

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	
Sendolo for Schools					
Start of Election Cycle: January 1,		2014		Total this Reporting Period	
				Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>		\$ 1,218.99		\$ 1,218.99	
6) Contributions from Individuals <i>(CRO-1210)</i>		\$ 5,669.29		\$ 5,765.29	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>		\$		\$	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>		\$ 2,500		\$ 2,500	
9) Loan Proceeds <i>(CRO-1410)</i>		\$		\$	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts <i>(CRO-1250)</i>		\$		\$	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>		\$		\$	
11c) Outside Sources of Income <i>(CRO-1250)</i>		\$		\$	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>		\$		\$	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>		\$		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 9,388.28		\$ 9,484.28	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures <i>(CRO-1310)</i>		\$ 3,051.67		\$ 3,051.67	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>		\$		\$	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>		\$		\$	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>		\$		\$	
15) Loan Repayments <i>(CRO-1420)</i>		\$		\$	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>		\$ 1,044.44		\$ 1,044.44	
17) In-Kind Contributions <i>(CRO-1510)</i>		\$ 1,194.29		\$ 1,290.29	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 5,290.40		\$ 5,386.40	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 4097.88		\$ 4,097.88	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>		\$			
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>		\$			
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>		\$			
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>		\$			
24) Account Transfers Within the Committee <i>(CRO-1720)</i>		\$			
25) Administrative Support <i>(CRO-1710)</i>		\$		\$	
26) Forgiven Loans <i>(CRO-1440)</i>		\$		\$	
27) 48-Hour Notice Reports Sum <i>(CRO-2200)</i>		\$		\$	
28) Contributions to be Refunded <i>(CRO-1215)</i>		\$		\$	

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	
Sendolo for Schools						
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	
Angel Gonzalez 34-57 82nd St Apt 3F Jackson Heights, NY 11372 347-805-0849			Teacher			
			c. Employer's Name/Specific Field			
			DLSA Academy			
					e. Election Sum to Date	
					\$ 75	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	creditcard		03/27/2014	\$ 75	
<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	
Neal Shephard 2108 Englewood Ave Durham, NC 27705 9192863380			retired			
			c. Employer's Name/Specific Field			
			Duke Hospital (previous)			
					e. Election Sum to Date	
					\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	creditcard		04/01/2014	\$ 250	
<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	
Hussein El- Genk 1312 Georgia Ave Durham, NC 27705			Assistant Vice President			
			c. Employer's Name/Specific Field			
			Capital Guidance			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	creditcard		04/17/2014	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,669.29	

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	
Sendolo for Schools						
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	
Lorisa Seibel 2410 Par Place Durham, NC 27705 919-801-6863			Housing Directorr			
			c. Employer's Name/Specific Field Reinvestment Partners			
					e. Election Sum to Date	
					\$ 225	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	creditcard		03/17/2014		\$ 100
<input type="checkbox"/>	1	check		04/17/2014		\$ 125
<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	
Leigh Bordley 1018 Gloria Ave Durham, NC 27705 919-302-0331			Social Worker			
			c. Employer's Name/Specific Field Latino Educational Achievement			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	creditcard		04/09/2014		\$ 100
<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	
Mark Hellman 1101 Wells St Durham, NC 27707 919-489-2046			retired			
			c. Employer's Name/Specific Field NCDOT (previous)			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	creditcard		04/11/2014		\$ 100
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 425	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,669.29	

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	
Sendolo for Schools						
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	
Anthony Maglione 902 Arnette Ave Durham, NC 27701			MSW Intern			
			c. Employer's Name/Specific Field Democracy NC			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		03/28/2014	\$ 50	
<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	
Kate Fellman 4 MISTY MORNING CT Durham, NC 27712			unemployed			
			c. Employer's Name/Specific Field Peoples Alliance (previous)			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		03/28/2014	\$ 50	
<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	
Nancy Blood 111 E Ellerbe St Durham, NC 27704			retired			
			c. Employer's Name/Specific Field Durham County Library			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		03/28/2014	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,669.29	

Disbursements

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
Sendolo for Schools					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Capitol Promotions PO Box 231 Glenside, PA 19038 800-884-3024				yard signs	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 705.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	O	03/28/2014	\$705	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
B&J Custom Printers 1403 Person St Durham, NC 27703				door hangers	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 847.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	04/17/2014	\$847.32	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Custom Ink 2910 District Ave Farifax, VA 22031 866-485-8160				tshirts	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 353.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	O	04/18/2014	\$353.76	
				\$	
5. Total only this Page					\$ 1,906.08
6. Total of ALL CRO-1310 Pages					\$ 3,051.67
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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
Sendolo for Schools					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
FedEx 610 9th St Durham, NC 27705					flyers
			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
					\$ 394.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	04/14/2014	\$364.53	
	cash	B	03/28/2014	\$29.48	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Facebook 1601 Willow Road Menlo Park, CA 94025					facebook page boosts
			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
					\$ 91.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	A	04/02/2014	\$39.48	
1	debit card	A	03/27/2014	\$51.70	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Democratic Party 220 Hillsborough Street Raleigh, NC 27603					VAN (voter activation network)
			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
					\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	O	04/01/2014	\$500.00	
				\$	
5. Total only this Page					\$ 985.19
6. Total of ALL CRO-1310 Pages					\$ 3,051.67
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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
Sendolo for Schools					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input 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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments online donation processing fees
Democracy Engine 2125 14th Street, NW Suite 101 West Washington DC 20009					
			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 \$ 160.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	O	03/19/2014	\$.23	
1	debit	O	03/26/2014	\$38.87	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments online donation processing fees
Democracy Engine 2125 14 th St, NW Washington DC 20009					
			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 \$ 160.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	O	04/02/2014	\$73.16	
1	debit	O	04/09/2014	\$33.08	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments online donation processing fees
Democracy Engine 2125 14th St, NW Washington DC 20009					
			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 \$ 160.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	O	04/16/2014	\$15.06	
				\$	
5. Total only this Page					\$ 160.40
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>					\$ 3,051.67
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Sendolo for Schools					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Melissa Norton 1102 Wall Street Durham, NC 27701		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/28/2014	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 20.00	
f. Purpose Code		j. Election Sum to Date			
P		\$ 20.00			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
unemployed	Downtown Durham, Inc (previous)	Durham Board of Elections			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
cash/check	reimbursement for precinct maps → cash reimbursement from recorded donation	03/28/2014	\$ 20.00		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Sendolo Diaminah 512 Dunbar St Durham, NC 27701		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/27/2014	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 764.73	
f. Purpose Code		j. Election Sum to Date			
P		\$ 764.73			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Trainer/ Organizer	BOLD	signs, stickers doorhangers			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
check	reimbursement for yard signs, stickers, and doorhangers from Sir Speedy	04/02/2014	\$ 764.73		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Jason Ortiz 804 W Morgan St Raleigh, NC 27609		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/24/2014	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 72.09	
f. Purpose Code		j. Election Sum to Date			
		\$ 259.71			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Organizer	Action NC	Sir Speedy			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
check	reimbursement for campaign business cards	04/02/2014	\$ 72.09		
4. Total only this Page				\$ 856.82	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,044.44	
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Sendolo for Schools				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jason Ortiz 804 W Morgan St Raleigh, NC 27609		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/25/2014
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 99.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
Organizer		Action NC		NationBuilder
k. Account Code				
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check/cash	reimbursement for setting up website	03/29/2014	\$ 99.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jason Ortiz 804 W Morgan St Raleigh, NC 27609		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/28/2014
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 45.06
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
Organizer		Action NC		WalMart
k. Account Code				
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check/cash	reimbursement for canvassing supplies	03/29/2014	\$ 45.06	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jason Ortiz 804 W Morgan St Raleigh, NC 27609		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/28/2014
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 12.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
Organizer		Action NC		Google
k. Account Code				
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check/cash	Reimbursement for domain registration	04/02/2014	\$ 12.00	
4. Total only this Page				\$ 156.06
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,044.44
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Sendolo for Schools				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jason Ortiz 804 W Morgan St Raleigh, NC 27609		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/28/2014
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 31.56		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code		j. Election Sum to Date		
P		\$ 259.71		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Organizer	Action NC	Sam's Quick Shop		
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check	reimbursement for beverages for houseparty	03/29/2014	\$ 31.56	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code		j. Election Sum to Date		
P		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 31.56
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,044.44
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				