

North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

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

Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign

Committee Name: Teetor for School Board Treasurer Name: Jeremy Teetor Treasurer Address: 239 Harden St (include city, state, & zip) Burlington, NC 27215 Treasurer Phone: 336-380-6553

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

01/14/2015

Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Disclosure	Report Cover	
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Amend	m
	1 ,

d	ment	
	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 Infor	mation						
a. Full Name					c. ID Number		
Teetor for School B	loard				-		
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed		
239 Harden St Burlington, NC 272	215				01/14/15		
,				ļ	e. Phone Number		
					336-380-6553		
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full N	lame		
2014	10/19/14	12	2/31/14	Jeremy Teetor			
6. Type of Commit	tee (Check One)	9. Type of Report	t (check only	one type of report fr	rom one category)		
Candidate Camp	aign Party	Municipal	State/Cou	enty	Referendum		
PAC	Referendum	Organizationa	OI L	rganizational	Organizational		
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	ıy Qı	uarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary	<u> </u>	First	☐ Final		
"Booster Fund"	(I) applicable, check they	Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff	一十二	Third	Annual		
		Semi-annual		Fourth	Special		
		Mid Year		emi-annual			
Other:		Year End	d 🔲	Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Fund	raisers this Report	Special	Fir	nal			
		1	│ □ Sp	pecial			
11. Account Inform	ıation		11. Account In				
a. Financial Institution			a. Financial Institu				
PNC Bank							
b. Purpose	c. Account Code		b. Purpose	·	c. Account Code		
manage	1		1				
campaign	1						
cash flow	d. Period Begin Balance	e	1		d. Period Begin Balance		
	\$ 126.41]		\$		
CERTIFICATION							
I certify that the Con	nmittee or Fund is in compli	iance with all applica			& 22D-22M of Chapter 163 of further certify that this report		
is complete, true and	d correct and that I have beer	ommingled with prohi	State Board of Ele	ections.	1/14/1/15		
	d correct and that I have beer etor	ommingled with prob n trained by the NC S	State Board of Ele	ections.	1/14/1/15		
is complete, true and	d correct and that I have beer etor Printed Name of Signer	ommingled with prob n trained by the NC S	State Board of Ele	ections.	1/14/1/15 Date		
is complete, true and Jeremy Tee	d correct and that I have beer etor Printed Name of Signer	ommingled with prob n trained by the NC S	State Board of Ele	ections. 01 d Treasurer			
Jeremy Tee FOR OFFICE USE C	d correct and that I have been etor Printed Name of Signer ONLY 1-15-15	ommingled with prob n trained by the NC S Year S	State Board of Ele	ections. 01 d Treasurer	Date elivery Method		
Jeremy Tee FOR OFFICE USE O Date Received:	d correct and that I have been etor Printed Name of Signer ONLY 1-15-15	ommingled with prob n trained by the NC S Fee S Employee:	State Board of Ele	ections. 01 d Treasurer	Date Pelivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received		
FOR OFFICE USE C Date Received: Date Postmarke	d correct and that I have been etor Printed Name of Signer ONLY 1-15-15 d:	Employee:	State Board of Ele	ections. 01 d Treasurer	Date Pelivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed		
FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned: Date Data Enter	d correct and that I have been eter Printed Name of Signer ONLY -15-15 d: eed: is form cannot be used to am	Employee: Employee: Employee:	State Board of Electory Italian Signature of Appointed UG rmation such as the	d Treasurer D N the committee address	Date Pelivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received		

Amendment

Yes 🔲 🛚

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
Teetor for School Board	4 th Quarter		
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 126.41	\$ 744.58
RECEIPTS		<u></u>	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 205.03	\$ 6345.85
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 200.00
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 Organiza		\$ 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
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b,	llc, 11d and 11e)	\$ 205.03	\$ 7290.43
<u>EXPENDITURES</u>		THE REPORT OF THE PROPERTY OF	
13) Disbursements	(55.0.44.0)		0.100.15
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 2488.17
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 126.41	\$ 126.41
17) In-Kind Contributions	(CRO-1510)	\$ 205.03	\$ 4675.85
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 331.44	\$ 7290.43
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract 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 campai	gns) <i>(CRO-1430)</i>	\$ 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-2200)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

		m Individuals	0.57	S	Pg	1 of	1205	Amenument Yes	No No
		vidual contributions cand Fund if application) or contribution	s unde	r \$50 if form CRU	2. ID Num		
	r School Board	and rund ii applical	Die)				2. ID Nulli	Der	
3. Contri	butor Informatio	on		Add 🗌	Rem	ove			
	ne, Mailing Address &			b. Job Title/Prof			d. Comments	3	
	city, state, & zip)			Assistant Bur	sar				
Jeremy T									
239 Hard	en St n, NC 27215			e. Employer's Na Elon Universi		cific Field			
336-380-				Elon Onivers	ıty		e. Election St	um to Date	
							\$	4675.85	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	1	visa	palm	n cards		10/21/20)14	\$	205.03
								\$	
								\$	
	butor Informatio			Add 🗌	Rem	ove		, ,	
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Comments	5	
(include	city, state, & zip)			4					
				c. Employer's Na	me/Spe	cific Field			
				-			e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/yy)	уу)	k. Amount	
			-					\$	
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								\$	
	butor Informatio			Add	Rem	ove			
	ne, Mailing Address & city, state, & zip)	k Phone		b. Job Title/Prof	ession		d. Comments	3	
(include	city, state, & zip)			-					
				c. Employer's Na	me/Spe	cific Field			
							e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
								\$	
								\$	
	only this Pag						\$		205.03
5. Total	of ALL CRO	-1210 Pages					\$		205.03
(This line	e must be on line 6 of	Detailed Summary Page C	'RO-1100))			•		

Amendment

		nts From the Committee		of <u>1</u>	endm	rent Yes No
1. Committee Full N				4,01,	2 1	D Number
Teetor for School Board	ume (and I t	по и аррисаме)				D I WILLDON
	.		,			
3. Payee Informatio	n		dd Remove		•	
a. Full Name, Mailing Ac			d. Type of Committee		h. O	Priginal Receipt Date
(include city, state, &			Candidate	PAC		
Jeremy Teetor		-	Referendum	Party		
239 Harden St			e. Level Registered (Specify		i. O	riginal Receipt Amount
Burlington, NC 27215			Federal	County:		· · · · · · · · · · · · · · · · · · ·
<i>O</i> ,			State	Municipality:	\$	
			f. Purpose Code	• •	j. E	lection Sum to Date
			P			4675.85
					\$	1070100
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code
Assistant Bursar		Elon University			1	•
		•				
l. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yy	vv)	o, Amount
check		funds to reimburse of inkind	 		337	
	_	roughout campaign		11/05/2014		\$ 126.41
3. Payee Informatio	ก	☐ Ac	dd 🗌 Remove			
a. Full Name, Mailing Ac	dress & Phone		d. Type of Committee		h. C	Priginal Receipt Date
(include city, state, & a	zip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specif	y)	i. O	riginal Receipt Amount
			Federal	County:	6	
			State	Municipality:	\$	
			f. Purpose Code		j. E	lection Sum to Date
					\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	ecount Code
l. Form of Payment	m. Required F	temarks		n. Date (mm/dd/yy	yy)	o. Amount
						\$
4 D V 4			—	<u> </u>		
3. Payee Informatio		A	, 			
a. Fuli Name, Mailing Ac			d. Type of Committee		h. C	Original Receipt Date
(include city, state, & 2	zip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specif	·_ · · · · · · · · · · · · · · · · · ·	i. O	riginal Receipt Amount
			Federal	County:	\$	
			State	Municipality:	<u> </u>	
			f. Purpose Code		j. E	lection Sum to Date
					\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		I. A	Account Code
D. JOD THE/FTOICSSION		c. Employer s Name/Specific Field	g. Continents	·	B. A	account Code
l. Form of Payment	D		<u> </u>	B	Ļ	
i. Form of Fayment	m. Required F	Remarks		n. Date (mm/dd/yy	уу)	o. Amount
						\$
4. Total only this Pa	<u>σ</u> ε			!	•]
	-	S (This line must be on line 16 of Detailed	Comman, Bass CDO 1100			§ 126.41
L - Returned to Contribu		M - Overpayment for Service		Contribution Limit		µ 120.71
P* - Reimbursement o	f In-Kind	O* Other required remarks field (m)	N - Exceeded	Contitution Ellit		

						Amen	dment	
In-Kind Contributions		Pg	<u>1</u>	of	<u>1</u>		Yes	
Jse this form to report non-monetary contributions, donation	ns, goods or s	services pr	ovided	to the c	ommitt	ee or fu	ınd.	

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

1. Committee Full Name (and Fund	l if applicab	le)					2. ID	Number
Teetor for School Board						·		
								
3. Contributor Information	Add		I	Remove		·	T	
a. Full Name, Mailing Address & Phone				b. Typ		Contributor	c. Cor	nments
(include city, state, & zip) Jeremy Teetor						vidual		
239 Harden St			Cand					
Burlington, NC 27215			\parallel	Party PAC				
336-380-6553						rendum	d Fle	ction Sum to Date
330-300-0333						er Receipt Source	U. 1310	
							\$	4675.85
e. Description						f. Date (mm/dd/yy	уу)	g. Fair Market Amount
palm cards						10/21/2014	4	\$ 205.03
								\$
								\$
3. Contributor Information	Add		ŀ	Remove			,	
a. Full Name, Mailing Address & Phone				b. Typ		ontributor	с. Сот	nments
(include city, state, & zip)					-	vidual		
				님		didate		
					Party			
				님	PAC		J 171	
				\parallel		rendum r Receipt Source	d. Ele	ction Sum to Date
					Ouic	r Receipt Source	\$	
e. Description						f. Date (mm/dd/yy	yy)	g. Fair Market Amount
								\$
								\$
								\$
3. Contributor Information	Add		I	Remove		-		
a. Full Name, Mailing Address & Phone				b. Typ		ontributor	c. Cor	nments
(include city, state, & zip)				↓∐		vidual		
				님		lidate		
				님	Party PAC			
						rendum	d Fis	ction Sum to Date
						r Receipt Source	u. Ele	ction Sum to Date
					Ome		\$	
e. Description						f. Date (mm/dd/yy	уу)	g. Fair Market Amount
								\$
								\$
								\$
4. Total only this Page							\$	205.03
5. Total of ALL CRO-1510 Pages							dr.	
(This line must be on line 17 of Detailed Su	ımmary Page C	RO-1100)					\$	205.03

No