Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Allison Gant for School Board	3 rd Quarter		
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 630.00	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 710.00	\$ 710.00
6) Contributions from Individuals	(CRO-1210)	\$ 10,685.00	\$ 11,340.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$ 0	\$
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 11,395.00	\$ 12050.00
EXPENDITURES			
13) Disbursements		0.551.00	0.771.20
13a) Operating Expenditures	(CRO-1310)	\$ 9,751.30	\$ 9,771.30
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 300.00	\$ 305.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 10,051.30	\$ 10,076.30
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ibtract line 18)	\$ 1,973.70	\$ 1,973.70
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		
21) Outstanding Loans (incl. ones from other campaignees)	gns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0
CRO 1100 NC State Board of F	Clastions		August 2008

Aggregated Contributions from Individuals

Page

<u>1</u> of

1

Amendment

Yes

No

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

	mmittee Full Na		d if applicable)			2. ID Nun	iber
Allis	on Gant for Scho	ooi Board					
3. Co	ntributor Infori	mation				: :	
a. Am	* .	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. A	mount
П	Add		1	Description			50.00
	Remove	- I	paypal		8-6-14	\$	50.00
	Add	- 1	cash		8-6-14	\$	25.00
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<u> </u>	Add	- I	paypal		9-18-14	\$	50.00
	Remove	 					
<u> </u>	Add Remove	1	check		8-18-14	\$	30.00
H	Add						
∺	Remove	- 1	cash		9-3-14	\$	
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Amendment Yes No

Contril	butions from	Individuals				g	of		Yes	No No	
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	outor Information		Ц	Add		emo	ve	d Comments	<u> </u>		
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	n, NC 27215				ry Farms						
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(This lin		Detailed Summary Page	CKO-110		Board of Ele	ection	is	<u> </u>		April 2007	

Yes 🔀

Contributions from Individuals

		n Individuals			Pg	2 of	11 1205 is no	∐ Yes	⊠ No
		vidual contributions o) or contribution	is under	r \$50 if form CRC	2. ID Nun	n used	
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Allison G	ant for School Bo	ard					_		
3. Contri	butor Informatio	n		Add 🔲	Rem	iove	<u>.</u>		
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Title/Pro			d. Comment	s	
	city, state, & zip)			Sys. Analysi	t				
Barbra Bo				c. Employer's N	ame/Sne	ecific Field			
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Durningto	II, IVC 27213			Bassey			e. Election S	Sum to Date	
							\$	60.00	
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5348 S. N				c. Employer's I		ecific Field			
Burlingto	on, NC 27215			Chandler Co	ncrete		e. Election !	Sum to Date	
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Contributions from Individuals Pg 3 of

				Amei	ndment		
Pg	_3	of	11		Yes	\boxtimes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) Allison Gant for School Board Remove Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Sales (include city, state, & zip) **Hugh Cummings** e. Employer's Name/Specific Field 1533 York Place Remnents and Textiles Burlington, NC 27215 e. Election Sum to Date 100.00 j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment i. In-Kind Description f. Prior 100.00 \$ 9-3-14 check \$ \$ Remove \Box Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Textiles (include city, state, & zip) Carl Oehmig c. Employer's Name/Specific Field 1819 Dalton Road Glen Raven Greensboro, NC 27494 e. Election Sum to Date 500.00 k. Amount h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f, Prior g. Account Code \$ 500.00 9-3-14 check 1 \$ \Box Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Office Mgr (include city, state, & zip) Jennifer Ford c. Employer's Name/Specific Field 310 Faith Drive Emerald Green Gibsonville, NC 27249 e, Election Sum to Date 100.00 k, Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment f. Prior g. Account Code \$ 100.00 9-3-14 check 1 \$ \$ 700.00 \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 10,685.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

No

Contributions from Individuals

Pg 4 of 11 Ves

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

2. ID Number 1. Committee Full Name (and Fund if applicable) Allison Gant for School Board Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Lawyer (include city, state, & zip) Dorn Pittman c. Employer's Name/Specific Field 1187 Lockshire Dr Pittman Law Firm Burlington, NC 27215 e. Election Sum to Date 100.00 k. Amount j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description g. Account Code f. Prior \$ 100.00 9-3-14 1 check \$ \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone **Textiles** (include city, state, & zip) Steve Bond c. Employer's Name/Specific Field 910 Central Ave. Culp Greensboro, NC 27215 e. Election Sum to Date 100.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description g. Account Code h. Form of Payment f. Prior \$ 100.00 9-3-14 check 1 S П \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Mteal Sales (include city, state, & zip) Mike Brothers c. Employer's Name/Specific Field 112 Victoria Lane **Brothers Metal Fabricators** Burlington, Gibsonville, NC e. Election Sum to Date 27215 150.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment f. Prior 150.00 \$ 9-3-14 1 check \$ \$ \$ 350.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 10,685.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals Pg 5 of 11 Ves No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

2. ID Number 1. Committee Full Name (and Fund if applicable) Allison Gant for School Board Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone textiles (include city, state, & zip) Harold Hill c. Employer's Name/Specific Field 2911 Forestdale Dr. Glen Raven Burlington, NC 27215 e. Election Sum to Date 250.00 k. Amount j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description g. Account Code f. Prior 250.00 \$ 9-3-14 1 check \$ \$. . Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date 0 \$ k, Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment g. Account Code f. Prior \$ \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone retired (include city, state, & zip) Steve Van Pelt c. Employer's Name/Specific Field 50 Grandview Drive N/A Graham, NC e. Election Sum to Date 250.00 \$ k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment g. Account Code f. Prior 10-1-14 \$ 250.00 check 1 \$ \$ 500.00 \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 10,685.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment Contributions from Individuals Pg

No Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) Allison Gant for School Board Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a, Full Name, Mailing Address & Phone Physcian (include city, state, & zip) Marshall Anderson c. Employer's Name/Specific Field 805 Meadowood Drive Kernodle Clinic Burlington, NC 27215 e. Election Sum to Date 100.00 k. Amount j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment i. In-Kind Description f. Prior \$ 100.00 9-10-14 1 check \$ \Box \$ Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Retiered (include city, state, & zip) Ron Lee c. Employer's Name/Specific Field 7205 Round Stone Court Gibsonville, NC 27249 N/A e. Election Sum to Date 100.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment f. Prior \$ 100.00 9-10-14 1 check \$ П \$ Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone retired (include city, state, & zip) Susie Lowe e. Employer's Name/Specific Field 519 Wildwood Lane N/A Burlington, NC 27215 e. Election Sum to Date \$ 200.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior \$ 200.00 9-10-14 check 1 \$ П \$ 400.00 \$ 4. Total only this Page

5. Total of ALL CRO-1210 Pages

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10,685.00

\$

Contributions from Individuals

Pg 7 of 11 Yes No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Add		ittee Full Name (a	and Fund if applicabl	e)					2. ID Num	iber		
1. Full Name, Mailing Address & Phone (Include city, start, & zip)						_						
Full Name, Mailing Address & Phone (include city, state, & zip) Chandler Jr.	3. Contril	hutor Informatio	<u> </u>		Add		Rei	nove				
Owner					b. Job Titl	le/Pr	ofession		d. Comment	s		
Thomas E. Chandler Jr. 2516 Pineway Drive Engiloper's Name/Specific Field Chandler Concrete Engiloper's Name/Specific Field S 100.00		, -		1								
C. Employer's Name/Specific Field C. Employer's Name/Specific									_}			
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C. Employer's Name/Specific Field Duke Automotive Election Sum to Date S 100.00					Owner							
Duke Automotive C. Election Sum to Date S 100.00					. Emple		Nomo/S	nacific Field	_			
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3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Marla Williams 2615 Amherst Dr. Burlington, Nc 27215 6. Employer's Name/Specific Field LabCorp 6. Election Sum to Date \$ 100.00 6. Prior g. Account Code h. Form of Payment check 1										\$		
S. Contributor Information Comments Co										\$		
A. Full Name, Mailing Address & Phone (include city, state, & zip)	3. Contr	ibutor Informatio	on		Add		R	emove	<u> </u>			
Marla Williams 2615 Amherst Dr. Burlington, Nc 27215					b. Job T	itle/I	rofessio	n	d. Comme	nts		
Marla Williams 2615 Amherst Dr. Burlington, Nc 27215 LabCorp					Analys	st			Ì			
C. Employer's Name/Specific Field LabCorp												
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Contributions from Individuals Use this form to report individual contributions over \$50 or contribution	Pg 15 under	 of m CR(<u>11</u> O 1205 is no	Amend D ot used	lment Yes	\boxtimes	No
1. Committee Full Name (and Fund if applicable)	is anaci		2. ID Nun	nber		-	1, 1
Allison Gant for School Board	_	 				_	

		and Fund if applicab						2. ID Nu	mber		
Allison Ga	ant for School Boa	ard									
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	e, Mailing Address &			b. Job Tit	le/Profes	sion		d. Comments			
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John Gant											
				c. Employ	er's Nan	ie/Speci	fic Field				
	en Woods			Glen Ra							
Chapei Hi	ill, NC 27516			Gion Ita			Ī	e. Election	Sum to Date		
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		t Farm of Boumont	i In K	ind Descrip		- <u>-</u>	j. Date (mm/dd/yyy	 'V)	k. Amount		
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2415 Sad	dleclub Way			c. Emplo	yer's Na	me/Spec	ific Field				
	on, NC 27215			N/A							
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	e city, state, & zip)	CC 1 Hone			e Advi						
				1							
Brian Sp				c. Emple	over's Na	me/Spe	cific Field	1			
	inton Court				d Jones			1			
Granam,	NC 27253			Da	400.00	•		e. Electio	n Sum to Date		
								\$	250.00		
		h. Form of Payment	j In.	Kind Descr	intion		j. Date (mm/dd/y	 yyy)	k. Amoun	t	
f. Prior	g. Account Code		1, 111,		F	-	9-19-		\$	250.00	
	1	check	<u> </u>				9-19 -				
									\$		
									\$		
4. Tota	al only this Pa	ge						\$_		450.00	
5. Tota	al of ALL CRO	D-1210 Pages	• • •			3 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$		10,685.0	
/This li	ing must be on line 6 o	of Detailed Summary Page	CRO-110	00)	14	*,		ł			

		n Individuals	# ###		Pg	9 of		Amendment Yes	No No
		vidual contributions o		or contributions	under	\$50 if form CR	2. ID Nun	her	·
1. Comm	ittee Full Name (and Fund if applicat	ole)				2. 10 1441	ibei	
Allison G	ant for School Bo	ard						<u>.</u>	
3. Contri	butor Informatio	n		Add 🔲	Rem	ove			
a. Full Nan	ie, Mailing Address &	Phone		b. Job Title/Profe	ssion		d. Comment	is	
` _	city, state, & zip)			Attorney					
Janie Sell				c. Employer's Na	/6	aig - Piald	-		
3109 Am				McGuire Woo			4		
Burningto	n, NC 27215			Wedune woo	MS, DI	,,	e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy	ууу)	k. Amount	
	1	check				9-21-	14	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on .		Add 🗌	Rem	ove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			Physician					
Kristin M				- EII-Nie		nice Field	1552		
1552 You				c. Employer's Na Burlington Pe			- 1332		:
Burningic	on, NC 27215			Burmgton	diam	.5	e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
	1	check				9-26-	14	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on		Add 🗌	Rem	iove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Prof	ession		d. Commen	ıts	
<u> </u>	city, state, & zip)			Banker					
Jerry Bai				c. Employer's N	ome/Sn	ecific Field	-		
t .	cewood Place on, NC 27215			Wells Fargo	-me/opt	Perior reid	┥		
Duringu	JII, INC 2/21J			1, 1,1,5,1,1,1,50			e. Election	Sum to Date	
							\$	150.00	

						\$
			 -			\$
4 Total	l only this Page	 <u></u>	 _		\$	 350.00

i. In-Kind Description

j. Date (mm/dd/yyyy)

10-1-14

\$

5. Total of ALL CRO-1210 Pages

h. Form of Payment

check

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

April 2007

10,685.00

150.00

k. Amount

\$

f. Prior

g. Account Code

Contri	butions fron	n Individuals				Pg	_10	of	11_	Yes	No No
		vidual contributions or		or contri	bution:	s under	\$50 if form	1 CRO	1205 is not	used	
1. Commi	ittee Full Name (a	and Fund if applicab	le)			<u></u>	·		2. ID Num	ber	
Allison Ga	ant for School Boa	ard							_		
3. Contril	butor Informatio	n		Add		Remo	ove		<u> </u>		
a. Full Nam	e, Mailing Address &	Phone		b. Job Ti	tle/Prof	ession			d. Comments		
(include c	city, state, & zip)			Retired	1						
Sue Drape	er										
514 Wildy	wood Lane		ļ	c. Emplo	yer's Na	me/Spec	ific Field				
Burlington	n, NC 27215		:					ļ.			
								-	e. Election Su	im to Date	
									\$	200.00	
<u> </u>		h Paus of Baymant	: In 1/	ind Descri	ntion _	<u> </u>	j. Date (mm/	/dd/vvv	v)	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	I, III-N	illu Descri	puon					\$	200.00
	1	check					l	0-9-14	-	Ф .—	200.00
										\$	
						_				\$	
3. Contri	butor Informatio	on		Add		Rem	ove			A.	0.
a. Full Nam	ie, Mailing Address é	& Phone		b. Job T	itle/Pro	fession			d. Comments	s	
	city, state, & zip)			VP Op	eration	15					
Patti Bate											
2204 Tea	l Drive			c. Emplo	yer's N	ame/Spe	cific Field				
Burlingto	n, NC 27215			Glen F	laven			}			
J									e. Election S	um to Date	
i							_		\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	and Descr	iption		j. Date (mm	ı/dd/yyy	/y)	k. Amount	
	1	in-kind	Fund	draising	ev			8-27-1	4	\$	300.00
					<u>.</u>					\$	
								·····	_	\$	
3. Contri	ibutor Informatio	on		Add		Rem	iove				<u> </u>
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Pro	fession			d. Comment	ts	
(include	city, state, & zip)			_							
				c. Empl	oyer's N	iame/Sp€	cific Field				
									F2) (1 6	Sum to Data	
									e. Election S	Sull to Date	
							-		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	iption		j. Date (mn	n/dd/yy	уу)	k. Amount	
	1								<u> </u>	\$	
										\$	
					<u>-</u>					\$	
4. Tota	l only this Pag	ge					• • • • • • • • • • • • • • • • • • •		\$		500.00

5. Total of ALL CRO-1210 Pages

10,685.00

\$

No

Contributions from Individuals

Pg 11 of 11 Yes

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

	ittee Full Name (a	and Fund if applicab	le)			2. ID Nur	nber	. :	
Allison Ga	ant for School Boa	ard							
3. Contril	butor Informatio	<u> </u>		Add 🔲 Ren	nove	<u> </u>	Entre Control		
	e, Mailing Address &			b. Job Title/Profession		d. Comments			
	city, state, & zip)		ļ	Dance Instructor					
Allison Ga		<u> </u>]			
	cory Avenue			e. Employer's Name/Sp	ecific Field	<u> </u>			
	n, NC 27215			Burlington Academ					
	, — 			of Dance and Arts		e. Election Sum to Date			
						\$	4025.00		
				<u> </u>		_L			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy		k. Amount		
	1	check			7-2-1	4	\$	2000.00	
	1	check			7-21-	-14	\$	900.00	
	1	check			7-31-	-14	\$	1125.00	
3. Contri	butor Informatio	n		Add Rei	move				
	ie, Mailing Address &			b. Job Title/Profession		d. Commer	nts		
	city, state, & zip)			Dance Instructor					
Allison G						_			
	kory Avenue			c. Employer's Name/Sp		4			
	n, NC 27215			Burlington Acader	ny of Dance				
				and Arts		e. Election	Sum to Date		
						\$	5925.00		
f, Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
	1	check			10-1-	-14 —————	\$	1900.00	
							\$		
							\$		
3. Contri	ibutor Informatio	on			move				
	ne, Mailing Address			b. Job Title/Profession	<u> </u>	d. Comme	nts		
	city, state, & zip)								
						_			
				c. Employer's Name/S	pecific Field	4			
						e. Election	Sum to Date		
						\$	<u> </u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	/ yyy)	k. Amount		
							\$		
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	l only this Pag					\$		5925.00	
	l of ALL CRO					\$		10,685.00	
(This lin	ie must be on line 6 oj	f Detailed Summary Page	CRO-110	0)	<u> </u>				

Disbursements

Pg <u>1</u> of <u>7</u>

Amendment \times

	ill Name (and Fund		e y a tradición y a constituido de la constituidad de la constituidad de la constituidad de la constituidad de		2. ID Number		
Allison Gant for		II applicante)		· .			
3. Type of Disbu		se use senarate C	RO-1310 forms for each t	ype of Disbursen	ient.)		
		Contributions to Car	didates/Political Committees	Co	ordinated Party Expenditures		
Operating Ex 4. Payee Informs		Controctions to Cin	Add	Remove			
			b. Coordinated Committee N	ame	d. Comments		
	ng Address & Phone						
(include city, state, & Markell	x zip)		1		\		
718 East Davis S	Street		c. Level Registered (Specify)				
Burlington, NC			Federal	County:			
Burnington, INC	27213		State	Municipality:	e. Election Sum to Date		
					e 2024.07		
					\$ 2936.07		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1. Account Couc				01760.20	campaign signs		
1	debit card	A	7-7-14	\$1769.38	and buttons		
				0106.03	campaign signs		
1	debit card	A	7-16-14	\$106.92			
4. Payee Inform	ation —		Add	Remove			
	ng Address & Phone		b. Coordinated Committee	Name	d. Comments		
(include city, state,	_				_ _		
Markell	& zipj		_				
718 East Davis	Street		c. Level Registered (Specify))			
Burlington, No.			Federal	County:			
Bullington, Ive	2/213		State	Municipality:	e. Election Sum to Date		
					\$ 2936.07		
					\$ 2936.07		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1. Account Cour			5.00.14	#202.50	campaign signs		
1	debit card	A	7-30-14	\$203.50			
			0.10.14	£202.50	campaign signs		
1	debit card	A	9-10-14	\$203.50			
4. Payee Inform	nation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments		
(include city, state,	_						
Markell	<u> </u>						
718 East Davis	Street		c. Level Registered (Specify	()			
Burlington, NC			Federal	County:			
Durington, 110	2,213		State	Municipality:	e. Election Sum to Date		
					\$ 2936.07		
			_		2730.07		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
			0.16.14	\$652.77	campaign signs		
1	debit card	A	9-16-14	9032.77			
	 			\$			
5. Total only t	his Page				\$ 2936.07		
6. Total of AL	L CRO-1310 Pages				ì		
(This line goes i	n line 13a of Detailed Su	ımmary Page CRO-1.	100 if Operating Expenses)		\$ 9751.30		
(This line goes i	n line 13b of Detailed St	ımmary Page CRO-1.	100 if Contrib to Candidates/Pol	litical Comm)			
(This line goes i	n line 13c of Detailed Su	ımmary Page CRO-1	100 if Coordinated Party Expend	ditures)			
7. Purpose Co	des (List detailed e	xpenditure code i	n (h.) above)				
A* - Media	B* - Printing	C* - Fu	ındraising	D - To An	other Candidate		
E - Salaries	F* - Equipmer		itical Party	H* - Hold	ing Public Office Expenses ition to Legal Expense Fund		
I - Postage	J - Penalties	K* - O	ffice Expenses	Ų" - Dona	mon to Degat Expense Fund		
O* - Other	ire detailed explana	ation in required	remarks field (k)	$(\mathcal{O}(\mathcal{O}_{\mathcal{O}}) \times \mathbb{I}_{\frac{1}{2}}(\mathcal{O}_{\mathcal{O}}) \times \mathbb{I}_{\frac{1}{2}})$	医乳腺 医二甲基甲基 医多维氏试验		
i " Codes requi	пе астяпса ехріяня	icion in required	TATEMATER TIPES (11)		- 1 000		

n	ic	h		re	em	10	n	te
IJ	18	D	ш	ĽS	en	ıe	H	LS.

Pg <u>2</u>

of <u>7</u>

Amendment
Yes

No

1. Committee Fu	ill Name (and Fund	i if applicable)			2. ID Number
Allison Gant for					
3. Type of Disbu		se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating Ex			didates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mailir			b. Coordinated Committee Na	d. Comments	
(include city, state, &					
Weebly	~ LIP)				
San Francisco, C	:A		c. Level Registered (Specify)	1 l	
Buil I fanoisco, c	/1 1		Federal	County:	1
			State	e. Election Sum to Date	
				0.005	
				\$ 39.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Couc		· ·			Website
1	debit card	A	7-11-14	\$39.95	
		-	 		
				\$	
4. Payee Inform	ation		Add	Remove	10 sec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ng Address & Phone	· <u></u>	b. Coordinated Committee Na		d. Comments
•	-				
(include city, state, or Times News	α ειρ)		1		
707 S Main Stre	.et		c. Level Registered (Specify)		┪ !
			Federal Federal	County:	1
Burlington, NC	2/213		State	Municipality:	e. Election Sum to Date
				ivianicipanty.	C. Election Bain to Bate
					\$ 1912.84
5. 4	- Faur of Daymont	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n, rui pose code	i. Date (intib ddr y y y y)	J. Amount	Campaign ads
1	debit card	A	7-23-14	\$496.83	Cumpuign das
					campaign ads
1	debit card	A	9-10-14	\$198.00	tumpuign was
4 Dougo Inform	nation		Add	Remove	
4. Payee Inform			b. Coordinated Committee N		d. Comments
•	ng Address & Phone		B. Coordinated Committee 1.		
(include city, state,	& zip)		-		
Times News	. a.t		c. Level Registered (Specify)	7	
707 S Main Stre			Federal	County:	-
Burlington, NC	2/215		State	Municipality:	e. Election Sum to Date
				waitiespatity.	
					\$ 1912.84
6 Assess A Co. 3-	g Form of Danier	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	in turpose code			campaign ads
1	debit card	A	9-23-14	\$1218.01	- Campaign and
		 			
				\$	
# m-4-3 - 3 - 4*	is Dogs				\$ 1952.79
5. Total only th			<u> </u>		1732.17
o. Total of ALL	CRO-1310 Pages	mare Paga CDA 11	00 if Operating Expenses)		
(1 nts une goes in	tane 13a of Delauea Sul	mmury Fuge CRO-III mmury Page CDA 11:	90 if Contrib to Candidates/Politi	cal Camm)	\$ 9751.30
(1 mis time goes in	time 130 Of Detailed Still	mmany ruge CRO-110 mmany Paga CPO 110	00 if Coordinated Party Expendit	ures)	
				(res)	
	es (List detailed ex	penditure code in C* - Fun	(II:) 400VC)		ther Candidate
A* - Media E - Salaries	B* - Printing F* - Equipment		ical Party		ng Public Office Expenses
I - Postage	J - Penalties		ice Expenses		ion to Legal Expense Fund
O* - Other				-	
* Codes requir	re detailed explanat	tion in required 1	remarks field (k)	·	

Dis	hn	rce	m	en	ts
DIS	L)U	135	ш	СΠ	เอ

Amendment Yes

	ll Name (and Fund	if applicable)	:		• ,	· . ·		2. ID Number
Allison Gant for	School Board							
3. Type of Disbu	rsement (Pleas	se use separate C	R <i>O-</i>	1310 forms for each i	typ	<u>e of Disbursem</u>	<u>ent.)</u>	
Operating Ex		Contributions to Can	didat	tes/Political Committees		Coo	ordinate	d Party Expenditures
4. Payee Informa	ation		Ac			Remove		
a. Full Name, Mailin			b. (Coordinated Committee N	Vaπ	16	d. Co	mments
(include city, state, &	=						Ì	
Williams Athleti								
1307 S Church S			c. l	Level Registered (Specify))			
Burlington, NC 2				Federal		County:		
<i></i> ,				State		Municipality:	e. Ele	ection Sum to Date
							\$ 2	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks
1. Account Code	g. Form or rayment	<u>·</u>	_		T		prog	gram ad
1	debit check	Α	\ 	7 - 29-14	1	\$250.00	' -	·
					7	\$		
4. Payee Inform	ation		A	dd 🔲		Remove		
	ng Address & Phone		b.	Coordinated Committee	Nai	ne	d. Co	omments
(include city, state,	=							
United States Po			1					
405 Maple Stree			c.	Level Registered (Specify	')			
Burlington, NC			厅	Federal		County:		
Butnington, NC	2/213		17	State		Municipality:	e. El	ection Sum to Date
			-	<u>-</u>			\$	49.00
	F 6 D	h. Purpose Code		i. Date (mm/dd/yyyy)	Ī	j. Amount	k. R	equired Remarks
f. Account Code	g. Form of Payment	in turpose code		i. Date (inimeda)))))				tage
j	debit card	I		8-5-14	_	\$49.00 		
1						\$	 	
4. Payee Inform	l		A	\dd \	\Box	Remove	1 -	
				. Coordinated Committee	Na	me	d. C	omments
	ing Address & Phone		-	<u> </u>				
(include city, state,	<u>& zip)</u>		1					
Office Depot 1811 S Church	Straat		6	. Level Registered (Specify	y)		7	
			Ħ	Federal	Ì	County:		
Burlington, NC	27213		1 7	State	j	Municipality:	e. E	lection Sum to Date
			-			· ·	\$	93.74
		h Dumass Cada	Д.	1 Date (mm/dd/mm)		j. Amount	l I	Required Remarks
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		J. Amount		ice supplies
1	debit card	K		8-5-14		\$63.46		
1	debit card	К		8-27-14		\$30.28	off	ice supplies
5. Total only th	is Page			<u> </u>		<u> </u>	\$	392.74
6 Total of All	L CRO-1310 Pages							
(This line goes is	n line 13a of Detailed Su	mmary Page CRO-11	00 ij	(Operating Expenses)			\$	9751.30
(This line poes is	n line 13b of Detailed Su	mmary Page CRO-11	00 ij	f Contrib to Candidates/Po.	litic	cal Comm)	Ψ	J. U U
(This line goes i	n line 13c of Detailed Su	mmary Page CRO-11	00 ij	Coordinated Party Expen	diti	ires)		
7 Purpose Con	des (List detailed e	xpenditure code i	n (h	.) above)		·		
A* - Media	B* - Printing	C* - Fu	ndra	aising		D - To Ano	ther Ca	andidate
E - Salaries	F* - Equipmen	t G - Poli						lic Office Expenses
I - Postage	J - Penalties	K* - Of	fice	Expenses		Q* - Dona	non to	Legal Expense Fund
O* - Other	ra datailad evnlans	tion in required	ren	arks field (k)				

								Amendr	nent		
Disbursements				Pg	4	of	2		Yes	\Box .	No
Dispuisonienes	 c	. 1	tu C sunting	avmanaar	contrib	outions to	cand	idate/politica	al		

	II Name (and Fund	l if applicable)			·			2. ID Number
Allison Gant for	School Board	- ·- ·-						
3. Type of Disbu	rsement (Pleas	se use separate Ci	R <i>O-</i>	<u>1310 forms for ea</u>	ach ty	e of Disbursem	<u>ent.)</u>	
Operating Ex	penses	Contributions to Can		tes/Political Committe	es		ordinate	d Party Expenditures
4. Payee Informa	ation			id	<u> Ц</u>	Remove	T 1.6	
a. Full Name, Mailir	g Address & Phone		b.	Coordinated Commi	ttee Nai	ne	d. Co	omments
(include city, state, &	k zip)							
International Mi	nute Press						_	
1143 St Marks C	Church Road		c.	Level Registered (Spe	ecify)		_	
Burlington, NC	27215			Federal		County:		
0 ,				State	<u> </u>	Municipality:	e. El	ection Sum to Date
							\$	467.18
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	y)	j. Amount	k. Re	equired Remarks
1. Account Code	g. Form or Layment				-	ΦACT 10	prin	t
1	debit card	В	Į	8-6-14 \$467.18				erials
						0		
1						\$	\ _	
4. Payee Inform	ation			dd		Remove		
	ng Address & Phone			Coordinated Commi	ittee Na	me	d. C	omments
a. Full Name, Main (include city, state,					-			
Forty West Gril		<u> </u>	1					
2701 Ramada R			c.	Level Registered (Sp	ecify)	<u> </u>	7	
			下	Federal	\Box	County:	7	
Burlington 272	13		=	State	Ī	Municipality:	e. E	lection Sum to Date
			-	<u> </u>			T.	12.02
							\$	12.02
f. Account Code	g. Form of Payment	h. Purpose Code	—-	i. Date (mm/dd/yyy	y)	j. Amount	k. R	equired Remarks
1. Account Code	g. Porm or rayment	· · · · · · · · · · · · · · · · · · ·				012.02	rep	ublican
1	debit card	0		8-11-14		\$12.02	wo	mens meeting
								
	1					\$	<u> </u>	
4. Payee Inform	agtion —	 	_	Add		Remove		
				. Coordinated Comm	ittee N	ame	d. (Comments
	ing Address & Phone		F			-		-
(include city, state, Mebane Enterp			┨					
106 N 4 th Stree			-	Level Registered (S	pecify)		7	
			H	c. Level Registered (Specify) Federal County:				
Mebane, NC 2	7302			State	Ħ	Municipality:	e. I	Election Sum to Date
:							\$	124.38
		h. Purpose Code		1 Date (j. Amount		Required Remarks
f. Account Code	g. Form of Payment	n. rarpose Code		i. Date (mm/dd/yy	yy)	J. A.HOURE	+ "	
1	debit card	Α		8-18-14		\$124.38		
	 							
<u> </u>						\$		
	l Dog-	<u> </u>		<u> </u>	٠.	-	\$	603.58
5. Total only the							\neg	
6. Total of AL	L CRO-1310 Pages n line 13a of Detailed Si	umpiaen Paga CRO-1	100 i	f Operating Expenses)	•		0751 20
(This time goes i	n tine 13a of Detailed Si n line 13b of Detailed Si	mmary Page CRO-11	100 i	f Contrib to Candidate	es/Politi	cal Comm)	\$	9751.30
(This line goes i	n line 13b of Detailed Si n line 13c of Detailed Si	mmary Page CRO-11	00;	f Coordinated Party E	xpendit	ures)		
(This line goes i	n une 13c of Detailed St	umanditure code :	n /h) ahove)	7 7	1,4		
	des (List detailed e	C* - Fu	ոժո	aising	 	D - To And	other C	andidate
A* - Media E - Salaries	B* - Printing F* - Equipmen					H* - Holdi	ing Pul	olic Office Expenses
I - Postage	J - Penalties			Expenses		Q* - Dona	tion to	Legal Expense Fund
O* - Other						ti i		
* Codes remi	ire detailed explana	ation in required	rer	narks field (k)	<u> </u>			

Die	hu	rsem	en	ts
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Pg <u>5</u>

of 7

Amendment Yes

N

	ll Name (and Fund	n it applicable)			Z. ID Number
Allison Gant for					
3. Type of Disbu		se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating Ex			didates/Political Committees		ordinated Party Expenditures
4. Payee Informa			Add	Remove	
a. Full Name, Mailin	g Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, &					
Fairway Outdoo					4
1920 West Lee S			c. Level Registered (Specify)	-	
Greensboro, NC	27401		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1267.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			0 10 14	\$1267.50	Billboard
1	debit card	A	8-18-14	\$1267.50	
-				\$	
4. Payee Inform	ation		Add	Remove	* 1
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	_				
Eastern Alaman			1		_
Boosters			c. Level Registered (Specify)		
Eastern Alaman	ce High School		Federal	County:	
4040 Mebane R	-		State	Municipality:	e. Election Sum to Date
Mebane, NC 27	_		<u> </u>		¢ 150.00
income, INC 21	- · ·				\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		 		\$150.00	campaign ad
1	check	A	8-22-14	\$150.00	
				\$	
				<u></u>	<u> </u>
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	_				Į.
Western Alama	nce Boosters				_
	nce High School		c. Level Registered (Specify)	-	_
1731 N NC 87	-		Federal	County:	
Elon, NC 27244	ļ		State	Municipality:	e. Election Sum to Date
					\$ 150.00
f Assourt Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code					campaign ad
] 1	check	Α	8-12-14	\$150.00	
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	1			\$	
5 Total cultural	ic Poge	_!	· · · · · · · · · · · · · · · · · · ·	-	\$ 1567.50
5. Total only th	S Page CRO-1310 Pages				
o. 10tal of ALL	ling 13g of Datailed St	mmarv Paos CRO-11	00 if Operating Expenses)		p 0751 30
(This time goes th	i une 194 of Delitiel Sk i ling 13k of Detailed C-	mmarv Pago CRO-11	00 if Contrib to Candidates/Politi	ical Comm)	\$ 9751.30
(This time goes the	i and 190 of Detailed St. Line 13c of Detailed S.	mmary Page CRO-11	00 if Coordinated Party Expendit	tures)	
	les (List detailed e				
	les (List detailed e	C* _ F	ndraising		ther Candidate
A* - Media E - Salaries	B* - Printing F* - Equipmer		tical Party	ng Public Office Expenses	
I - Postage	J - Penalties		fice Expenses		ion to Legal Expense Fund
O* - Other			·		en en gran en en anteres de la companya de la comp
* Codes requir	re detailed explana	tion in required	remarks field (k)	<u> 1. i a.</u> + 1 <u>. i</u> 1	<u> </u>

Disbursements		Pg	<u>6</u>	of	<u>7</u>	× Y
TATOO OF DOING AND A	_	_	. 21.		0000	didata/nalitica

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) Allison gant for School Board (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses Remove Add 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) DLX*PS Print c. Level Registered (Specify) 2861 Mandela Pkwy County: Federal Oakland, CA 94608 e. Election Sum to Date Municipality: State \$ 75.61 k. Required Remarks j. Amount h. Purpose Code i. Date (mm/dd/yyyy) g. Form of Payment f. Account Code bumper stickers \$75.61 9-10-14 В 1 debit card \$ ay Karata 191 Remove Add 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Alamance News c. Level Registered (Specify) 114 W Elm Street County: Federal Graham, NC27253 e. Election Sum to Date Municipality: State \$ 789.48 k. Required Remarks j. Amount h. Purpose Code i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment camaign ad \$250.00 9-18-14 debit card Μ 1 campaign ad \$539.48 10-3-14 debit card M 1 Remove Add . 4. Payee Information d. Comments b. Coordinated Committee Name a. Fuli Name, Mailing Address & Phone (include city, state, & zip) **WBAG** c. Level Registered (Specify) 1745 Burch Bridge Road County: Federal Burlington, NC 27217 e. Election Sum to Date Municipality: State 432.00 k. Required Remarks j. Amount h. Purpose Code i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment radio ad \$432.00 9-30-14 Μ check 1 \$ 1297.09 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 9751.30 \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes. (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising B* - Printing A* - Media H* - Holding Public Office Expenses G - Political Party F* - Equipment E - Salaries Q* - Donation to Legal Expense Fund K* - Office Expenses J - Penalties I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

Amendment

Amendment Yes

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	D Name (and French				2. ID Number
	ll Name (and Fund	п аррисавіе)	<u>a da /u>	<u> Santa de Carallerono</u>	
Allison gant for		a vea saparata Ci	RO-1310 forms for each t	one of Disbursen	nent.)
3. Type of Disbu		Contributions to Can	didates/Political Committees	Co	oordinated Party Expenditures
Operating Ex		Contributions to Car	Add	Remove	
4. Payee Inform:			b. Coordinated Committee N		d. Comments
a. Full Name, Mailin			D. Cool distance Committee 1		
(include city, state, &					
Curtis Media Gr		1	c. Level Registered (Specify)		┦ !
1109 Tower Driv			Federal	County:	
Burlington, NC	2/213		State	Municipality:	e. Election Sum to Date
				<u> </u>	\$ 997.50
		h, Purpose Code	Date (man/dd/man)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n, rurpose Code	i. Date (mm/dd/yyyy)	J. Amount	radio ad
1	debit card	Α	10-17-14	\$997.50	
				\$	
4. Payee Inform	ation		Add	Remove	d. Comments
	ng Address & Phone		b. Coordinated Committee I	Name	G. COMMERIS
(include city, state,	& zip)		 		
Pay Pal					_
			c. Level Registered (Specify		_
			Federal	County:	e. Election Sum to Date
			State	Municipality:	e. Election Bon to Bate
				<u></u>	\$ 4.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	auto w/d	С	8-6-14	\$1.50	service charge
- <u></u> -	auto w/d	С	8-9-14	\$1.50	service charge
•			Add	Remove	
	nation		b. Coordinated Committee		d. Comments
	ing Address & Phone		b. Coordinated Commerce		
(include city, state,	& zip)		-		
Pay Pal			c. Level Registered (Specify	v)	
l			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 4.03
6 4 25 4 0 3 2	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	auto w/d	C	10-1-14	\$1.03	service charge
I	unto mu			\$	
					\$ 1001.53
5. Total only the	his Page				
(This line goes i	L CRO-1310 Pages	mmary Page CRO-11	00 if Operating Expenses) 100 if Contrib to Candidates/Po	litical Comm)	\$ 9751.30
(This line goes i	n une 130 of Detailed Sil	mmary rage CRO-11	00 if Coordinated Party Expen	ditures)	
(This line goes i	n une 150 of Detailed Su	vnenditure code i	n (h.) above)		
7. Purpose Co	des (List detailed e B* - Printing	C* - Fu	ndraising	D - To An	other Candidate
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipmen J - Penalties	ıt G - Poli	tical Party fice Expenses	H* - Hold	ling Public Office Expenses ation to Legal Expense Fund
O* - Other					
* Codes requ	ire detaile <u>d explan</u> a	ition in required	remarks field (k)		December 200

In-Kind Contributions			P	<u>1</u> of	1	Yes No
Use this form to report non-monetary contributions, d Use CRO-1215 if In-Kind Contributions were or will	lonations, g	goods or s d within '	ervice 7 davs	s provided to the	comm	ittee or fund.
1. Committee Full Name (and Fund if applicable)	DC TCTUTICE	- Tricinii	uujs	P. 24	2. ID !	Number
Allison Gant for School Board		•	-			
3. Contributor Information		Remove			· · · · · · · · · · · · · · · · · · ·	
a. Full Name, Mailing Address & Phone		b. Typ	e of Co	ntributor	c. Com	ments
(include city, state, & zip)			Indivi	dual		
Patti Bates			Candi	date		
2204 Teal Court		\Box	Party			
Burlington, NC 2715			PAC		J. Pl4	ion Sum to Date
		나님		endum	u, Elect	IOH SUM TO DATE
			Otner	Receipt Source	\$	300.00
e. Description				f. Date (mm/dd/yy)	y)	g. Fair Market Amount
Fundraiser event - food and beverage			ļ	8-27-14	i	\$ 300.00
						\$
						\$
3. Contributor Information Add	- I	Remove			 	
a. Full Name, Mailing Address & Phone	<u> </u>			ontributor	c. Com	ments
(include city, state, & zip)			Indiv	idual		
		$\neg \Box$	Cand	idate		
			Party		ļ	
			PAC		1.5	Ata Co to Data
		그님		rendum	d. Elec	tion Sum to Date
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e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount
			ļ			\$
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3. Contributor Information Add		Remov	e	1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
a. Full Name, Mailing Address & Phone		b. Ty		ontributor	c. Con	nments
(include city, state, & zip)				vidual		
		ᅵ片	-	didate		
			Party PAC	•		
				rendum	d. Ele	ction Sum to Date
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e. Description				f. Date (mm/dd/y	/yy)	g. Fair Market Amount
C. Debut, Prior						\$
						\$
						\$
4. Total only this Page			:		\$	300.00
5. Total of ALL CRO-1510 Pages					\$	300.00

(This line must be on line 17 of Detailed Summary Page CRO-1100)

Amendment