				
O* - Other	e - Leivilles	W OIII	Ų E⁄	- henses	√ - Donario	n to regui revicuse anna	
* Codes require detailed explanation in required remarks field (k)							
	<u> </u>						

Dis	Ьш	rce	m	e n	te
LJ 15	vu	LDE	ш	υп	LS

Pg 3 of 3 Yes

Amendment

M

No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Re-Elect Diane Catotti for City Counc 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) El Centro 201 W. Main Street #100 c. Level Registered (Specify) Durham, NC 27701 Federal County: State Municipality: e. Election Sum to Date \$ 50.00 h. Purpose Code f. Account Code g. Form of Payment L Date (mm/dd/yyyy) j. Amount k. Required Remarks Event Check Н 12/09/2011 \$50.00 Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Herald Sun 2828 Pickett Road c. Level Registered (Specify) Durham, NC 27705 Federal County: e. Election Sum to Date State Municipality: \$ 968.20 h. Purpose Code k. Required Remarks f. Aecount Code i, Date (mm/dd/yyyy) j. Amount g. Form of Payment print advertisements \$968.20 Α 10/28/2011 Check \$ Remove 4. Payee Information Add d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e, Election Sum to Date State h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount \$ \$ 1018.20 5. Total only this Page 6. Total of ALL CRO-1319 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 1822.48 (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) D - To Another Candidate A* - Media B* - Printing C* - Fundraising H* - Holding Public Office Expenses E - Salaries F* - Equipment G - Political Party K* - Office Expenses Q* - Donation to Legal Expense Fund I - Postage J - Penalties O* - Other * Codes require detailed explanation in required remarks field (k)

Refunds/Reim	burseme	nts From the Committee	e _{Pg 1}	of <u>I</u>	ienam	Yes 🛛 No	
		mbursements, including contributio	ns returned to the contrib	utor.			
1. Committee Full Name (and Fund if applicable)						D Number	
Committee to Re-Elect Di	ane Catotti for C	ity Council					
3. Payee Informatio	n	□ Ac	id Remove	·	<u> </u>		
a. Full Name, Mailing A			d. Type of Committee		h. O	riginal Receipt Date	
(include city, state, & :	zip)		Candidate	PAC			
Charles Catotti			Referendum Party				
4147 Deepwood Circle			e. Level Registered (Specifi	y)	L O	riginal Receipt Amount	
Durham, NC 27705			Federal	County:	\$		
			State Municipality:				
			f. Purpose Code			j. Election Sum to Date	
			0		f 100.35		
					\$ 188.35		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k.A	eeount Code	
Director - Events Ma Ma	ement	Duke University	,			-	
,							
l. Form of Payment	m. Required I			n. Date (mm/dd/yy	yy)	o. Amount	
Check	Cost of setting	up and web site fees		12/4/2011		\$ 188.35	
3. Payee Informatio	·		id Remove	•			
a. Full Name, Mailing Ac			d. Type of Committee	h. Original Receipt Date			
(include city, state, &			Candidate PAC		g		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**		Referendum	Party			
			e. Level Registered (Specify)		i, Original Receipt Amount		
			Federal County:		S		
			State Municipality:		3		
			f. Purpose Code		j. El	ection Sum to Date	
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments			k. Account Code	
			S. Commercia				
l. Form of Payment	m. Required I	Remarks	•	n. Date (mm/dd/yy)	yy)	o. Amount	
						\$	
3. Payee Informatio		Ac	id Remove				
a. Foll Name, Mailing A			d. Type of Committee	<u>.</u>	h. O	riginal Receipt Date	
(include city, state, & zip)			Candidate PAC				
			Referendum	Party			
			e. Level Registered (Specif	y)	i Oı	riginal Receipt Amonat	
			Federal County:		\$		
			State Municipality:		Ą		
			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 I	2emarks		n. Date (mm/dd/yy	~~ <u>`</u>	0. Amozat	
	m. vedanca i	acmen mo		Date (minutally)	331	o composit	

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

4. Total only this Page

M - Overpayment for Service

N - Exceeded Contribution Limit

L - Returned to Contributor M - Overpayment for P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)

\$

\$

188.35

188.35