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	c. ID Number
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	12/31/2009
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	10/20/2009	12/31/2009	SHELBY POHLMAN

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☒ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code	d. Period Begin Balance
SUNTRUST		ELECTION OF MARYANNE GUCCIARDI TO BOARD OF EDUCATION	01	$ 1,258.76

11. Account Information

a. Financial Institution Full Name	b. Purpose	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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
		12/31/2009

FOR OFFICE USE ONLY

Date Received:	1-5-10	Employee:	JHR	Delivery Method ☒ Normal Mail
Date Postmarked:	1-1-10	Employee:	JHR	☐ Registered Mail ☐ Hand Delivered
Date Scanned:		Employee:		☐ Electronically Filed
Date Data Entered:		Employee:		☐ Signer has not received mandatory training

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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

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	2009 Year End Semi-Annual	

Start of Election Cycle: January 1, 2009		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,258.76	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 370.32	$ 1,515.32
6) Contributions from Individuals	*(CRO-1210)*	$ 1,385.88	$ 5,204.43
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 0.00	$ 0.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ 0.00	$ 0.00
11c) Outside Sources of Income	*(CRO-1250)*	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 1,756.20	$ 6,719.75
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 1,257.00	$ 2,507.00
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0.00	$ 0.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 17.32	$ 45.31
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 166.70	$ 234.95
17) In-Kind Contributions	*(CRO-1510)*	$ 561.20	$ 2,919.75
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2,002.22	$ 5,707.01
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1,012.74	$ 1,012.74
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0.00	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ 0.00	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ 0.00	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0.00	
25) Administrative Support	*(CRO-1710)*	$ 0.00	$ 0.00
26) Forgiven Loans	*(CRO-1440)*	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ 0.00	$ 0.00
28) Contributions to be Refunded	*(CRO-1215)*	$ 166.70	$ 234.95

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Aggregated Contributions from Individuals

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Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	01	Check		11/16/2009	$ 25.00
☐ Add ☐ Remove	01	Check		10/29/2009	$ 10.00
☐ Add ☐ Remove	01	Check		10/21/2009	$ 20.00
☐ Add ☐ Remove	01	Check		11/04/2009	$ 10.00
☐ Add ☐ Remove	01	Check		10/28/2009	$ 50.00
☐ Add ☐ Remove	01	Check		11/04/2009	$ 50.00
☐ Add ☐ Remove	01	Cash		10/26/2009	$ 10.00
☐ Add ☐ Remove	01	Check		12/16/2009	$ 30.00
☐ Add ☐ Remove	01	In-Kind	SALAD AND APPETIZER,	11/03/2009	$ 20.00
☐ Add ☐ Remove	01	Check		11/09/2009	$ 25.00
☐ Add ☐ Remove	01	Cash		10/26/2009	$ 5.00
☐ Add ☐ Remove	01	Check		10/28/2009	$ 50.00
☐ Add ☐ Remove	01	Check		10/25/2009	$ 15.00
☐ Add ☐ Remove	01	Check		10/25/2009	$ 15.00
☐ Add ☐ Remove	01	Check		10/23/2009	$ 30.00
☐ Add ☐ Remove	01	In-Kind	SNACKS FOR POLL VOLUNTEERS	11/02/2009	$ 5.32

4. Total only this Page	$ $370.32
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $370.32

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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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EVE BERINGER-KLEIN 225 CHESLEY LANE CHAPEL HILL, NC 27516	PROFESSOR	DEPT OF NURSING, UNIVERSITY OF NORTH CAROLINA CHAPEL HILL		$ 139.80

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	In-Kind	BEVERGES AND FOOD FOR FUNDRAISING MEET	10/24/2009	$ 139.80
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRADLEY COLLINS 4008 SWEETEN CREEK ROAD CHAPEL HILL, NC 27514	SURGEON	DUKE UNIVERSITY MEDICAL CENTER		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/28/2009	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BERNARD GLASSMAN JR 104 BUCKNER LANE CHAPEL HILL, NC 27517	RETIRED	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		11/13/2009	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 439.80
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	1,385.88

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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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM A GRUBBS 1005 PINEHURST DRIVE CHAPEL HILL, NC 27517	VENTURE CAPITALIST	CANTERBURY VENTURE PARTNERS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/24/2009	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	ENTREPRENUER	GUCCIARDI CONSULTANTS, LLC		$ 2,683.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	In-Kind	PARKING FEE AT MOREHEAD	10/20/2009	$ 6.00
☐	01	In-Kind	INK CATRIDGES AND PAPER TO PRINT	10/21/2009	$ 124.51
☐	01	In-Kind	WEB HOSTING MONTHLY FEE FOR	10/22/2009	$ 4.99

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	ENTREPRENUER	GUCCIARDI CONSULTANTS, LLC		$ 2,683.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	In-Kind	COFFEE WITH COMMITTEE MEMBERS	10/23/2009	$ 1.71
☐	01	In-Kind	INK CARTRIDGES TO PRINT FINAL MAILING	10/26/2009	$ 163.74
☐	01	In-Kind	PARKING FEES TO CAMPAIGN OUTSIDE	10/28/2009	$ 3.00

4. Total only this Page	$ 403.95
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,385.88

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Orange Co. Bd. Of Elections

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	ENTREPRENUER	GUCCIARDI CONSULTANTS, LLC		$ 2,683.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	In-Kind	YELLOW POSTERBOARD	10/28/2009	$ 13.65
☐	01	In-Kind	PARKING FEE TO WORK EARLY VOTING	10/29/2009	$ 9.00
☐	01	In-Kind	FACEBOOK ADS PAYMENT	11/03/2009	$ 19.79

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	ENTREPRENUER	GUCCIARDI CONSULTANTS, LLC		$ 2,683.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	In-Kind	FOOD AND BEVERAGES FOR ELECTION NIGHT	11/03/2009	$ 20.00
☐	01	In-Kind	50 US POSTAL STAMPS	11/12/2009	$ 22.00
☐	01	In-Kind	MOBILE PACK UPGRADE FOR TEXTING, TWITTER	11/18/2009	$ 7.69

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANNE E. HAGER-BLUNK 227 FLEMINGTON ROAD CHAPEL HILL, NC 27517	DIRECTOR OF DEVELOPMENT FOR	UNIVERSITY OF NORTH CAROLINA		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/24/2009	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 242.13
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,385.88

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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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KAREN LEWIS 306 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	HOUSEWIFE	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/26/2009	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN SEPT 99 PERRY CREEK DRIVE CHAPEL HILL, NC 27514	HOUSEWIFE	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/29/2009	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NAVJEET SIDHU-MALIK 201 CHESLEY LANE CHAPEL HILL, NC 27514	PHYSICIAN	DUKE UNIVERSITY MEDICAL CENTER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/28/2009	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,385.88

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Disbursements

Amendment ☐ Yes ☒ No

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NEWS & OBSERVER 215 SOUTH MCDOWELL STREET RALEIGH, NC 27601		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 218.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	12/06/2009	$ 218.25	ENDORSEMENT AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CATHERINE ROGERS 1049 DAWSON ROAD CHAPEL HILL, NC 27516		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/26/2009	$ 50.00	DESIGN FOR PRINT AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SIGN A RAMA 3702-1 HILLSBOROUGH RD DURHAM, NC 27705		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 526.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	10/29/2009	$ 526.75	MORE YARD SIGNS
				$	

5. Total only this Page	$ 795.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1,257.00

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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**	**O* - Other**

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

Disbursements

Amendment ☐ Yes ☒ No

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WCHL 88 VILCOM CIRCLE, SUITE 130 CHAPEL HILL, NC 27514		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 462.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/22/2009	$ 462.00	RADIO ADS
				$	

5. Total only this Page	$ 462.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1,257.00

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**	**O* - Other**

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

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Aggregated Non-Media Expenditures

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Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	01	Check	K	10/28/2009	$ 17.32

4. Total only this Page	$ 17.32
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 17.32

6. Purpose Codes (List detailed expenditure code in (d) above)

	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	O - Other

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Orange Co. Bd. Of Elections

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNE E. HAGER-BLUNK 227 FLEMINGTON ROAD CHAPEL HILL, NC 27517	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	10/22/2009
		i. Original Receipt Amount
		$ 54.03

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
DIRECTOR OF DEVELOPMENT FOR	UNIVERSITY OF NORTH CAROLINA	P	$ 150.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
01	Check	BEVERAGES & FOOD FOR FUNDRAISING MEET & GREET	10/28/2009	$ 54.03

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
MARIA WINSLOW 112 THARRINGTON DRIVE CHAPEL HILL, NC 27516	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	11/03/2009
		i. Original Receipt Amount
		$ 112.67

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
ENTREPRENEUR/BUSINESS OWNER	ZOESPHINE	P	$ 30.32

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
01	Check	BEVERAGES AND FOOD FOR ELECTION DAY/NIGHT	11/19/2009	$ 112.67

4. Total only this Page	$ 166.70
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 166.70

6. Purpose Codes (List detailed disbursement code in (f) above)

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

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

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In-Kind Contributions

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Amendment ☐ Yes ☒ No

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 30.32

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SNACKS FOR POLL VOLUNTEERS	11/02/2009	$ 5.32
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 45.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SALAD AND APPETIZER, ELECTION NIGHT EVENT	11/03/2009	$ 20.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
EVE BERINGER-KLEIN 225 CHESLEY LANE CHAPEL HILL, NC 27516	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 139.80

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
BEVERGES AND FOOD FOR FUNDRAISING MEET AND GREET	10/24/2009	$ 139.80
		$
		$

4. Total only this Page	$ 165.12
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 561.20

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In-Kind Contributions

Amendment ☐ Yes ☒ No

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 2,683.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PARKING FEE AT MOREHEAD PLANETARIUM TO PARK WHILE HANDING OUT BROCHURES TO EARLY VOTERS	10/20/2009	$ 6.00
INK CATRIDGES AND PAPER TO PRINT CAMPAIGN MATERIALS FOR DOOR TO DOOR CANVASSING	10/21/2009	$ 124.51
WEB HOSTING MONTHLY FEE FOR CAMPAIGN WEBSITE	10/22/2009	$ 4.99

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 2,683.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
COFFEE WITH COMMITTEE MEMBERS	10/23/2009	$ 1.71
INK CARTRIDGES TO PRINT FINAL MAILING	10/26/2009	$ 163.74
PARKING FEES TO CAMPAIGN OUTSIDE EARLY VOTING AT MOREHEAD PLANETARIUM	10/28/2009	$ 3.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 2,683.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
YELLOW POSTERBOARD	10/28/2009	$ 13.65
PARKING FEE TO WORK EARLY VOTING	10/29/2009	$ 9.00
FACEBOOK ADS PAYMENT	11/03/2009	$ 19.79

4. Total only this Page	$ 346.39
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 561.20

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In-Kind Contributions

Amendment ☐ Yes ☒ No

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
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MARYANNE GUCCIARDI 308 PARKRIDGE AVENUE CHAPEL HILL, NC 27517	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 2,683.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD AND BEVERAGES FOR ELECTION NIGHT	11/03/2009	$ 20.00
50 US POSTAL STAMPS	11/12/2009	$ 22.00
MOBILE PACK UPGRADE FOR TEXTING, TWITTER	11/18/2009	$ 7.69

4. Total only this Page	$ 49.69
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 561.20

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Contributions to be Reimbursed

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Amendment ☐ Yes ☒ No

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
MARYANNE GUCCIARDI FOR BOARD OF EDUCATION	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNE E. HAGER-BLUNK 227 FLEMINGTON ROAD CHAPEL HILL, NC	ANNE E. HAGER-BLUNK 227 FLEMINGTON ROAD CHAPEL HILL, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
BEVERAGES, FOOD FOR FUNDRAISING MEET AND GREET EVENT	10/22/2009	N	$ 54.03

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
MARIA WINSLOW 112 THARRINGTON DRIVE CHAPEL HILL, NC	MARIA WINSLOW 112 THARRINGTON DRIVE CHAPEL HILL, NC

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD AND BEVERAGES FOR ELECTION DAY VOLUNTEERS AND ELECTION	11/03/2009	N	$ 112.67

4. Total only this Page	$ 166.70
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 166.70

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