

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 AMELIE SCHOEL FOR BOARD OF EDUCATION	c. ID Number AS-060216--
b. Mailing Address (include City, State and Zip Code) 4017 CAMROSE CROSSING MATTHEWS, NC 28104	d. Date Filed 10/25/2016
e. Phone Number (704) 609-7077	

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Union Co. Board of Elections

2. Report Year 2016	3. Period Start Date (mm/dd/yy) 06/02/2016	4. Period End Date (mm/dd/yy) 10/22/2016	5. Treasurer Full Name DEBORAH DEIHL
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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	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name Withdrew Threshold on 10/14/16		

3. Account Information		3. Account Information	
a. Financial Institution Full Name AMELIE SCHOEL FOR BOARD OF EDUCATION	a. Financial Institution Full Name	b. Purpose CAMPAIGN CONTRIBUTIONS AND DISBURSEMENTS	c. Account Code 01
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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

Deborah S. Deihl Deborah S. Deihl 10/25/2016
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10/25/2016 Employee: K. Quinn Delivery Method

Date Postmarked: N/A Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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	
AMELIE SCHOEL FOR BOARD OF EDUCATION	2016 Third Quarter	AS-060216--	
Start of Election Cycle: January 1, <u>2016</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 220.00	\$ 220.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,615.68	\$ 2,615.68
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Account	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,835.68	\$ 2,835.68
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,213.41	\$ 1,213.41
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 77.00	\$ 77.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 645.68	\$ 645.68
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,936.09	\$ 1,936.09
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 899.59	\$ 899.59
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

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 Union Co. Board of Elections

Aggregated Contributions from Individuals Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
AMELIE SCHOEL FOR BOARD OF EDUCATION					AS-060216--	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	01	Cash		10/15/2016	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		10/16/2016	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/15/2016	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/15/2016	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/15/2016	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/15/2016	\$	25.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$220.00
5. Total of ALL CRO-1205 Pages					\$	\$220.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

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 Union Co. Board of Elections

Contributions from Individuals

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	
AMBLIE SCHOEL FOR BOARD OF EDUCATION						AS-060216--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SANDY BUZZARD 8042 WEDDINGTON DOWNS DRIVE MATTHEWS, NC 28104				MARKETING			
				c. Employer's Name/Specific Field			
				DUKE POWER			
				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"/>	01	Check		09/22/2016	\$ 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)				b. Job Title/Profession		d. Comments	
DEBBIE CRAMER 3098 ANCESTRY CIRCLE WEDDINGTON, NC 28104				GRAPHICS DESIGNER			
				c. Employer's Name/Specific Field			
				Publishing Industries (except Internet)			
				e. Election Sum to Date			
				\$		75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	In-Kind	FOOD FOR FUNDRAISER	10/15/2016	\$ 75.00		
<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)				b. Job Title/Profession		d. Comments	
SUE FITCH 404 GLADELYNN WAY WAXHAW, NC 28173				STUDENT			
				c. Employer's Name/Specific Field			
				Educational Services			
				e. Election Sum to Date			
				\$		130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/15/2016	\$ 50.00		
<input type="checkbox"/>	01	In-Kind	DOOR PRIZES	10/15/2016	\$ 80.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 305.00	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100)						\$ 2,615.68	

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 Union Co. Board of Elections

Contributions from Individuals

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	
AMELIE SCHOEL FOR BOARD OF EDUCATION						AS-060216--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHERI GERAGHTY 2119 GARDEN VIEW LANE WEDDINGTON, NC 28104				ACCOUNTANT			
				c. Employer's Name/Specific Field			
				Funds, Trusts, and Other Financial Vehicles			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/15/2016	\$ 200.00		
<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)				b. Job Title/Profession		d. Comments	
KATHIE MCKAIN 1008 DESBOROUGH DRIVE MATTHEWS, NC 28104				HOMEMAKER			
				c. Employer's Name/Specific Field			
				Private Households			
						e. Election Sum to Date	
						\$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		09/09/2016	\$ 100.00		
<input type="checkbox"/>	01	In-Kind	FOOD FOR FUNDRAISER	10/15/2016	\$ 80.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EMILY PATERSON 4401 GLEN OAKS DRIVE MATTHEWS, NC 28104				ONLINE TEACHER			
				c. Employer's Name/Specific Field			
				UNC-G			
						e. Election Sum to Date	
						\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/15/2016	\$ 30.00		
<input type="checkbox"/>	01	Cash		10/15/2016	\$ 40.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,615.68	

Contributions from Individuals

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) AMELIE SCHOEL FOR BOARD OF EDUCATION	2. ID Number AS-060216--
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SHARON SANDERS 4401 HORSESHOE BEND WEDDINGTON, NC 28104	b. Job Title/Profession HOMEMAKER	d. Comments
	c. Employer's Name/Specific Field Private Households	
		e. Election Sum to Date \$ 700.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		10/15/2016	\$ 300.00
<input type="checkbox"/>	01	In-Kind	FOOD AND BEVERAGE FOR FUNDRAISER	10/15/2016	\$ 400.00
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) AMELIE SCHOEL 4017 CAMROSE CROSSING MATTHEWS, NC 28104 (704) 564-2770	b. Job Title/Profession CANDIDATE	d. Comments
	c. Employer's Name/Specific Field Private Households	
		e. Election Sum to Date \$ 1,160.68

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	In-Kind	DISTRICT MAP PURCHASED AT BOARD	06/02/2016	\$ 10.68
<input type="checkbox"/>	01	Check		06/02/2016	\$ 250.00
<input type="checkbox"/>	01	Check		09/22/2016	\$ 500.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) AMELIE SCHOEL 4017 CAMROSE CROSSING MATTHEWS, NC 28104 (704) 564-2770	b. Job Title/Profession CANDIDATE	d. Comments
	c. Employer's Name/Specific Field Private Households	
		e. Election Sum to Date \$ 1,160.68

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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		10/13/2016	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 1,860.68

5. Total of ALL CRO-1210 Pages \$ 2,615.68
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) AMELIE SCHOEL FOR BOARD OF EDUCATION	2. ID Number AS-060216--
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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) SIGN MASTERS 314-B DEPOT STREET MONROE, NC 28112		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 \$ 1,056.14

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	09/23/2016	\$ 523.06	200 CORRUGATED
01	Debit Card	B	10/14/2016	\$ 523.08	PLASTIC SIGNS YARD SIGNS

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT 275 WYMAN STREET WALTHAM, MA 02451		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 \$ 167.27

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Union Co. Board of Elections

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	09/09/2016	\$ 167.27	POSTCARDS
				\$	

5. Total only this Page	\$ 1,213.41
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>	\$ 1,213.41

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)			

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
AMELIE SCHOEL FOR BOARD OF EDUCATION						AS-060216--	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	K	06/05/2016	\$ 4.82	MAP STORAGE TUBE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	K	06/05/2016	\$ 32.18	DISTRICT MAP LAMINATION	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash	B	10/14/2016	\$ 10.00	STAKES	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	08/11/2016	\$ 10.00	MONTHLY SERVICE FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	09/14/2016	\$ 10.00	MONTHLY SERVICE FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	O	10/14/2016	\$ 10.00	MONTHLY SERVICE FEE	
4. Total only this Page						\$	77.00
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						\$	77.00
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F* - Equipment		G - Political Party			
I - Postage		J - Penalties		K* - Office Expenses			
O* - Other				Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)							

CRO-1315

NC State Board of Elections

December 2009

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 Inion Co. Board of Elections

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
AMELIE SCHOEL FOR BOARD OF EDUCATION		AS-060216--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DEBBIE CRAMER 3098 ANCESTRY CIRCLE WEDDINGTON, NC 28104		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 75.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR FUNDRAISER		10/15/2016	\$ 75.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
SUE FITCH 404 GLADELYNN WAY WAXHAW, NC 28173		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 130.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DOOR PRIZES		10/15/2016	\$ 80.00
Union Co. Board of Elections			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
KATHIE MCKAIN 1008 DESBOROUGH DRIVE MATTHEWS, NC 28104		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 180.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR FUNDRAISER		10/15/2016	\$ 80.00
			\$
			\$
4. Total only this Page		\$ 235.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 645.68	

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In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
AMELIE SCHOEL FOR BOARD OF EDUCATION		AS-060216--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SHARON SANDERS 4401 HORSESHOE BEND WEDDINGTON, NC 28104		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 700.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD AND BEVERAGE FOR FUNDRAISER		10/15/2016	\$ 400.00
RECEIVED			\$
OCT 25 2016			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove Union Co. Board of Elections			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
AMELIE SCHOEL 4017 CAMROSE CROSSING MATTHEWS, NC 28104 (704) 564-2770		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1,160.68
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DISTRICT MAP PURCHASED AT BOARD OF ELECTIONS		06/02/2016	\$ 10.68
			\$
			\$
4. Total only this Page			\$ 410.68
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 645.68