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
ORANGE COUNTY FRIENDS OF TRANSIT	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO BOX 2897 CHAPEL HILL, NC 27516	11/16/2012
	e. Phone Number
	(919) 357-9988

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2012	10/21/2012	11/09/2012	KRISTEN SMITH

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

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	

3. Account Information

a. Financial Institution Full Name		
HARRINGTON BANK		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
DISBURSEMENT OF FUNDS TO SUPPORT REFERENDUM	100	$ 0.00

3. 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

Printed Name of Signer | Signature of Appointed Treasurer | Date

FOR OFFICE USE ONLY

Date Received:	11-16-12	Employee:	
Date Postmarked:		Employee:	
Date Scanned:	11-26-12	Employee:	bbj
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☒ Electronically Filed
- ☐ Signer has not received mandatory training

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.

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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
ORANGE COUNTY FRIENDS OF TRANSIT	2012 Final	

Start of Election Cycle: January 1, 1912		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,080.75	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 0.00	$ 47.89
6) Contributions from Individuals	(CRO-1210)	$ 347.64	$ 2,991.64
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)	$ 2,100.00	$ 3,000.00
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)		$ 2,447.64	$ 6,039.53
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1,799.29	$ 2,868.54
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)	$ 0.00	$ 0.00
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 1,164.00	$ 1,164.00
17) In-Kind Contributions	(CRO-1510)	$ 347.64	$ 1,789.53
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 3,310.93	$ 5,822.07
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 217.46	$ 217.46
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)	$ 0.00	$ 0.00

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Contributions from Individuals

Pg 1 of 1

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
ORANGE COUNTY FRIENDS OF TRANSIT	

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
JASON BAKER 913B Shady Lawn Rd Ext CHAPEL HILL, NC 27514	TEACHING ASSISTANT	NORTH CAROLINA STATE UNIVERSITY		$ 470.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In Kind	YARD SIGN STAKES	10/27/2012	$ 250.00
☐					$
☐					$

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
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	SPECIAL COUNSEL	NORTH CAROLINA GENERAL ASSEMBLY		$ 597.64

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In Kind	PRINTING	10/26/2012	$ 40.04
☐	100	In Kind	POSTAGE	10/24/2012	$ 19.20
☐	100	In Kind	POSTAGE	10/23/2012	$ 38.40

4. Total only this Page	$ 347.64
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 347.64

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Other Receipt Sources

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
ORANGE COUNTY FRIENDS OF TRANSIT	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest ☐ Contributions from Not-for-Profit Organizations ☒ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
CHAPEL HILL-CARRBORO CHAMBER OF COMMERCE 104 S. ESTES DRIVE CHAPEL HILL, NC 27514				$ 3,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Check		10/30/2012	$ 300.00
100	Check		10/21/2012	$ 900.00

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
CHAPEL HILL-CARRBORO CHAMBER OF COMMERCE 104 S. ESTES DRIVE CHAPEL HILL, NC 27514				$ 3,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Check		10/29/2012	$ 900.00
				$

5. Total only this Page	$ 2,100.00
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 2,100.00

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Disbursements

Pg 1 of 1

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
ORANGE COUNTY FRIENDS OF TRANSIT	

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
DAILY TAR HEEL 151 E. Rosemary St. CHAPEL HILL, NC 27514		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 224.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	11/02/2012	$ 224.00	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
GLYPH INTERFACE 100 BANKS DRIVE CHAPEL HILL, NC 27514		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 438.49

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	B	10/23/2012	$ 438.49	POSTCARDS
				$	

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 Center Drive SUITE 130 CHAPEL HILL, NC 27514		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,136.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	10/31/2012	$ 1,136.80	RADIO BUY
				$	

5. Total only this Page	$ 1,799.29
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)*	$ 1,799.29

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)**

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Orange County Bd. of Elections

Refunds/Reimbursements From the Committee

Pg 1 of 3

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
ORANGE COUNTY FRIENDS OF TRANSIT	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
JASON BAKER 913B Shady Lawn Rd Ext CHAPEL HILL, NC 27514	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	10/15/2012
		i. Original Receipt Amount
		$ 670.60

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
TEACHING ASSISTANT		P	$ 470.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT FOR YARD SIGNS	10/27/2012	$ 670.60

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	09/05/2012
		i. Original Receipt Amount
		$ 139.10

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
SPECIAL COUNSEL		P	$ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - POSTAGE	10/29/2012	$ 139.10

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	09/18/2012
		i. Original Receipt Amount
		$ 12.80

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
SPECIAL COUNSEL		P	$ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR POSTAGE	10/29/2012	$ 12.80

4. Total only this Page	$ 822.50
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1,164.00

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-Kind | **O* Other**

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

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Refunds/Reimbursements From the Committee

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
ORANGE COUNTY FRIENDS OF TRANSIT	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 09/20/2012
		i. Original Receipt Amount $ 64.00
b. Job Title/Profession: SPECIAL COUNSEL	c. Employer's Name/Specific Field:	f. Purpose Code: P
		j. Election Sum to Date $ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR POSTAGE	10/29/2012	$ 64.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 09/21/2012
		i. Original Receipt Amount $ 64.00
b. Job Title/Profession: SPECIAL COUNSEL	c. Employer's Name/Specific Field:	f. Purpose Code: P
		j. Election Sum to Date $ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR POSTAGE	10/29/2012	$ 64.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 09/27/2012
		i. Original Receipt Amount $ 64.00
b. Job Title/Profession: SPECIAL COUNSEL	c. Employer's Name/Specific Field:	f. Purpose Code: P
		j. Election Sum to Date $ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR POSTAGE	10/29/2012	$ 64.00

4. Total only this Page	$ 192.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1,164.00

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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Refunds/Reimbursements From the Committee

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
ORANGE COUNTY FRIENDS OF TRANSIT	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/02/2012
		i. Original Receipt Amount $ 32.00
b. Job Title/Profession: SPECIAL COUNSEL	c. Employer's Name/Specific Field:	f. Purpose Code: P
		j. Election Sum to Date $ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR POSTAGE	10/29/2012	$ 32.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/19/2012
		i. Original Receipt Amount $ 85.50
b. Job Title/Profession: SPECIAL COUNSEL	c. Employer's Name/Specific Field:	f. Purpose Code: P
		j. Election Sum to Date $ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR ADVERTISING	10/29/2012	$ 85.50

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/19/2012
		i. Original Receipt Amount $ 32.00
b. Job Title/Profession: SPECIAL COUNSEL	c. Employer's Name/Specific Field:	f. Purpose Code: P
		j. Election Sum to Date $ 597.64

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMBURSEMENT - FOR POSTAGE	10/29/2012	$ 32.00

4. Total only this Page	$ 149.50
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1,164.00

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)**

In-Kind Contributions

Pg 1 of 1

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
ORANGE COUNTY FRIENDS OF TRANSIT	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JASON BAKER 913B Shady Lawn Rd Ext CHAPEL HILL, NC 27514	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $ 470.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
YARD SIGN STAKES	10/27/2012	$ 250.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
GERRY COHEN 8909 TAYMOUTH COURT RALEIGH, NC 27613	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $ 597.64

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING	10/26/2012	$ 40.04
POSTAGE	10/24/2012	$ 19.20
POSTAGE	10/23/2012	$ 38.40

4. Total only this Page	$ 347.64
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 347.64

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