

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

1. Committee Information

a. Full Name MA-1 for SCHOOL BOARD	c. ID Number 46-4624523
b. Mailing Address (include City, State and Zip Code)	d. Date Filed 10/13/2014
	e. Phone Number 336-546-8430

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 04/20/2014	4. Period End Date (mm/dd/yy) 10/13/2014	5. Treasurer Full Name IRENE-ELENA S. MAY
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign	☐ Party	☐ Municipal	☐ State/County	☐ Referendum
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Legal Expense Fund		☐ Pre-primary	☐ First	☐ Final
		☐ Pre-election	☐ Second	☐ Supplemental Final
		☐ Pre-runoff	☐ Third	☐ Annual
		☐ Semi-annual	☐ Fourth	☐ Special
		☐ Mid Year	☐ Semi-annual	
		☐ Year End	☐ Mid Year	
		☐ Final	☐ Year End	
		☐ Special	☒ Final	
			☐ Special	

7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report 0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name WELLS FARGO BANK	a. Financial Institution Full Name	b. Purpose Campaign Reporting	b. Purpose
b. Purpose	b. Purpose	c. Account Code SBA72	c. Account Code
c. Account Code	c. Account Code	d. Period Begin Balance \$ 1953.65	d. Period Begin Balance
d. Period Begin Balance	d. Period Begin Balance		

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

IRENE-ELENA S. MAY
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

10/13/2014
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

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

Detailed Summary

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	
MAY for School Board		FINAL		46-4624523	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1953.65		\$ 1953.65	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 102.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 2371.00	
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 Accounts (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)		\$ 0.00		\$ 2473.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 620.15		\$ 1062.32	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 200.00		\$ 200.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 59.00		\$ 136.18	
15) Loan Repayments (CRO-1420)		\$ 1074.50		\$ 1074.50	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1953.65		\$ 2473.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
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	

Disbursements

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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	
May for School Board					46-4624523	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Super Cheap Signs 9804 Gray Blvd Austin TX 78758				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 1062 ³²
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SB1972	check	B Campaign	05/13/14	\$ 620 ¹⁵	Campaign signs	
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Barr for School Board 1966 Waterford Village Drive Clemmons, NC 27012				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 200 ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SB1972	check	D	09/15/2014	\$ 200 ⁰⁰	campaign contribution	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
5. Total only this Page					\$ 820 ¹⁵	
6. Total of ALL CRO-1310 Pages					\$ 820 ¹⁵	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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

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~~Amendment~~
~~Yes~~

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

[illegible]

15/11

Loan Repayments

Use this form to report payments on an existing loan.

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Amendment

Yes

No

1. Committee Full Name (and Fund if applicable) May for School Board				2. ID Number 46-4624523	
3. Lender Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) IRENE-ELENA S. May 5310 FOREST MILL DR. PFAFFTOWN, NC 27040				b. Comments Loan-in-kind	
				c. Original Loan Date 04/17/2014	
				d. Original Loan Amount \$ 1000⁰⁰	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 1000⁰⁰	SB1972	Bank Transfer	05/12/2014	\$ 1000⁰⁰	
\$				\$	
3. Lender Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) IRENE-ELENA S. MAY 5310 FOREST MILL DR. PFAFFTOWN, NC 27040				b. Comments Loan-in-kind	
				c. Original Loan Date 01/27/2014	
				d. Original Loan Amount \$ 100⁰⁰	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 100⁰⁰	SB1972	Bank Transfer	08/07/2014	\$ 74⁵⁰	
\$				\$	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 1000⁰⁰	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 1000⁰⁰	