

Disclosure Report Cover

Amendment

☐ Yes

☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information

a. Full Name

Committee to Re-Elect Diane Catotti for City Council

c. ID Number

IN-PERSON

b. Mailing Address (include City, State and Zip Code)

4147 Deepwood Circle
Durham, NC 27705

JAN 13 2012

d. Date Filed

1/13/12

DURHAM BOE

e. Phone Number

490-0984

2. Report Year

2011

3. Period Start Date (mm/dd/yy)

10/25/2011

4. Period End Date
(mm/dd/yy)

12/31/2011

5. Treasurer Full Name

Patricia Bocckino

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent
☐ Expenditure
☐ Legal Expense Fund
- ☐ Party
☐ Referendum
☐ Joint Fundraiser

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

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

11. Account Information

a. Financial Institution Full Name

Mechanic & Farmers

b. Purpose

Campaign Fin

c. Account Code

d. Period Begin Balance

\$ 7561.86

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

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.

Patricia Bocckino

Printed Name of Signer

Patricia Bocckino

Signature of Appointed Treasurer

1/13/12

Date

FOR OFFICE USE ONLY

Date Received:

1/13/12

Employee:

MP

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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	
Committee to Re-Elect Diane Catotti for City Council		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		(CRO-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 Organizations		(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, 11c, 11d and 11e)		\$ 1346.00		\$ 15680.00	
13) Disbursements					
13a) Operating Expenditures		(CRO-1310) \$ 1822.48		\$ 7928.89	
13b) Contributions to Candidates/Political Committees		(CRO-1310) \$ 350.00		\$ 2275.00	
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) \$ 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 subtract line 18)		\$ 6547.03		\$ 6547.03	
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330) \$			
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430) \$			
22) Debts and Obligations owed By the Committee		(CRO-1610) \$		IN-PERSON	
23) Debts and Obligations owed To the Committee		(CRO-1620) \$			
24) Account Transfers Within the Committee		(CRO-1720) \$		JAN 13 2012	
25) Administrative Support		(CRO-1710) \$		DURHAM BOE	
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

1 of 1

Amendment

☐

Yes

☒

No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Diane Catotti for City Council						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	Check		10/23/2011	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2	Check		10/23/2011	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	3	Check		10/23/2011	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	4	Check		10/23/2011	\$ 40.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	5	Check		10/23/2011	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	6	Check		10/23/2011	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	7	Check		10/23/2011	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8	Check		10/23/2011	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	9	Check		11/3/2011	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	10	Check		12/15/2011	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$ 415.00	
5. Total of ALL CRO-1205 Pages					\$ 415.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

IN-PERSON

JAN 13 2012

DURHAM BOE

Contributions from Individuals

Amendment
Pg 1 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Diane Catotti for City Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nicole Baxter 922 Dacian Avenue # 315 Durham, NC 27701			b. Job Title/Profession		d. Comments	
			Interior Designer			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		10/23/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Daniel Jewell 1025 Gloria Avenue Durham, NC 27701			b. Job Title/Profession		d. Comments	
			Owner			
			c. Employer's Name/Specific Field			
			Coulter Jewell Thames, PA		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		10/23/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kenneth Spaulding 7913 Leonardo Drive Durham, NC 27713			b. Job Title/Profession		d. Comments	
			Attorney			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		10/31/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment
Pg 2 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Diane Catotti for City Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Atkins P.O.Box 12037 Research Triangle Park, NC 27709			b. Job Title/Profession President/CEO		d. Comments	
			c. Employer's Name/Specific Field O'Brien/Atkins Associate			
					e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		11/09/2011	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Vinita Mittal 3005 London Bell Drive Raleigh, NC 27614			b. Job Title/Profession Owner		d. Comments	
			c. Employer's Name/Specific Field MJM Real Estate Investments			
					e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Pay Pal		11/10/2011	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove IN-PERSON						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jon Mark Galifianakis P.O. Box 1700 Raleigh, NC 27602			b. Job Title/Profession Real Estate		d. Comments JAN 13 2012 DURHAM BO	
			c. Employer's Name/Specific Field Hallmark Commercial			
					e. Election Sum to Date \$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Pay Pal		11/10/2011	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 625.00	
5. Total of ALL CRO-1210 Pages					\$ 925.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Refunds/Reimbursements To the Committee

Pg 1

of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Re-Elect Diane Catotti for City Council					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
USPS Shannon Plaza Station Shannon Road Durham, NC 27717			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
					i. Original Expenditure Amt
					\$ 29.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Key Deposit ref	
				j. Election Sum to Date	
				\$ 6.00	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
	Cash		12/05/2011		\$ 6.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page					\$ 6.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 6.00

Disbursements

Amendment
Pg 1 of 2 ☐ Yes ☒ 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 Council						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anthony Foxx P.O. Box 34065 Charlotte, NC 28234			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 50.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	D	10/27/2011	\$50.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Beverly Perdue P.O. Box 12086 Raleigh, NC 27605			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 125.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	D	11/1/2011	\$125.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 175.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 2

Amendment

☐ Yes

☒ 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 Council						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Senator Floyd McKissick, Jr. P.O. Box 51608 Durham, NC 27717			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
						\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	D	11/21/2011	\$75.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Democratic Party 220 Hillsborough Street Raleigh, NC 27603			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	H	12/1/2011	\$100.00	Event	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 175.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
					\$ 350.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 1 of 3 Amendment ☐ Yes ☒ 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 Council					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) News and Observer 215 South McDowell Street Raleigh, NC 27601		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 292.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	10/27/2011	\$292.80	Newspaper Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pay Pal P.O. Box 45950 Omaha, NE 68145		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 11.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Wire Transfer	O	11/09/2011	\$11.48	Fees
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Regulator Bookshop 720 Ninth Street Durham, NC 27705		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	O	11/07/2011	\$250.00	Thank you gifts Campaign staff
				\$	
5. Total only this Page					\$ 554.28
6. Total of ALL CRO-1310 Pages					\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 3 Amendment ☐ Yes ☒ 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 Council						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Carolina Theater 309 West Morgan Street Durham, NC 27701						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	H	11/18/2011	\$100.00	Event	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
DDI 115 Market Street Suite 213 Durham, NC 27701						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	H	11/18/2011	\$100.00	Event	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Durham Sheriffs Ladies Auxillary 219 South Mangum Street Durham, NC 27701						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	H	11/1/2011	\$50.00	Retirement Dinner Sheriff Hill / event	
				\$		
5. Total only this Page					\$ 250.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee to Re-Elect Diane Catotti for City Council				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		b. Original Receipt Date
Charles Catotti 4147 Deepwood Circle Durham, NC 27705		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		O		\$
				j. Election Sum to Date
				\$ 188.35
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Director - Events Management	Duke University			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
Check	Cost of setting up and web site fees	12/4/2011		\$ 188.35
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		b. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
				\$
				j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
				\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		b. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
				\$
				j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)		o. Amount
				\$
4. Total only this Page				\$ 188.35
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 188.35
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				