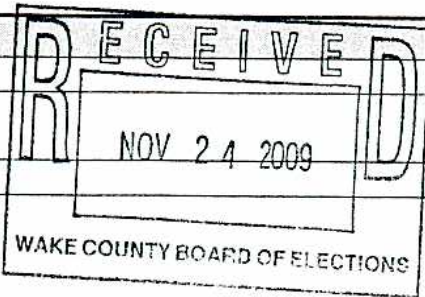


Disclosure Report Cover

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 Citizens for Horace J. Tart for Wake County Board of Educati | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 1817 W. Academy Street Fuquay Varina, NC 27526 | d. Date Filed |
| | e. Phone Number 919-557-3913 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2009 | 3. Period Start Date (mm/dd/yy) 09/22/2009 | 4. Period End Date (mm/dd/yy) 11/20/2009 | 5. Treasurer Full Name Darlene S. Keith |
|-------------------------------|--|--|---|

| | | | | |
|--|---|--|---|---|
| 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 | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input checked="" 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 0 | | 10. Special Report Name | | |

| | | | |
|--|---------------------------------------|------------------------------------|-------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Branch Banking & Trust Company | | a. Financial Institution Full Name | |
| b. Purpose Candidate Ac | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 5770.97 | | 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.

Darlene S. Keith
Printed Name of Signer

Darlene S. Keith
Signature of Appointed Treasurer

11/20/09
Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---|
| Date Received: _____ | Employee: _____ | Delivery Method <input 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: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |
| 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) | | 2. Type of Report | | 3. ID Number | |
|--|--|-----------------------------|--|---------------------------|--|
| Citizens for Horace J. Tart for Wake County Board of Education | | Final | | | |
| Start of Election Cycle: January 1, 2009 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 5770.97 | | \$ 3601.98 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 150.00 | | \$ 780.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1,000.00 | | \$ 1,925.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ 6,000.00 | |
| 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) | | \$ 1,150.00 | | \$ 8,705.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 3,568.61 | | \$ 8,954.62 | |
| 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) | | \$ 3,352.36 | | \$ 3,352.36 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 6,920.97 | | \$ 12,306.98 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0 | | \$ 0 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ | | | |
| 22) Debts and Obligations owed By the Committee (CRO-1610) | | \$ | | | |
| 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) | | \$ | | \$ | |

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 | |
| CITIZENS FOR HORACE TART FOR WAKE COUNTY BOARD OF EDUCATION | | | | | | | |
| 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 | |
| W. MARK CUMALANDER 129 LOCHWOOD WEST DRIVE CARY, NC 27511 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field CUMALANDER LAW FIRM | | | |
| | | | | 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 | | 09/27/2009 | | \$ 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 | |
| ROBERT L. JOHNSON 8105 WOODCREST COURT FUQUAY VARINA, NC 27526 | | | | OPTOMETRIST | | | |
| | | | | c. Employer's Name/Specific Field JOHNSON OPTOMETRIC | | | |
| | | | | 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 | | 09/29/2009 | | \$ 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 | |
| ANNE NORRIS MCLAURIN 324 W. BOYLAN AVENUE RALEIGH, NC 27603 | | | | PHYSICIAN | | | |
| | | | | c. Employer's Name/Specific Field ALLIANCE MEDICAL | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 150.00 | |
| 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 | | 09/22/2009 | | \$ 150.00 | |
| <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> | | | | | | \$ 1,000.00 | |

Contributions from Individuals

Pg 2 of 2

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 | |
| Citizens for Horace J. Tart for Wake County Board of Education | | | | | | |
| 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 | |
| James C. Ransdell, Jr. 6336 Dwight Rowland Road Fuquay Varina, NC 27526 | | | Self-Employed | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Property Management | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| 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 | | 09/29/2009 | \$ 500.00 | |
| <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 | |
| Smedes York P.O. Box 10007 Raleigh, NC 27605 | | | Commercial Realtor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | York Realty | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| 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 | | 09/29/2009 | \$ 150.00 | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 650.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 1000.00 | |

Aggregated Contributions from Individuals

Page 1 of 1

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 | |
|--|-----------------|--------------------|------------------------|----------------------|---------------------|----------|
| CITIZENS FOR HORACE TART FOR WAKE COUNTY 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 | |
| <input type="checkbox"/> Add | 1 | Check | | 09/29/2009 | \$ | 50.00 |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Check | | 09/29/2009 | \$ | 50.00 |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Check | | 09/30/2009 | \$ | 25.00 |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | Check | | 09/29/2009 | \$ | 25.00 |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ | \$150.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ | \$150.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

CRO-1205

NC State Board of Elections

April 2007

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 |
| CITIZENS FOR HORACE TART FOR WAKE COUNTY BOARD OF EDUCATION | | | | | | |
| 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 (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| FUQUAY VARINA INDEPENDENT P.O. BOX 669 FUQUAY VARINA, NC 27526 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | \$ 355.63 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Check | 0 | 09/25/2009 | \$ 355.63 | ADVERTISING | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| J.N. DOLLAR & ASSOCIATES P.O. BOX 1352 CARY, NC 27512 (Nelson Dollar) | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | \$ 4,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Check | 0 | 10/07/2009 | \$ 2,000.00 | GENERAL CONSULTING | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| LABELS & LISTS, INC. 2500-116TH AVENUE NE BELLEVUE, WA 98004 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | \$ 113.11 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Check | 0 | 10/19/2009 | \$ 113.11 | VOTER CONTACT LISTS | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 2,468.74 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 3,393.61 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <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 | | O* - Other |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

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 |
| Citizens for Horace J. Tart for Wake County Board | | | | | |
| 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 |
| METRO PRODUCTIONS 6005 Chapel Hill Road Raleigh, NC 27607 | | | | | |
| | | | 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 |
| | | | | | \$ 703.42 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | 0 | 11/02/2009 | \$104.62 | Business Cards |
| 1 | check | 0 | 11/04/2009 | \$175.00 | Graphic Design |
| 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 |
| RWCA M-PAC 517 Rock Quarry Road Raleigh, NC 27610 | | | | | |
| | | | 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 |
| | | | | | \$ 700.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | 0 | 9/23/2009 | \$700.00 | Poll workers |
| | | | | \$ | |
| 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 |
| HORACE J. TART 1817 W. Academy Street Fuquay Varina, NC 27526 | | | | | |
| | | | 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 |
| | | | | | \$ 120.25 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | 0 | 10/07/2009 | \$120.25 | Reimb for Food for election night |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 1099.87 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 3568.61 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <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 | 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) | | | 2. ID Number | |
| Citizens for Horace J. Tart for Wake County Board of Education | | | | |
| Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Horace Tart 1817 West Academy Street Fuquay Varina, NC 27526 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 10/17/05 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ 12000.00 |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | L | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Residential Builder | Bristar | | | 1 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Partial refund of contribution | 11/04/2009 | \$ 3352.36 | |
| 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 | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| n. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 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 | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 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 | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 4. Total only this Page | | | | \$ 3352.36 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 3352.36 |
| 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) | | | | |