

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information

| 1. Committee Information | |
|---|---------------------------------|
| a. Full Name Rani Dasi for School Board | c. ID Number 7HDGDK |
| b. Mailing Address (include City, State and Zip Code) 8509 Balmore Pl Chapel Hill, NC 57516 | d. Date Filed 09/28/2015 |
| | e. Phone Number 513-325-0116 |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|-------------------------------|
| 2015 | 07/07/2015 | 09/22/2015 | Jennifer Leigh Gotshall Clark |

| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | | |
|--|---|---|---|---|---|
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | | | |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | State/County | | |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Organizational | Referendum | |
| <input type="checkbox"/> Legal Expense Fund | | | Quarterly | <input type="checkbox"/> Organizational | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | |
| | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | | |
| | | | <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | | |

| 11. Account Information | | 11. Account Information | |
|--|--|------------------------------------|-------------------------------|
| a. Financial Institution Full Name Wells Fargo Bank | b. Purpose Checking Acct for Receipts and Expenditure | a. Financial Institution Full Name | b. Purpose |
| c. Account Code 1 | d. Period Begin Balance \$ 50.00 | c. Account Code | d. Period Begin Balance \$ |

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.
 Jennifer L Clark
 Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date 09/27/2015

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|--|
| Date Received: 9/29/15 | Employee: BJ | Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: 9/28/15 | Employee: _____ | |
| Date Scanned: 10/6/15 | Employee: BJ | |
| Date Data Entered: _____ | Employee: _____ | |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

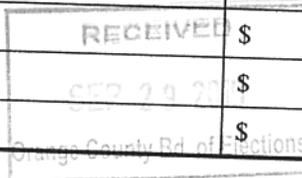
Detailed Summary

Amendment
 Yes No

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

| | | | | | |
|--|--|------------------------------------|--|----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) Rani Dasi for School Board | | 2. Type of Report 35 Day | | 3. ID Number 7HDGDK | |
| Start of Election Cycle: January 1, _____ | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 50.00 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 844.00 | | \$ 894.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 3,340.00 | | \$ 3,340.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ | | \$ | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 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) | | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 4,184.00 | | \$ 4,234.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 235.52 | | \$ 235.52 | |
| 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) | | \$ 1,216.43 | | \$ 1,216.43 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 340.00 | | \$ 340.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1,791.95 | | \$ 1,791.95 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2,442.05 | | \$ 2,442.05 | |
| 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) | | \$ | | | |
| 23) Debts and Obligations owed To the Committee (CRO-1620) | | \$ | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ | | | |
| 25) Administrative Support (CRO-1710) | | \$ | | \$ | |
| 26) Forgiven Loans (CRO-1440) | | \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2200) | | \$ | | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ | | \$ | |

CRO-1100



Aggregated Contributions from Individuals

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

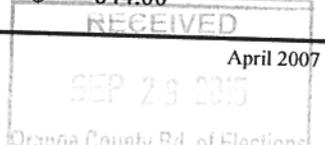
Amendment
 Yes No

| | | |
|--|--|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) Rani Dasi for School Board | | 2. ID Number 7HDGDK |
|--|--|-------------------------------|

| 3. Contributor Information | | | | | | |
|---------------------------------|-----------------|--------------------|------------------------|----------------------|-----------|--------|
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add | 1 | Cash | | 07/08/2015 | \$ | 50.00 |
| <input type="checkbox"/> Remove | 1 | Check | | 07/11/2015 | \$ | 50.00 |
| <input type="checkbox"/> Add | 1 | Cash | | 07/11/2015 | \$ | 45.00 |
| <input type="checkbox"/> Remove | | | | | \$ | |
| <input type="checkbox"/> Add | 1 | Paypal | | 07/13/2015 | \$ | 50.00 |
| <input type="checkbox"/> Remove | 1 | Check | | 07/15/2015 | \$ | 50.00 |
| <input type="checkbox"/> Add | 1 | Check | | 07/26/2015 | \$ | 100.00 |
| <input type="checkbox"/> Remove | 1 | Paypal | | 08/04/2015 | \$ | 25.00 |
| <input type="checkbox"/> Add | 1 | Paypal | | 08/14/2015 | \$ | 50.00 |
| <input type="checkbox"/> Remove | 1 | Check | | 08/14/2015 | \$ | 50.00 |
| <input type="checkbox"/> Add | 1 | Check | | 08/17/2015 | \$ | 49.00 |
| <input type="checkbox"/> Remove | 1 | Cash | | 08/26/2015 | \$ | 20.00 |
| <input type="checkbox"/> Add | 1 | Paypal | | 09/03/2015 | \$ | 25.00 |
| <input type="checkbox"/> Remove | 1 | Paypal | | 09/09/2015 | \$ | 50.00 |
| <input type="checkbox"/> Add | 1 | Check | | 09/15/2015 | \$ | 25.00 |
| <input type="checkbox"/> Remove | 1 | Paypal | | 09/16/2015 | \$ | 50.00 |
| <input type="checkbox"/> Add | 1 | Paypal | | 09/17/2015 | \$ | 20.00 |
| <input type="checkbox"/> Remove | 1 | Paypal | | 09/19/2015 | \$ | 80.00 |
| <input type="checkbox"/> Add | 1 | Check | | 09/20/2015 | \$ | 30.00 |
| <input type="checkbox"/> Remove | 1 | Paypal | | 09/22/2015 | \$ | 25.00 |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | \$ | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | \$ | |

| | |
|---|-----------|
| 4. Total only this Page | \$ 844.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | \$ 844.00 |

CRO-1205



Contributions from Individuals

Amendment
 Yes No

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

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) Rani Dasi for School Board | 2. ID Number |
|--|---------------------|

3. Contributor Information Add Remove

| | | |
|--|---|--------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Barb Kowalcyk 15605 Skye Dr. Chapel Hill, NC 27516 | b. Job Title/Profession Public Health | d. Comments |
| | c. Employer's Name/Specific Field RTI | |
| | e. Election Sum to Date | |
| | \$ 100.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 07/11/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|---|---|--------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Rachel Tesser 1604 Claymore Rd. Chapel Hill, NC 27516 | b. Job Title/Profession Ophamologist | d. Comments |
| | c. Employer's Name/Specific Field Self-employed | |
| | e. Election Sum to Date | |
| | \$ 100.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 07/11/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

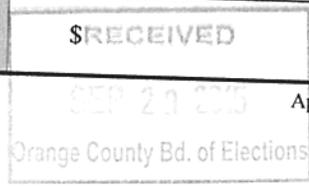
3. Contributor Information Add Remove

| | | |
|--|--|--------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Dawn Hawley 8400 Sterling Bridge Dr. Chapel Hill, NC 27516 | b. Job Title/Profession IT Director | d. Comments |
| | c. Employer's Name/Specific Field NetApp | |
| | e. Election Sum to Date | |
| | \$ 100.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 07/11/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|---|-----------|
| 4. Total only this Page | \$ 300.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ 300.00 |

CRO-1210



Contributions from Individuals

Amendment
 Yes No

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

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) Rani Dasi for School Board | 2. ID Number |
|--|---------------------|

3. Contributor Information Add Remove

| | | |
|--|---|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Tabitha Elien 1011 Camden Lane Chapel Hill, NC 27516 | b. Job Title/Profession Homemaker | d. Comments |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date \$ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 07/11/2015 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|---|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Doug Haensel 1000 Dickinson Circle Raleigh, NC | b. Job Title/Profession Finance Executive | d. Comments |
| | c. Employer's Name/Specific Field Haensel Capital | |
| | | e. Election Sum to Date \$ 250.00 |

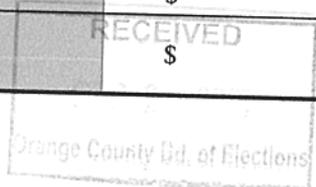
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 07/11/2015 | \$ 250.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Julie Lindsey 408 Simerville Rd. Chapel Hill, NC 27517 | b. Job Title/Profession Physician | d. Comments |
| | c. Employer's Name/Specific Field Duke | |
| | | e. Election Sum to Date \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 07/13/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|---|-----------|
| 4. Total only this Page | \$ 550.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ |



Contributions from Individuals

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

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| Rani Dasi for School Board | |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Sarah Silberstein 305 Forbush Mountain Drive Chapel Hill, NC 27516 | Homemaker | |
| | c. Employer's Name/Specific Field | |
| | | |
| | | e. Election Sum to Date |
| | | \$ 75.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 07/14/2015 | \$ 75.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Tiffany Titus 8505 Sterling Bridge Road Chapel Hill, NC 27516 | Homemaker | |
| | c. Employer's Name/Specific Field | |
| | | |
| | | e. Election Sum to Date |
| | | \$ 250.00 |

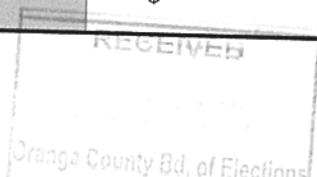
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 07/24/2015 | \$ 250.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Tom Fenn 301 Faison Road Chapel Hill, NC 27517 | Financial Planner | |
| | c. Employer's Name/Specific Field | |
| | Self-employed | |
| | | e. Election Sum to Date |
| | | \$ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 07/26/2015 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|---|-----------|
| 4. Total only this Page | \$ 525.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ |



Contributions from Individuals

Amendment
 Yes No

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

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| Rani Dasi for School Board | |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| James Barrett 100 Morgan Bluff Lane Chapel Hill, NC 27517 | IT Manager | |
| | c. Employer's Name/Specific Field | |
| | Lenovo | |
| | | e. Election Sum to Date |
| | | \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 08/01/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Steve Buttitta 8318 Lochlaven Lane Chapel Hill, NC 27516 | Healthcare IT | |
| | c. Employer's Name/Specific Field | |
| | Self-employed | |
| | | e. Election Sum to Date |
| | | \$ 200.00 |

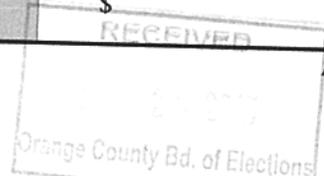
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 08/10/2015 | \$ 150.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|--------------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
| Curtis Pfeiffer 5001 Dale Midland, MI 48642 | Retired | |
| | c. Employer's Name/Specific Field | |
| | | |
| | | e. Election Sum to Date |
| | | \$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Paypal | | 08/14/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

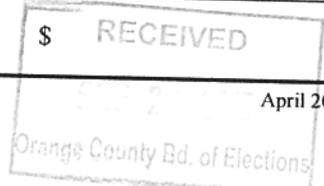
| | |
|---|-----------|
| 4. Total only this Page | \$ 350.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | \$ |



Contributions from Individuals

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

| | | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Rani Dasi for School Board | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Richard Dolinski 914 Scenic Dr. Midland, MI 48642-7008 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 08/14/2015 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Aditee Narayan 1801 Claymore Rd Chapel Hill, NC 27516 | | | | Physician | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Duke | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 08/22/2015 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Jennifer Acker Bishop 119 Lonebrood Dr. Chapel Hill, NC 27516 | | | | Project Manager | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Felixible IT Consulting LLC | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 08/27/2015 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |



Contributions from Individuals

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

| | |
|--|---------------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| Rani Dasi for School Board | |

| | | | |
|--|--|--------------------------------|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | |
| Peter Henderson 3602 Silver Forest Lane Raleigh, NC 27614 | Attorney | | |
| | c. Employer's Name/Specific Field | | |
| | Smith & Nephew | e. Election Sum to Date | |
| | | \$ 125.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 09/19/2015 | \$ 75.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

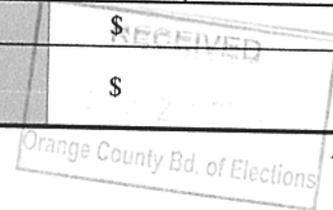
| | | | |
|--|--|--------------------------------|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | |
| Roland Lewis 516 Tryst Lane Wake Forest, NC 27587 | Auto Sales | | |
| | c. Employer's Name/Specific Field | | |
| | Leith BMW | e. Election Sum to Date | |
| | | \$ 100.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 08/20/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | | | |
|--|--|--------------------------------|--|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | |
| Mary Taub 131 Kiley St. Chapel Hill, NC 27516 | Marketing Director | | |
| | c. Employer's Name/Specific Field | | |
| | | e. Election Sum to Date | |
| | | \$ 100.00 | |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Check | | 09/19/2015 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

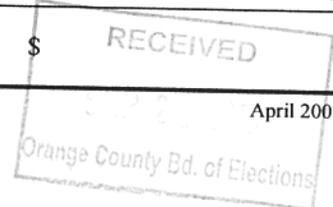
| | |
|--|-----------|
| 4. Total only this Page | \$ 275.00 |
| 5. Total of ALL CRO-1210 Pages | \$ |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | |



Contributions from Individuals

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

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Rani Dasi for School Board | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Fred Alston 353 W Main St Durham, NC 27701 | | | Entrepreneur | | | |
| | | | c. Employer's Name/Specific Field The Republic LLC | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Check | | 09/19/2015 | | \$ 200.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jaclyn Volpe 1706 Claymore Chapel Hill, NC 27516 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Paypal | | 09/20/2015 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Stacy Shah 8405 Sterling Bridge Road Chapel Hill, NC 27516 | | | Real Estate Broker | | | |
| | | | c. Employer's Name/Specific Field Self-employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Paypal | | 09/19/2015 | | \$ 200.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |



Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|---|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Rani Dasi for School Board | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Yolanda Keller-Bell 217 Lucas Lane Chapel Hill, NC 27516 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field NCCU | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Paypal | | 09/17/2015 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Vilai Morrison 315 Johns Woods Road Chapel Hill, NC 27516 | | | | | Catering for 9/19/2015 fundraising event | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 340.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | In-kind | Fundraiser cate | 09/19/2015 | | \$ 340.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Asiya Gusa 1607 Crystal Creek Drive Durham, NC 27712 | | | Teacher | | | |
| | | | c. Employer's Name/Specific Field Carolina Friends | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Paypal | | 09/22/2015 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 540.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 3,340.00 | |

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| | | | | | |
|---|---------------------------|---|---|---|---|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| Rani Dasi for School Board | | | | | 7HDGDK |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments Kick off event |
| Sweeties Catering 200 Hwy 54 West Apt M203 Carrboro, NC 27510 | | | | | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ 161.25 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Check | O | 07/24/2015 | \$161.25 | Campaign kick off event food |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Wells Fargo Bank PO Box 563962 Charlotte, NC 28256-3962 | | | | | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ 5.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Auto Withdra | O | 08/27/2015 | \$5.00 | Bank service charge |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Paypal P.O. Box 45950 Omaha, NE 68145-0950 | | | | | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ 69.27 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | Deduction | O | 09/22/2015 | \$69.27 | Service charge |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 235.52 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 235.52 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 23 2015 Orange County Bd. of Election </div> |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* - Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Refunds/Reimbursements From the Committee

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

| | |
|--|-------------------------------|
| 1. Committee Full Name (and Fund if applicable) Rani Dasi for School Board | 2. ID Number 7HDGDK |
|--|-------------------------------|

| | | | |
|--|---|--|-------------------------------|
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Rani Dasi 8509 Balmore Place Chapel Hill, NC 27516 513-325-0116 | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | h. Original Receipt Date 07/09/2015 | |
| | e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | i. Original Receipt Amount \$ 151.31 | |
| | f. Purpose Code O | j. Election Sum to Date \$ 151.31 | |
| b. Job Title/Profession Homemaker | c. Employer's Name/Specific Field | g. Comments | k. Account Code 1 |
| l. Form of Payment Check | m. Required Remarks Supplies for kick off event | n. Date (mm/dd/yyyy) 07/31/2015 | o. Amount \$ 151.31 |

| | | | |
|---|---|---|------------------------------|
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Eugene Farrar 803 Estes Dr. Chapel Hill, NC 27514 919-933-2198 | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | h. Original Receipt Date 07/11/2015 | |
| | e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | i. Original Receipt Amount \$ 41.01 | |
| | f. Purpose Code O | j. Election Sum to Date \$ 41.01 | |
| b. Job Title/Profession Facilities Manager | c. Employer's Name/Specific Field Chapel Hill Carrboro City Schools | g. Comments | k. Account Code 1 |
| l. Form of Payment Check | m. Required Remarks Drinks/Supplies for kick off event | n. Date (mm/dd/yyyy) 07/31/2015 | o. Amount \$ 41.01 |

| | | | |
|--|---|--|-------------------------------|
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Rani Dasi 8509 Balmore Place Chapel Hill, NC 27516 513-325-0116 | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | h. Original Receipt Date 07/30/2015 | |
| | e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | i. Original Receipt Amount \$ 359.94 | |
| | f. Purpose Code | j. Election Sum to Date \$ 511.25 | |
| b. Job Title/Profession Homemaker | c. Employer's Name/Specific Field | g. Comments | k. Account Code 1 |
| l. Form of Payment Check | m. Required Remarks Postcards and Brochures | n. Date (mm/dd/yyyy) 07/31/2015 | o. Amount \$ 359.94 |

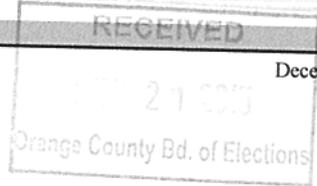
| | |
|--------------------------------|-----------|
| 4. Total only this Page | \$ 552.26 |
|--------------------------------|-----------|

| | |
|--|----|
| 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 N - Exceeded Contribution Limit
 P* - Reimbursement of In-Kind O* Other

* Codes require detailed explanation in required remarks field (m)

CRO-1320



Refunds/Reimbursements From the Committee

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

| | | | |
|--|--|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Rani Dasi for School Board | | 7HDGDK | |

| | | | |
|--|--|--|--|
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | |
| Rani Dasi 8509 Balmore Place Chapel Hill, NC 27516 513-325-0116 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | e. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| b. Job Title/Profession | | f. Purpose Code | |
| Homemaker | | O | |
| c. Employer's Name/Specific Field | | g. Comments | |
| | | | |
| h. Original Receipt Date | | i. Original Receipt Amount | |
| 08/20/2015 | | \$ 309.60 | |
| j. Election Sum to Date | | k. Account Code | |
| \$ 820.85 | | 1 | |
| l. Form of Payment | | m. Required Remarks | |
| Check | | Postcards | |
| n. Date (mm/dd/yyyy) | | o. Amount | |
| 08/25/2015 | | \$ 309.60 | |

| | | | |
|--|--|--|--|
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | |
| Eugene Farrar 803 Estes Dr. Chapel Hill, NC 27514 919-933-2198 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | e. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| b. Job Title/Profession | | f. Purpose Code | |
| Facilities Manager | | O | |
| c. Employer's Name/Specific Field | | g. Comments | |
| Chapel Hill Carrboro City Schools | | | |
| h. Original Receipt Date | | i. Original Receipt Amount | |
| 08/05/2015 | | \$ 354.57 | |
| j. Election Sum to Date | | k. Account Code | |
| \$ 395.58 | | 1 | |
| l. Form of Payment | | m. Required Remarks | |
| Check | | Yard signes and name tags | |
| n. Date (mm/dd/yyyy) | | o. Amount | |
| 08/25/2015 | | \$ 354.57 | |

| | | | |
|--|--|---|--|
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | e. Level Registered (Specify) | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| b. Job Title/Profession | | f. Purpose Code | |
| | | | |
| c. Employer's Name/Specific Field | | g. Comments | |
| | | | |
| h. Original Receipt Date | | i. Original Receipt Amount | |
| | | \$ | |
| j. Election Sum to Date | | k. Account Code | |
| \$ | | | |
| l. Form of Payment | | m. Required Remarks | |
| | | | |
| n. Date (mm/dd/yyyy) | | o. Amount | |
| | | \$ | |

| | |
|--------------------------------|-----------|
| 4. Total only this Page | \$ 664.17 |
|--------------------------------|-----------|

| | |
|--|-------------|
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | \$ 1,216.43 |
|--|-------------|

L - Returned to Contributor M - Overpayment for Service
P* - Reimbursement of In-Kind O* Other N - Exceeded Contribution Limit

* Codes require detailed explanation in required remarks field (m)

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Rani Dasi for School Board | | 7HDGDK | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Vilai Morrison 315 Johns Woods Road Chapel Hill, NC 27516 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Catering of Fundraising Dinner | | 09/19/2015 | \$ 340.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 340.00 | |
| | | \$ 340.00 | |

CRO-1510

