

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment

☒ Yes

☐ No

|                                                                                                                                                                                                                                                                                                               |                                                                 |                                                        |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                               |                                                                 |                                                        |                                                                 |
| a. Full Name<br>Committee to Elect Leigh Bordley for 7                                                                                                                                                                                                                                                        |                                                                 | c. ID Number                                           |                                                                 |
| b. Mailing Address (include City, State and Zip Code)<br>P.O. Box 2288<br>Durham NC 27702                                                                                                                                                                                                                     |                                                                 | d. Date Organized<br>2/15/08                           |                                                                 |
|                                                                                                                                                                                                                                                                                                               |                                                                 | e. Phone Number<br>919-302-0331                        |                                                                 |
| <b>2. Candidate Information</b>                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Candidate's Primary Committee |                                                                 |
| a. Full Name<br>Leigh Bordley                                                                                                                                                                                                                                                                                 | c. Candidate ID Number                                          | d. Party Affiliation<br>NP                             |                                                                 |
| b. Mailing Address (include City, State, and Zip Code)<br>1018 Gloria Ave<br>Durham NC 27701                                                                                                                                                                                                                  | e. Office Sought<br>School Board<br>at Large                    | f. Jurisdiction                                        |                                                                 |
| (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)                                                                                                                                                                                                                              |                                                                 |                                                        |                                                                 |
| <b>3. Treasurer Information</b>                                                                                                                                                                                                                                                                               |                                                                 | <b>4. Custodian of Books Information</b>               |                                                                 |
| a. Full Name<br>Lee Ann T. Tilley                                                                                                                                                                                                                                                                             | c. Full Name                                                    |                                                        |                                                                 |
| b. Mailing Address (include City, State, and Zip Code)<br>1010 W. Markham Ave<br>Durham NC 27701                                                                                                                                                                                                              | b. Mailing Address (include City, State, and Zip Code)          |                                                        |                                                                 |
| c. Phone Number<br>919-682-5714                                                                                                                                                                                                                                                                               | d. Email Address<br>latilley@nc.rr.com                          | c. Phone Number                                        | d. Email Address                                                |
| <b>5. Assistant Treasurer Information</b>                                                                                                                                                                                                                                                                     |                                                                 | <b>6. Account Information</b> (see CRO-3500)           |                                                                 |
| a. Full Name                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | a. Financial Institution Full Name                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| b. Mailing Address (include City, State, and Zip Code)                                                                                                                                                                                                                                                        | b. Purpose                                                      |                                                        |                                                                 |
| c. Phone Number                                                                                                                                                                                                                                                                                               | d. Email Address                                                | c. Account Code                                        | d. Type                                                         |
|                                                                                                                                                                                                                                                                                                               |                                                                 |                                                        |                                                                 |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                          |                                                                 |                                                        |                                                                 |
| 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. |                                                                 |                                                        |                                                                 |
| Lee Ann T. Tilley<br>Printed Name of Signer                                                                                                                                                                                                                                                                   |                                                                 | [Signature]<br>Signature of Appointed Treasurer        |                                                                 |
|                                                                                                                                                                                                                                                                                                               |                                                                 | 2-18-08<br>Date                                        |                                                                 |

CRO-3100A

NC State Board of Elections

December 2007

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FEB 20 2008

IN PERSON



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

Kimberly Westbrook-Strach  
Deputy Director - Campaign Reporting

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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

Leigh Bordley

Treasurer Name:

Lee Ann T. Tilley

Treasurer Address:

1010 W. Markham Ave

(include city, state, & zip)

Durham NC 27701

Treasurer Phone:

919-682-5914

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-18-08

Date Signed

X Leigh Bordley  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's Campaign Statement is filed.

CRO-3100

Certification of Treasurer



# Disclosure Report Cover

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

Amendment

☒ Yes ☐ No

|                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| a. Full Name<br><u>Committee to Elect Leigh Bordley for School Board</u>                                                                                                                                                                                                                                                                                                   |                                                        | c. ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
| b. Mailing Address (include City, State and Zip Code)<br><u>P.O. Box 2288<br/>Durham NC 27702</u>                                                                                                                                                                                                                                                                          |                                                        | d. Date Filed<br><u>2-20-08</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                        | e. Phone Number<br><u>919-682-5914</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| 2. Report Year<br><u>2008</u>                                                                                                                                                                                                                                                                                                                                              | 3. Period Start Date (mm/dd/yyyy)<br><u>02/15/2008</u> | 4. Period End Date (mm/dd/yyyy)<br><u>2-20-08</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. Treasurer Full Name<br><u>Lee Ann Thornton Tilley</u> |
| 6. Type of Committee (Check One)                                                                                                                                                                                                                                                                                                                                           |                                                        | 9. Type of Report (check only one type of report from one category)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Legal Expense Fund                                                                                                                |                                                        | <b>Municipal</b><br><input checked="" type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |                                                          |
| 7. Type of Fund (If applicable, check one)                                                                                                                                                                                                                                                                                                                                 |                                                        | 10. Special Report Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> NC Political Party Financing Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:                                                    |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| 8. Number of Fundraisers this Report                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| 11. Account Information                                                                                                                                                                                                                                                                                                                                                    |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| a. Financial Institution Full Name<br><u>RBC Centura</u>                                                                                                                                                                                                                                                                                                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| b. Purpose                                                                                                                                                                                                                                                                                                                                                                 |                                                        | c. Account Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                        | d. Period Begin Balance<br>\$ <u>RECEIVED 0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| 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 undisclosed 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 |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <u>Lee Ann T. Tilley</u><br>Printed Name of Signer                                                                                                                                                                                                                                                                                                                         |                                                        | <u>Lee Ann T. Tilley</u><br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                        | <u>2-19-08</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| Date Received: <u>Feb 20, 2008</u>                                                                                                                                                                                                                                                                                                                                         | Employee: <u>msb</u>                                   | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| Date Postmarked: _____                                                                                                                                                                                                                                                                                                                                                     | Employee: <b>RECEIVED</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| Date Scanned: _____                                                                                                                                                                                                                                                                                                                                                        | Employee: <u>FEB 20 2008</u>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| Date Data Entered: _____                                                                                                                                                                                                                                                                                                                                                   | Employee: <b>IN PERSON</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <b>Please Note:</b> This form cannot be used to amend committee information, but it is the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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 Elect Leigh Bordley for School Board                            | Organizational              |                           |
| Start of Election Cycle: January 1, 2008                                     | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     | \$ 0                        | \$                        |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$                          | \$                        |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ 196.00                   | \$                        |
| 7) Contributions from Political Party Committees (CRO-1220)                  | \$                          | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                  | \$                          | \$                        |
| 9) Loan Proceeds (CRO-1410)                                                  | \$                          | \$                        |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       | \$                          | \$                        |
| 11) Other Receipt Sources                                                    |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              | \$                          | \$                        |
| 11c) Outside Sources of Income (CRO-1250)                                    | \$                          | \$                        |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)      | \$ 196.00                   | \$                        |
| 13) Disbursements                                                            |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       | \$ 96.00                    | \$                        |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             | \$                          | \$                        |
| 13c) Coordinated Party Expenditures (CRO-1310)                               | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)                                               | \$                          | \$                        |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     | \$                          | \$                        |
| 17) In-Kind Contributions (CRO-1510)                                         | \$                          | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ 96.00                    | \$                        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17) | \$ 100.00                   | \$                        |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  | \$                          |                           |
| 21) Outstanding Loans (Incl. ones from other campaigns) (CRO-1430)           | \$                          |                           |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   | \$                          |                           |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   | \$                          |                           |
| 24) Account Transfers Within the Committee (CRO-1250)                        | \$                          |                           |
| 25) Administrative Support (CRO-1710)                                        | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1440)                                                | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum                                               | \$                          | \$                        |
| 28) In-Kind Contributions to be Refunded                                     | \$                          | \$                        |

CRO-1100

NC State Board of Elections

December 2007

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# Contributions from Individuals

Page 1 of 1 Amendment ☐ 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 Elect Leigh Bordley for School Board                                       |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| Lee Ann Tilley<br>1010 W. Markham Ave<br>Durham NC 27701                                |                 |                    | Ofc. Mgr.                         |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | Acme Plumbing & Htg Co.           |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | 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              |                                   | 2-19-08              | \$ 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<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| Leigh Bordley<br>1018 Gloria Ave.<br>Durham NC 27701                                    |                 |                    | Exec. Director                    |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | Partners for Youth                |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 96.00                |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
|                                                                                         |                 |                    |                                   |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$                      |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                 |                 |                    |                                   |                      | \$ 196.00               |  |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                    |                                   |                      | \$ 196.00               |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                         |                 |                    |                                   |                      |                         |  |

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# Disbursements

Page 1 of 1 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 Elect Leigh Bordley for School Board                                                                                                                                                                                                                                                  |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                                                                                                                                        |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 |                      | b. Coordinated Committee Name                                                                                                                       |                     | d. Comments                         |  |
| Durham Co. Board of Elections<br>706 W. Corporation St.<br>Durham NC 27701                                                                                                                                                                                                                         |                    |                 |                      |                                                                                                                                                     |                     | Filing fee                          |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | c. Level Registered (Specify)                                                                                                                       |                     | e. Election Sum to Date             |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     | \$ 96.00                            |  |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                           | k. Required Remarks |                                     |  |
|                                                                                                                                                                                                                                                                                                    | check              | H               | 2-15-08              | \$ 96.00                                                                                                                                            | Filing fee          |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | \$                                                                                                                                                  |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 |                      | b. Coordinated Committee Name                                                                                                                       |                     | d. Comments                         |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | c. Level Registered (Specify)                                                                                                                       |                     | e. Election Sum to Date             |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><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 |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | \$                                                                                                                                                  |                     |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | \$                                                                                                                                                  |                     |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 |                      | b. Coordinated Committee Name                                                                                                                       |                     | d. Comments                         |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | c. Level Registered (Specify)                                                                                                                       |                     | e. Election Sum to Date             |  |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><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                                                                                                                                                                                                                                                                            |                    |                 |                      |                                                                                                                                                     |                     | \$ 96.00                            |  |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                                                                                                                                     |                    |                 |                      |                                                                                                                                                     |                     | \$ 96.00                            |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |
| 7. Purpose Codes (List detailed expenditure code in (b.) 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                                                                                                                                |                     | O* - Other                          |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                 |                    |                 |                      |                                                                                                                                                     |                     |                                     |  |

CRO-1310

NC State Board of Elections

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