1. Committee Infor	mation	5.0	15.00				10.07	
a. Full Name								c. ID Number
Sendolo for School	S				******			
h Mailing Address (inc	luda City State and Tin Code)							
512 Dunbar Street	lude City, State and Zip Code)		· · · · · · · · · · · · · · · · · · ·					d. Date Filed
Durham, NC 27701								7/10/14
,							-	e. Phone Number
								919.485.9329
2. Report Year	3. Period Start Date (mm/c	dd/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer F	ull N:	ame
2014	04/19/2014			0/2014		Melissa Norto	n	
6. Type of Commit	tee (Check One)	9. Tvp	e of Report	(c.	heck on	ly one type of rep	ort fr	om one category)
Candidate Camp		Municip			State/C			Referendum
PAC	Referendum		Organizational			Organizational		Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day	<i>,</i>	•	Quarterly		Pre-referendum
Legal Expense F		_						
7. Type of Fund	(if applicable, check one)		Pre-primary			First		Final
"Booster Fund"			Pre-election			Second		Supplemental Final
Building Fund			Pre-runoff Semi-annual		H	Third		Annual
			Mid Year		Ш,	Fourth Semi-annual		Special
Other:		lH .	Year End		\Box	Mid Year		10. Special Report Name
			Final		П	Year End	822	
8. Number of Fund	raisers this Report		Special		X	Final		
						Special	ļ	
11. Account Inform				11. Ac	count l	Information		
a. Financial Institution	Full Name			a. Finar	ncial Inst	itution Full Name		THE PROPERTY AND LOCAL CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS
BB&T b. Purpose	c. Account Code			h Dawn				- A
o. r ur pose	C. Account Code			b. Purp	ose			c. Account Code
	1							
	d. Period Begin Balance	e						d. Period Begin Balance
	\$ 0							\$
CERTIFICATION					-			
I certify that the Con	nmittee or Fund is in compli	iance wit	h all applica	ble prov	visions o	of Article 22A, 22	2B, &	22D-22M of Chapter 163 of
the NC General Stati	utes and that no funds are co	ommingle	ed with proh	ibited o	r other i	non-disclosed fun	ds. I f	further certify that this report
is complete, true and	correct and that I have been	n trained	by the NC S	tate B6			(July 10,2014
- MEC	Printed Name of Signer		e;	onature o	(SS a	ted Treasurer		Date 10, 2014
FOR OFFICE USE O			21	Snature 0	Appoint) .		vale
Date Received:	IN-PERSON		Employee:	1	RM	06/	<u>De</u>	livery Method Normal Mail
Date Postmarke	d: <u>JUL 1 0 2014</u>		Employee:		- Marine			Registered Mail Hand Delivered
								Electronically Filed
Date Scanned:	DURHAM BOL		Employee:		***************************************	W-woodhilder		Signer has not received mandatory training

Amendment

CRO-1000

custodian of books information, or account information.

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

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of			. ID Number
Sendolo for Schools	TINO			110111111111111111111111111111111111111
		'	Total this	Total this
Start of Election Cycle: January 1, 2014	-	Re	porting Period	Election Cycle
4) Cash on Hand at Start		\$ 4	,097.88	\$
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	65.00	\$1,383.99
6) Contributions from Individuals	(CRO-1210)	\$ [,047.20	\$ 6,812-49
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$ 2,500
9) Loan Proceeds	(CRO-1410)	\$		\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$		\$
11) Other Receipt Sources	· · · · · · · · · · · · · · · · · · ·		10	7.00-20
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)	\$		\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1,	212.20	\$10,696.48
EXPENDITURES		Atti		
13) Disbursements	~			
13a) Operating Expenditures	(CRO-1310)	\$ 5	,007.73	\$8,059.04
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)	\$	175.15	\$ 1,219.59
17) In-Kind Contributions	(CRO-1510)	\$ 13	77.20	\$1,417.49
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	<u> </u>	5,310.08	\$10,696.48
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	0	\$ 0
ADDITIONAL INFORMATION				
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)	\$		100
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		Andreas (Control of the Control of t
24) Account Transfers Within the Committee	(CRO-1720)	\$		The state of the s
25) Administrative Support	(CRO-1710)	\$		\$
26) Forgiven Loans	(CRO-1440)	\$		\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$
	(CRO-1215)	\$		\$
CRO-1100 NC State Boar	d of Elections			August 2008

Aggregated Contributions from Individuals

Page

of <u>1</u>

1

Yes 🛛

Amendment

No

Optional form used to report NC Contributions From Individuals of \$50 or less

		ame (and Fund	d if applicable)		2.11	D Number
Sendo	olo for Schools					
3 Con	tributor Infor	mation				
		b. Account	E 45	d. In-Kind	e. Date	
a. Amen		Code	c. Form of Payment	Description	(mm/dd/yyyy)	f. Amount
<u> </u>	Add	_	cash		04/20/2014	\$ 15
<u> </u>	Remove Add					
 	Remove	-	check		04/20/2014	\$ 25
Ħ	Add					
	Remove		credit		04/24/2014	\$ 25
	Add		credit		04/27/2014	\$ 25
	Remove		credit		04/27/2014	\$ 25
<u>Ц</u>	Add	_	credit		05/02/2014	\$ 40
<u> </u>	Remove				03/02/2011	V 10
 	Add Remove	\dashv	credit		04/27/2014	\$ 25
ឣ	Add					
<u> </u>	Remove		credit		04/29/2014	\$ 10
Ħ	Add					
Ī	Remove					\$
	Add					Φ.
	Remove					\$
	Add					\$
	Remove					Ψ
	Add					\$
	Remove Add					
 	Remove					\$
H	Add					
Ĭ	Remove					\$
	Add					Φ.
	Remove					\$
	Add					\$
	Remove					Φ
<u> </u>	Add					\$
片	Remove Add					-
片	Remove	-				\$
H	Add					
	Remove					\$
	Add					Φ
	Remove					\$
<u> </u>	Add					\$
	Remove					Ψ
	Add	-				\$
\dashv	Add					
H	Remove					\$
4. Tot	tal only this	Раде	<u> </u>	<u> </u>	\$	165.00
	****		2.000		Φ	103.00
	tal of ALL C				\$	165.00
(This l	une must be on lin	e 5 of Detailed Sur	nmary Page CRO-1100)			

		m Individuals ividual contributions o	over \$5(Pg O or contributions und			Amendment Ves Tot used	t No
		(and Fund if applical				2. ID Nu		
	for Schools							
	ibutor Informatio				emove			
	me, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	ıts	
Alexande	city, state, & zip) er McCov			Director				ļ
500 Popla	•			c. Employer's Name/S	pecific Field	+		ļ
-	e, NC 28202			Action NC	<u> </u>			
						e. Election	Sum to Date	
	T	T	1			\$	100.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			04/24/20	014	\$	100.00
							\$	
							\$	ĺ
3. Contri	ibutor Informatio	n n		Add 🔲 Re	emove	T		
	ne, Mailing Address &		- Marin	b. Job Title/Profession		d. Commen	nts	
	city, state, & zip)			self-employed				
Charlene						-		I
1307 Man	•			c. Employer's Name/S	pecific Field	-		
Durnam, i	NC 27701			self		e Flection	Sum to Date	
								-
A						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		check			04/24/20	014	\$	50.00
							\$	
	1						\$	
3. Contri	ibutor Informatio	on	Т	Add 🗍 Re	emove			
	ne, Mailing Address &		- tunit	b. Job Title/Profession		d. Commen	ots	
(include o	city, state, & zip)			Field Manager				
Evelyn Ly	•			1				
	rnegie Ave			c. Employer's Name/Sp		_		
East Point	it, GA 30344			Young Survival Co	balition	a Clastion	Sum to Date	
					:			
	7		,			\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy)	уу)	k. Amount	
	1	credit			04/23/20	314	\$	50.00
							\$	
							\$	
4. Total	l only this Page	e				\$		200.00

CRO-1210

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1,047.20

\$

Contributions from Individuals

				' Killic	uament		
Pg	2	of	6_		Yes	\boxtimes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	
Sendolo 1	for Schools							;
3. Contri	ibutor Informati	o n		Add 🗌 Rer	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Consultant				
Garrett D								
	ranklin St			c. Employer's Name/Sp	ecific Field			
Chapel H	lill, NC 27514			Self-Employed				
						e. Election S	Sum to Date	
						\$	125.00	
f. Prior	g. Account Code	h. Form of Payment	i In W	kind Description	: Data (mm/dd/nu	l	k. Amount	
<u></u>	g. Account Code	credit	1, 111-19	and Description	j. Date (mm/dd/yy		\$	50.00
		Credit			04/20/20		•	30.00
Ш							\$	
							\$	
3. Contri	ibutor Informatio	on		Add 🔲 Ren	nove		9.1	
a. Full Nan	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Org Dev Specialist				
Cynthia E								
1920 Wai				c. Employer's Name/Sp	ecific Field			
Durham,	NC 27707			Conservation Fund				
						e. Election S	Sum to Date	
						\$	495.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		credit			04/24/20	014	\$	120.00
						1	\$	
							\$	
3. Contri	butor Informatio	on		Add Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone	<u> </u>	b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			educatior			·	
Tema Ok	un							
Rigsbee				c. Employer's Name/Sp	ecific Field			
Durham,	NC 27701			Self-Employed				
						e. Election S	um to Date	
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		creditcard			04/24/20	014	\$	50.00
							\$	
							\$	
4. Total	only this Pag	e	1,20,0			\$		220.00
	of ALL CRO					\$		1,047.20
(This line	e must be on line 6 of .	Detailed Summary Page C	RO-1100)		XX 44			· ·

Contributions from Individuals

				Ame	ndment	
Pg	3	of	6_		Yes 🔀	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	iittee Full Name ((and Fund if applical	ble)			2. ID Nu	mber	
Sendolo 1	for Schools							
3. Contri	ibutor Informatio	on		Add 🔲 Rei	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Consultant				
Suzanne								
4041 N F	-			c. Employer's Name/Sp	pecific Field			
Colombu	s, OH 43214			Self-Employed		E) .: .	C . D .	
						e. Election	Sum to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		credit			04/24/2	014	\$	75.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rei	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Operations Manage	er			
Patricia A	Adams							
	den Lane.			c. Employer's Name/Sp	pecific Field			
Durham,	NC 27703			SAF				
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	L Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		credit			04/24/2	014	\$	75.00
							\$	
							\$	
3. Contri	ibutor Informatio	on .		Add 🔲 Rei	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Student				
Courtney						-		
1509 S L Ft. Worth				c. Employer's Name/Sp	· · · · · · · · · · · · · · · · · · ·	-		
rt. worti	I, 1 A			Texas Christian Ur	nversny	a Flaction	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	j. Date (mm/dd/yy	<u> </u>	k. Amount	
		creditcard			04/24/2		\$	100.00
							\$	
				, and there			\$	
4. Tota	only this Pag	e				\$		250.00
	of ALL CRO					\$		1,047.20
(This line	e must be on line 6 of	Detailed Summary Page C	RO-1100)				

Con

					Amen	dment		
tributions from Individuals	Pg	4	of	6_		Yes	\boxtimes	No
nis form to report individual contributions over \$50 or contribution	ns under	\$50 if for	rm CRO 1	205 is n	ot used			
	20,000,000							

Use this f	form to report ind	ividual contributions of	o <u>ver \$50</u>	or contributions un	der \$50 if form CR	O 1205 is n	ot used	
1. Comm	ittee Full Name	(and Fund if applica	ble)		Harris III	2. ID Nur	mber	
Sendolo f	for Schools							I
a. Full Nan	ibutor Information me, Mailing Address & zin)			b. Job Title/Profession		d. Commen	its	
(include Laurie Fo	city, state, & zip)			Physicians Assista	ant			,
1408 Ala	ıbama Ave			c. Employer's Name/S		-		}
Durham,	NC 27705			Piedmont Health	Services	**** - 42 nm (D.4.	
						e. Election S	Sum to Date 50.00	
f. Prior	Ta Account Code	h Form of Doymant	T: In L	2 - 4 December 100	: Pata (mm/dd/m			
1. 1101	g. Account Code	h. Form of Payment credit	l. 111-1X	Kind Description	j. Date (mm/dd/yy) 04/24/20	• • • • • • • • • • • • • • • • • • • •	k. Amount	50.00
	, , , , , , , , , , , , , , , , , , , ,			MAG. 4. 4. 4.	¥		\$	
			-				\$	
Contr	 ibutor Information	~ 1		Add □ Re	emove			I a sagas a sagas
	me, Mailing Address &			b. Job Title/Profession		d. Commen	ıts	A. A
(include	city, state, & zip)			retired teacher			<u></u>	
Eddie Da			1	To -1	~	4		
405 Stinh Durham,	nurst Dr. NC 27713		İ	c. Employer's Name/S DPS	pecific Field	-		
<i>-</i>	102.712		I		ı	e. Election S	Sum to Date	
			l		l	\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		check			04/24/20	014	\$	50.00
				AND			\$	
							\$	
3. Contri	ibutor Informatic	on		Add 🔲 Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	a	d. Commen	ts	
(include of Miriam B	city, state, & zip) Rrodersen			LCSW	,			
302 Gresh				c. Employer's Name/S	Specific Field	•		
	NC 27704		ļ	Self employed	President			
			1		!	e. Election S	Sum to Date	
					•	\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		credit			04/25/20)14	\$	50.00
							\$	
							\$	
4. Total	l only this Page	e				\$		150.00
	of ALL CRO	1-1210 Pages Detailed Summary Page C.		259		\$		1,047.20
(1700 11710	musi ve on une o oj :	Detailed Summary Fuge C	KU-1100)					

		m Individuals ividual contributions of	over \$50	P _i) or contributions un		<u>6_</u> O 1205 is n	Amendment Yes	t No
		(and Fund if applica			uer pas ir ionii er	2. ID Nur		j
Sendolo	for Schools							
3. Contr	ibutor Informati	o n		Add 🔲 R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
	city, state, & zip)			Program Co-Direct	ctor			
Vanessa								
2355 Hug	~			c. Employer's Name/S		_		
Oakiana,	CA 94601			Causa Justa/ Just	Cause	a Flaction 9	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		credit			05/03/2	014	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🔲 Re	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts	<u> </u>
	city, state, & zip)			Investment Assoc	iate			
Kristen C						-		
907 Gree				c. Employer's Name/S	Specific Field	-		
Durnam,	NC 27703			Self-Help		a Floation 6	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
		check			05/05/2	014	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🗌 Re	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts	
(include	city, state, & zip)			Organizer		food and		

food/ Bruggers \$ bev/ Kerr \$		tiz 1organ St NC 27613			. Employer's Name. Action NC	Specific Field	beverag volunte	eers	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount food/ Int. Deli \$ food/ Bruggers \$ bev/ Kerr \$ 4. Total only this Page \$								n Sum to Date	
☐ food/ Bruggers \$ ☐ bev/ Kerr \$ 4. Total only this Page \$	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind	Description	j. Date (mm/do		k. Amoui	nt
bev/ Kerr \$ 4. Total only this Page \$				food/ In	nt. Deli			\$	36.59
4. Total only this Page \$				food/ B	ruggers			\$	31.18
				bev/ Ke	err			\$	22.21
5. Total of ALL CRO-1210 Pages	4. Tota	l only this Pag	e				\$		100.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)				RO-1100)			\$		1,047.20

Contributions from Individuals

				Amen	dment		
Pg	_6	of	6_		Yes	\boxtimes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name ((and Fund if applical	ble)	earth a chairm		2. ID Nun	iber
Sendolo 1	for Schools						
3. Contri	ibutor Informatio	on	П	Add 🔲 Re	move		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	l	d. Comment	S
	city, state, & zip)			Organizer		food for	
Jason Ort						volunteers	S
804 W M	•			c. Employer's Name/S	pecific Field		
Kaleign,	NC 27613			Action NC		e. Election S	um to Data
							uni to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
			food	l/WholeFoods			\$ 37.22
							\$
							\$
3. Contri	ibutor Informatio	on		Add 🔲 Re	move		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	J	d. Comment	S
(include	city, state, & zip)						
				c. Employer's Name/S _l	pecific 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)	yy)	k. Amount
							\$
							\$
							\$
3. Contri	butor Informatio	J n	П	Add Re	move		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S L
(include	city, state, & zip)						
				Mark .			
				c. Employer's Name/Sp	pecific 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	yy)	k. Amount
							\$
							\$
							\$
4. Total	only this Pag	e			110000000000000000000000000000000000000	\$	37.22
10.77	of ALL CRO			ar all		\$	1,047.20
(I his line	? must be on line 6 of ,	Detailed Summary Page C	RO-1100)			

Disbursements	Dis	bu	rsem	ents
----------------------	-----	----	------	------

No

 \boxtimes

	ull Name (and Fun	d if applicable)			2. ID Number
Sendolo for Sch			TO 1440 6		
3. Type of Disb			RO-1310 forms for each t		
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform		L	Add	Remove	Y
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					yard signs
Capitol Promoti	ons				
PO Box 231			c. Level Registered (Specify)		
Glenside, PA 19	0038		Federal	County:	
800-884-3024			State	Municipality:	e. Election Sum to Date
					4 4 4 4 4 4 4 4
					\$ 1,100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	О	04/22/2014	\$395.00	
				\$	
4. Payee Inform		Ц	Add	Remove	, , , , , , , , , , , , , , , , , , ,
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					postage &
Universal Printi	ng				printing for
2410 Highway	54 East		c. Level Registered (Specify)		1 st mailer
Durham, NC 27	713		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				with the party.	C. Excellen Sum to Date
					\$ 3,952.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Witecount Cour	g. r or in or r uyment		i. Date (min/dd/yyyy)	J. Amount	
1	debit card	I	04/21/2014	\$1,011.17	postage
1	debit card	В	04/21/2014	\$964.54	printing
4. Payee Inform	ation		Add	Remove	
			b. Coordinated Committee Na		
· ·	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					postage &
Universal Printi	0				printing for
2410 Highway	54 East		c. Level Registered (Specify)		2 nd mailer
Durham, NC 27	713		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3,952.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	g. r or m v. r u y mone		ii Date (min/da/yyyy)	J. Amount	
1	debit card	I	04/24/2014	\$1,011.17	postage
1	debit card	В	04/24/2014	\$965.13	printing
]	
5. Total only thi				-	\$ 4,347.01
	CRO-1310 Pages				\$ 5,007.73
			if Operating Expenses)		# 2,00 / 1 / 2
) if Contrib to Candidates/Politic		•
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100) if Coordinated Party Expenditu	res)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund	1	D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund
O* - Other			1	2 20	
* Codes require	e detailed explanati	on in required re	marks field (k)		

Disbursement	DIS	men	ients
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No

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1. Committee F Sendolo for Sch	ull Name (and Fun	d if applicable)			2. ID Number
3. Type of Disb	COLUMN TO SERVICE DE LA COLUMN	ise use senarate C	RO-1310 forms for each t	one of Dishuesem	
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform		П	Add -	Remove	
	ng Address & Phone	-	b. Coordinated Committee Na		d. Comments
(include city, state,	-				social media
Facebook					boosts
156 University	Ave		c. Level Registered (Specify)		
Palo Alto, CA 9	94301		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 444.42
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	О	04/24/2014	\$250.45	
1	debit card	О	05/01/2014	\$44.58	
4. Payee Inform	ation		Add		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				social media
Facebook					boosts
156 University			c. Level Registered (Specify)		
Palo Alto, CA 9	4301		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 444.42
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	О	05/01/2014	\$11.26	
1	debit card	О	06/01/2014	\$46.95	
4. Payee Inform	ation	Ω	Add 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				Printing
FexEx					
610 9 th St			c. Level Registered (Specify)		
Durham, NC 27	705		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 84.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	В	04/28/2014	\$12.27	
1	debit	В	05/02/2014	\$42.81	
5. Total only th	is Page			,	\$ 408.32
	CRO-1310 Pages				
			0 if Operating Expenses)		_
		-	0 if Contrib to Candidates/Politic		\$5,007.73
			0 if Coordinated Party Expenditu	res)	
A* - Media	es (List detailed ex		And the second control of the second control		
E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anothe	r Candidate Public Office Expenses
I - Postage	J - Penalties		ce Expenses		rubiic Office Expenses 1 to Legal Expense Fund
O* - Other		2 40/2 W 47 2 479 - 200 400 400 200 400 W		2 22	
* Codes requir	e detailed explanati	on in required re	emarks field (k)	and the second second	

D	• -	۱.						4
IJ	IS	D	u	rs	se	m	en	TS.

No

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	ull Name (and Fun	d if applicable)					2. ID Number	
Sendolo for Sch	ools							
3. Type of Disb				-1310 forms for e				100
Operating E		Contributions to Car		tes/Political Committe	ees	_	ordinated Party Expenditures	
4. Payee Inform	ation	\Box	_	dd		Remove		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Commi	ttee Na	ıme	d. Comments	
(include city, state,							Voter data	
	n Network (VAN)							
48 Grove Street	,		c.	Level Registered (Spe	ecify)			
Somerville, MA	. 02144		╽╘	Federal	Ц	County:		
			L	State		Municipality:	e. Election Sum to Date	
							\$ 617.60	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	/)	j. Amount	k. Required Remarks	
1	debit card	О		04/28/2014		\$33.60		
1	debit card	О		4/30/2014		\$84.00		
4. Payee Inform	ation	П	A	dd	П	Remove		
······································	ng Address & Phone		(Coordinated Commi	ttee Na		d. Comments	2000
(include city, state,	-						food for	
Brugger's Bagle							canvassers	
626 9 th Street			c.	Level Registered (Spe	ecify)		and campaign	
Durham, NC 27	705		厂	Federal	$\overline{\Box}$	County:	volunteers	
,				State	П	Municipality:	e. Election Sum to Date	_
							\$ 42.22	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	·)	j. Amount	k. Required Remarks	_
1	debit card	0		05/03/2014		\$17.63		
						\$		_
4. Payee Inform	ation		A	đđ	П	Remove		
	ng Address & Phone		b.	Coordinated Commi	ttee Na	ıme	d. Comments	
(include city, state,					-		food for	
Brugger's Bagel	S						canvassers	
626 9 th Street			c.	Level Registered (Spe	ecify)		and campaign	
Durham, NC 27	705			Federal		County:	volunteers	
				State		Municipality:	e. Election Sum to Date	
							\$ 42.22	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	······································	j. Amount	k. Required Remarks	
1	debit card	В		05/04/2014		\$24.59		
						\$		
5. Total only th	s Page		L		r.====================================	J	\$ 159.82	
	CRO-1310 Pages						V 100.02	_
	line 13a of Detailed Sun	mary Page CRO-1100) if (Operating Expenses)				
	line 13b of Detailed Sun			_	Politic	al Comm)		
	line 13c of Detailed Sun						\$5,007.73	
	es (List detailed ex					and the second of the Asset for		
A* - Media	B* - Printing	C* - Func	Irais	sing		D - To Anothe	er Candidate	كتد
E - Salaries	F* - Equipment	G - Politic		•		H* - Holding	Public Office Expenses	
I - Postage	J - Penalties	K* - Offic	e E	xpenses		Q* - Donation	n to Legal Expense Fund	
O* - Other * Codes requir	e detailed explanat	on in required w		rks field (k)	, istop	The Park of the Pa		ğ,
~~~~	vapiniiiii	···· in iviguit vu it	, and al	A INC LIVEN (III)		: 2,048,000,000,000,000,000,000,000		

<b>Disbursements</b>
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Sendolo for Sch	uii Name (and Fun iools	а и аррисавие)			2. ID Number			
3. Type of Disb	ursement <u>(Plea</u>	se use separate C	CRO-1310 forms for each type of Disbursement.)					
Operating E	xpenses	Contributions to Can	ndidates/Political Committees		ordinated Party Expenditures			
4. Payee Inform	nation		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,					fees for			
Democracy Eng	•				transfer of			
2125 14Th Stree	et, NW		c. Level Registered (Specify)		online donation			
Suite 101 West			Federal	County:	to bank account			
Washington DC	20009		State	Municipality:	e. Election Sum to Date			
			•		\$ 211.42			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	debit card	О	04/23/2014	\$16.01				
1	debit card	О	04/30/2014	\$28.04				
4. Payee Inform	ation		Add 🔲					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments			
(include city, state,		· · · · · · · · · · · · · · · · · · ·			fees for			
Democracy Eng					transfer of			
2125 14Th Stree	et, NW		c. Level Registered (Specify)		online donation			
Suite 101 West			Federal	County:	to bank account			
Washington DC	2000		State	Municipality:	e. Election Sum to Date			
				\$ 211.42				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	debit card	О	05/07/2014	\$4.90				
1	debit card	О	05/14/2014	\$2.07				
4. Payee Inform	ation		Add	Remove				
a. Fuli Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments			
(include city, state,	& zip)				Google Apps			
Google								
			c. Level Registered (Specify)					
			Federal	County:	79 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			
			State	Municipality:	e. Election Sum to Date			
					\$ 32.17			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	debit card	O	05/01/2014	\$10.50				
1	debit card	0	06/01/2014	\$9.67				
5. Total only thi					\$ 71.19			
	CRO-1310 Pages							
	line 13a of Detailed Sum							
			) if Contrib to Candidates/Politice		\$ 5,007.73			
			) if Coordinated Party Expenditu	res)	<b>ロンノリング・イン</b>			
A* - Media	es (List detailed exp B* - Printing	enamure code in ( C* - Fund		D To Amortic	w Condidate			
E - Salaries	F* - Equipment	G - Politic		D - To Anothe	r Candidate  Public Office Expenses			
I - Postage	J - Penalties		e Expenses		to Legal Expense Fund			
O* - Other					endered a state of the state of			
* Codes require	e detailed explanati	on in required re	marks field (k)					

Yes

Amendment

No

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1. Committee F Sendolo for Sch	'ull Name (and Fun	d if applicable)			2. ID Number
3. Type of Disb			TDO 1210 C		
Operating E			CRO-1310 forms for each to ndidates/Political Committees		ent.) ordinated Party Expenditures
4. Payee Inform		Contributions to Cal	Add	Remove	ordinated Party Expenditures
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
	-		b. Coordinated Committee Na	ame	
(include city, state, Chubby's	& zip)		-		food for poll workers
748 9 th Street			a Level Desistand (Smarify)		Workers
Durham, NC 27	705		c. Level Registered (Specify)	County:	-
Dumain, NC 27	103			,	Flacing Contact Date
			State	Municipality:	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
1. Account Code	g. 1 or in or 1 ayınıcını	av a pose code	1. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
1	debit card	O .	04/23/2014	\$17.39	
					PROFESSION - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -
				\$	
4. Payee Inform	ation		Add 🗍	Remove	 
		ه اسا	b. Coordinated Committee Na		d. Comments
(include city, state,	ng Address & Phone		b. Coordinated Constantee Na	ime	account fees
BB&T	& zip)		_		account rees
505 S Duke St			c. Level Registered (Specify)		-
Durham, NC 27	705		Federal	Country	-
Dumain, NC 27	703			County:	Floriba Com 4 Date
			State	Municipality:	e. Election Sum to Date
					\$ 40.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	O	05/21/2014	\$4.00	service charge
1	debit card	U	03/21/2014	\$4.00	
				]	•
				L	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
£ 4. C. 1	r en	h Bunnaga Cada		T	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				-	
				\$	
5. Total only th	ic Page			]	\$ 57.30
	CRO-1310 Pages				\$ 57.39
	line 13a of Detailed Sun	mary Page CRO_110	() if Onerating Evnences)		4
			o if Operating Expenses) O if Contrib to Candidates/Politic	al Commi	-
			o if Contrib to Canataates/Politic O if Coordinated Party Expenditu		#5,007.73
***	es (List detailed ex			rea <i>j</i>	
A* - Media	B* - Printing	C* - Fund		<b>D</b> - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other		381791 <u>2</u> - 1773 (1980)			
~ Codes requir	e detailed explanati	on in required re	emarks field (k)		

Amendment **Refunds/Reimbursements From the Committee**  $\boxtimes$ No of Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full	Name (and Fi	and if applicable)				2.	ID Number	
Sendolo for Schools								
3. Payee Information	Contract to the second		Add [	Remove		T	N:: 18 : 18	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			a. 1yr	Candidate	PAC	B. C	Original Receipt Date	
Jason Ortiz	LIP)		ᅱ片	Referendum Party			04/20/14	
804 W Morgan St			e. Lev	e. Level Registered (Specify)			Priginal Receipt Amount	
Raleigh, NC 27609				Federal	County:	\$ 36.59		
			State Municipality:  f. Purpose Code				j. Election Sum to Date	
			Р	<u> </u>	\$ 386.91			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments			k. Account Code	
Organizer		Action NC	Interna	ational Delights				
l. Form of Payment	m. Required I	LRemarks			n. Date (mm/dd/yy	<u>L</u>	o. Amount	
check	reimbursement	for food for volunteers				\$ 36.59		
3. Payee Information		i A	Add	Remove				
a. Full Name, Mailing A				pe of Committee		h (	Original Bassint Data	
(include city, state, &			d. 1yp	Candidate	PAC	11. (	Original Receipt Date	
Jason Ortiz	<u> </u>		$\dashv \exists$	Referendum	Party		04/20/14	
804 W Morgan St			e. Lev	el Registered (Specify		i. Original Receipt Amount		
Raleigh, NC 27609				Federal	County:		<u> </u>	
				State Municipality:		\$ 31.18		
			f. Pur	pose Code		j. Election Sum to D		
						\$ 386.91		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Cor	nments	k. Account Code			
organizer Action NC		Action NC	Brugg	Brugger's Bagels				
1. Form of Payment	m. Required I				n. Date (mm/dd/yy	yy)	o. Amount	
check	reimbursemen	t for food for volunteers					\$ 31.18	
3. Payee Information Add Remove								
a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date						Original Receipt Date		
(include city, state, & zip)				Candidate PAC				
Jason Ortiz				Referendum	Party	04/27/14		
804 W Morgan St			e. Lev	e. Level Registered (Specify)		i. Original Receipt Amount		
Raleigh, NC 27609		님	Federal State	County: Municipality:	\$	22.21		
			f. Pur	f. Purpose Code		j. Election Sum to Date		
		Р	P			\$ 386.91		
b. Job Title/Profession c. Employer's Name/Specific F		c. Employer's Name/Specific Field	g. Comments			k. Account Code		
organizer								
I. Form of Payment	m. Required F	Remarks	n. Date (mm/dd/		n. Date (mm/dd/vy	yyy) o. Amount		
check beverages for volunteers				( , , , ,		\$ 22.21		
4. Total only this Page \$ 87.98								
5. Total of ALL CR	O-1320 Page	s (This line must be on line 16 of Detaile	d Summar	y Page CRO-1100)			175.15	
L - Returned to Contrib	utor	M - Overpayment for Service			Contribution Limit	- Constant		
P* - Reimbursement o * Codes require detailed		O* Other required remarks field (m)						

Amendment

Refunds/Reimbursements from the Committee	Pg	2	of	2	Yes 🔀	No
Use this form to report refunds/reimbursements, including contributions returned	ed to the	contrib	utor.			
			Y 1		TEN NE T	90000

Add	1. Committee Full Name (and Fund if applicable)					2. 1	D Number			
A. Type of Committee	Sendolo for Schools									
A. Type of Committee								<u> </u>	_	
Gended city, state, & app	A STATE OF THE STA				•			T		
Referendent   Party				d. Typ		$\overline{}$	DAG.	<u> </u>		
Releigh NC 27609    Care		zip)		┦∦					04/27/14	
Federal   County   S 37-22				e lev		ecify		i O	triginal Receipt Amount	
State   Municipality:   Station Sum to Date	č							ii Original Receipt / Risount		
P   S 3869    D. Job TitleProfession	1			ΙĦ				\$	37.22	
S 3869    Do Dittle Profession   C. Employer's Name/Specific Field   G. Comments   G. Co				f. Pur	pose Code	j. E	lection Sum to Date			
D. Job Title/Profession   C. Employer's Name/Specific Field   Q. Comments   C. Employer's Name/Specific Field   Q. Comments   D. Job Title/Profession   C. Employer's Name/Specific Field   Q. Comments   D. Job Title/Profession   C. Employer's Name/Specific Field   D. Job Title/Profession   D. J				P		·	294.01			
Organizer   Action NC   Whole Foods						J.	300.91			
Form of Payment   m. Required Remarks   n. Date (mm/dd/yyyy)   o. Amount	b. Job Title/Profession	·	c. Employer's Name/Specific Field	g. Cor	nments		PAC Party  i. Original Receipt Am County: Municipality:  j. Election Sum to Date \$ 386.91  k. Account Code  n. Date (mm/dd/yyyy)  i. Original Receipt Da PAC Party  y)  i. Original Receipt Am County: Municipality:  j. Election Sum to Date  \$ k. Account Code  n. Date (mm/dd/yyyy)  i. Original Receipt Am County: S k. Account Code  h. Original Receipt Da PAC Party  j. Election Sum to Date  \$ k. Account Code  h. Original Receipt Da PAC Party  j. Election Sum to Date  \$ k. Account Code  n. Date (mm/dd/yyyy)  i. Original Receipt Am County: Municipality:  j. Election Sum to Date  \$ k. Account Code  n. Date (mm/dd/yyyy)  o. Amount  \$ y 7. 9 5			
Add   Remove   Refused Committee   Refused C	Organizer		Action NC	Whole	Foods					
Add   Remove   Refused Committee   Refused C		[					,	<u> </u>	T	
3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)    Candidate   PAC   3/20/2014     Candidate   PAC   3/20/2014     Referendum   PAT   4/20/2014     Referendum   PAT   4/20/2014     State   Municipality   5     Sub   Municipality   5     Furpose Code   J. Election Sum to Date     Form of Payment   m. Required Remarks   n. Date (mm/dd/yyyy)   o. Amount     Sub   Add   Remove   A Furpose Code   A Furpose Code     Furpose Code   A Furpose Code   A Furpose Code     Referendum   PAT   A Furpose Code							n. Date (mm/dd/yy	/dd/yyyy) 6. Amount		
a. Full Name, Mailing Address & Phone (include city, state, & zip)    Candidate   PAC   3/20/20   4     MeMSSN NDAO	спеск	reimbursemeni	t for food for volunteers				03/29/2014	\$ 37.22		
a. Full Name, Mailing Address & Phone (include city, state, & zip)   Candidate   PAC   Berlemond   Parry   3   2   2   0   4	3. Payee Informatio	n	□ A	dd [	Remove		·			
Candidate   PAC   Beferendum   Party   Barry					oe of Committee			h. C	Original Receipt Date	
Referendent   Security   Securi	(include city, state, & a	zip)					PAC	<del> </del>		
Federal   County:   S SO   State   Municipality:   S SO   I. Election Sum to Date   S   State   Municipality:   S SO   I. Election Sum to Date   S   State   State   Municipality:   S SO   I. Election Sum to Date   S   So   State	10 A . 1 ACC .	10000		$\neg  \overline{\Box}$	Referendum		Party	1	5/20/2014	
State   Municipality:   Substitution   State   Municipality:   Substitution   S				e. Lev	e. Level Registered (Specify)			i. Original Receipt Amount		
State   Municipality:							County:	County: \$ 50		
Purpose Code     Election Sum to Date	Duchan	I, NL	27701				Municipality:			
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code    Campaign   Control   DDI (formar)	200	,		f. Pur	f. Purpose Code			J. Election Sum to Date		
L. Form of Payment   m. Required Remarks   n. Date (mm/dd/yyyy)   o. Amount								\$		
Form of Payment   m. Required Remarks   n. Date (mm/dd/yyyy)   o. Amount	b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments			k. Account Code			
Carpard Contribution   Cefund   S 47.95	menplose a	d.	DDI (formar)							
3. Payee Information	1. Form of Payment	m. Required I	Remarks	L			n. Date (mm/dd/yy	yy)	o. Amount	
3. Payee Information	cash.	cange	patyn contribution	7 re	fund.				\$ 47.95	
A. Full Name, Mailing Address & Phone (include city, state, & zip)    Candidate   PAC   Referendum   Party	3. Payee Informatio				Remove		<u> </u>		Service Services	
Candidate   PAC   Referendum   Party   C. Level Registered (Specify)   i. Original Receipt Amount   Federal   County: State   Municipality:   j. Election Sum to Date   P   S				d. Typ	oe of Committee			h. C	Original Receipt Date	
C. Level Registered (Specify)   i. Original Receipt Amount   Federal   County:   State   Municipality:   State   Municipality:   F. Purpose Code   J. Election Sum to Date   P   S	(include city, state, & 2	zip)					PAC			
Federal   County: State   Municipality:   Furpose Code   Furpose					Referendum		Party			
State   Municipality:   State   Municipality:   State   Municipality:   State   Municipality:   State   Municipality:   State   Propose Code   Properties   State   Propose Code   Properties   State   Propose Code   Properties   State   Properties   State   Properties   State   Properties   State   Municipality:   State   Municipality:   State   Municipality:   State   Municipality:   State   Municipality:   State   Municipality:   State   Properties   State   Municipality:   State   Municipality:   State   Municipality:   State   Model of the Code   Properties   State   Municipality:   State   Mun				e. Lev	el Registered (Sp	ecify		i. O	riginal Receipt Amount	
State Municipality:  f. Purpose Code  P  S  b. Job Title/Profession  c. Employer's Name/Specific Field  g. Comments  k. Account Code  1. Form of Payment  m. Required Remarks  n. Date (mm/dd/yyyy)  s  4. Total only this Page  S  4. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)  L - Returned to Contributor  P* - Reimbursement of In-Kind  O* Other						님		\$		
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code  1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount  4. Total only this Page 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)  L - Returned to Contributor M - Overpayment for Service O* Other							Municipality:			
b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code  I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount  \$ 4. Total only this Page  5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)  L - Returned to Contributor P* - Reimbursement of In-Kind O* Other  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				<del></del>			J. Election Sum to Date			
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4. Total only this Page  5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)  L - Returned to Contributor P* - Reimbursement of In-Kind  O* Other  M - Overpayment for Service O* Other	b. Job Title/Profession c. Employer's Name/Specific Field		c. Employer's Name/Specific Field	g. Cor	g. Comments			k. Account Code		
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P* - Reimbursement of In-Kind O* Other				d Summai		*****			175-15	
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Althor Brussers Begels/food for voluntees 4/2  Nerr Drug / ber for volunteers 4/2  Contributor Information	e committee	or tuna.
Full Name, Mailing Address & Phone (include city, state, & zip)   Dason Driz   Candidate   Party   PAC   Referendum   Other Receipt Source   Description   Date (in Candidate   Party   PAC   PAC   Referendum   Other Receipt Source   Description   Descriptio	2.	. ID Number
(include city, state, & zip)  Jason Drn Z  BOY W Morsan  Fale 15 h, NC 27609  Description  Clut Delights   feed for voluntees   A/2  Werr Drns   berr for volunteers   A/2  New Brusses Begels   food for volunteers   A/2  Werr Drns   berr for volunteers   A/2  Nontributor Information   Add   Remove    Boy W Morsan   Referendum    Candidate   Party    PAC   Referendum    Candidate   Party    PAC   Referendum    Candidate   Party    PAC   Referendum    Other Receipt Source    Candidate    Party    PAC   Referendum    Other Receipt Source    Candidate    Party    PAC   Referendum    Other Receipt Source    Candidate    Party    PAC   Referendum    Other Receipt Source    Candidate    Party    PAC   Referendum    Other Receipt Source    Candidate    Party    PAC    Referendum    Other Receipt Source    Charlibutor    Candidate    Candidate    Party    PAC    Referendum    Other Receipt Source    Charlibutor    Candidate    Can		
Description  Descr	c.	. Comments
Party BOY W MOTSAN Faletsh, NC 27609  Description  Cut Delishts   feach for voluntees   A/2  Who Brusses Begels   food for voluntees   A/2  Werr Drus   berr for volunteers   A/2  Contributor Information   Add   Remove    Full Name, Mailing Address & Phone (include city, state, & zip)  Description  Description  Description  Condidate   Party   PAC   Referendum   Other Receipt Source    Contributor Information   Add   Remove    Description   Referendum   Whole Food S   food for volunteers   A/2  Contributor Information   Add   Remove    Description   Referendum   Contributor Information   Add   Remove    Description   Referendum   Condidate   Party   PAC   Referendum   Condi		food t
BOY W MOSAN PAC Pale 15 h, NC 27609  Description  Cent belights / feed for voluntees 4/2  Werr Day / ber for voluntees 4/2  Verr Day / ber for volunteers 4/2  Contributor Information  Full Name, Mailing Address & Phone (include city, state, & zip)  Description  Contributor Information  PAC Referendum Cother Receipt Source  Contributor Information  Full Name, Mailing Address & Phone (include city, state, & zip)  Contributor Information  Cother Receipt Source  Contributor Information  PAC Referendum Cother Receipt Source  Contributor Information  Contributor Informat		Sev for
Pale 15 h, NC 27609 Referendum Other Receipt Source  Description F. Date (n Other Receipt Source)  Description PAC Referendum Other Receipt Source  Description F. Date (n Other Receipt Source)  Description PAC Referendum Other Receipt Source  Description F. Date (n Other Receipt Source)  Description PAC Referendum Condidate  Description PAC Referen		volunteers
Description    Description	<u> </u>	
Description  Clut Delights   feed for voluntees   A   2  Werr Drug   ber for voluntees   A   2  Verr Drug   ber for voluntees   A   2  Verr Drug   ber for volunteers   A   2  Contributor Information   Add   Remove    B. Type of Contributor   Individual   Candidate    Party   PAC    Referendum   Other Receipt Source    Contributor Information   Add   Remove    Description   Add   Remove    Desc	-	. Election Sum to Date
Alt belights   feed for voluntees   A/2    Werr Drug   berr for volunteers   A/2    Verr Drug   berr for volunteers    Full Name, Mailing Address & Phone (include city, state, & zip)    Description   Description   Description    Full Name, Mailing Address & Phone (include city, state, & zip)    Other Receipt Source    Description   Description    Full Name, Mailing Address & Phone (include city, state, & zip)    Description   Description    Description   Description    Description   Description    Other Receipt Source    Description    Other Receipt Source    Description    Full Name, Mailing Address & Phone (include city, state, & zip)    Other Receipt Source    Other Receipt Sou		\$ 386.91
How Brusses Bagels / food for voluntees 4/2    Verr Drug / ber for volunteers 4/2   Contributor Information	nm/dd/yyyy)	g. Fair Market Amount
Here Brusses Bagels / food for voluntees 4/2    Verr Drug / ber for volunteers 4/2   Contributor Information	20/14	\$ 36.59
S. Contributor Information    Add   Remove	0/14	\$ 31,18
Full Name, Mailing Address & Phone (include city, state, & zip)    Jason Orti Z	7/14	\$ 22.21
(include city, state, & zip)    Jasen Drti Z		
Description    Candidate   Party   PAC   PAC   Referendum   Other Receipt Source	c.	Comments
Description  Contributor Information  Full Name, Mailing Address & Phone (include city, state, & zip)  Description  Description  Candidate  Party  PAC  Referendum  Other Receipt Source  Add Remove  B. Type of Contributor  Individual  Candidate  Party  PAC  Referendum  Other Receipt Source  Description  f. Date (n	٠   ٠	food for
Referendum Other Receipt Source  Description  Referendum Other Receipt Source  Description  Description  Referendum Other Receipt Source  Description  Descriptio		food for voluntees
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Whole Food 5   food for voluntees 4   7   7   7   7   7   7   7   7   7	<u> </u>	\$
Contributor Information  Full Name, Mailing Address & Phone (include city, state, & zip)  Individual  Candidate  Party  PAC  Referendum  Other Receipt Source  f. Date (n	nm/dd/yyyy)	g. Fair Market Amount
Contributor Information  Full Name, Mailing Address & Phone (include city, state, & zip)  Individual  Candidate  Party  PAC  Referendum  Other Receipt Source  Description  f. Date (n	27114	\$ 37,22
Full Name, Mailing Address & Phone (include city, state, & zip)  Individual Candidate Party PAC Referendum Other Receipt Source  Description  f. Date (n		\$
Full Name, Mailing Address & Phone (include city, state, & zip)  Individual Candidate Party PAC Referendum Other Receipt Source  Description  f. Date (n		\$
(include city, state, & zip)    Individual   Candidate   Party   PAC   Referendum   Other Receipt Source		
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	nm/dd/yyyy)	g. Fair Market Amount
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l. Total only this Page	9	\$ 127.20
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	9	\$ 127.20

- \ Amendment



### North Carolina State Board of Elections

441 N Harrington Street Raleigh, NC 27603 IN-PERSON

JUL 1 0 2014

**DURHAM BOE** 

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

Kim Westbrook Strach Executive Director

#### **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:	
Committee Name:	Sendolo for Schools Nelissa Noron
Treasurer Name:	Melissa Norton
Treasurer Address:	1102 Wall St
(include city, state, & zip)	Durham, NC 27701
Treasurer Phone:	(919) 485.9329

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7 10 14
Date Signed
Signature

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