

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 Committee to Elect Bob Ciullo | | | c. ID Number 8DF2ED | |
| b. Mailing Address (include City, State and Zip Code) P.O. Box 986 Oak Island NC 28465 | | | d. Date Filed 12/12/2023 | |
| | | | e. Phone Number 540-454-2547 | |
| 2. Report Year 2023 | 3. Period Start Date (mm/dd/yy) 09/27/2023 | 4. Period End Date (mm/dd/yy) 10/23/2023 | 5. Treasurer Full Name Leslie R. Kash | |
| 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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) | | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name Pre-election Report | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name TRUIST | | a. Financial Institution Full Name | | |
| b. Purpose Campaign Expenses | c. Account Code OKI | b. Purpose | c. Account Code | |
| | d. Period Begin Balance \$462.68 | | 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. | | | | |
| Leslie R Kash | | Leslie R Kash | | 12/12/2023 |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: _____ | Employee: <u> an </u> | Delivery Method | | |
| Date Postmarked: RECEIVED | Employee: _____ | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | | |
| Date Scanned: DEC 12 2023 | Employee: _____ | <input type="checkbox"/> Signer has not received mandatory training | | |
| 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 | |
|--|-----------------------------|---------------------------|--|
| Committee to Elect Bob Ciulla | 2023 Pre-Election | 8DF260 | |
| Start of Election Cycle: January 1, <u>2020</u> | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 462.68 | \$ 0 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ 1,300.00 | \$ 5662.92 | |
| 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) | \$ 85.77 | \$ 391.08 | |
| 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) | \$ | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1385.77 | \$ 6054.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 865.93 | \$ 3503.73 | |
| 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) | \$ | \$ | |
| 17) In-Kind Contributions (CRO-1510) | \$ 0 | \$ 1567.75 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 865.77 ⁴ | \$ 5071.48 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 982.52 | \$ 982.52 | |
| 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-2220) | \$ | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ | |

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 | |
| Committee to Elect Bob Ciullo | | | | | | 8DF2ED | |
| 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 | |
| Bob Callahan 115 SE 72 nd St. Oak Island, NC 28465 | | | | Teacher | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | UNCW | | \$ 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"/> | OKI | check | | 09/28/2023 | \$ 100 | | |
| <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 | |
| Cheryl Sherman 501 E Yacht Dr. Oak Island, NC 28465 | | | | No job title | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Not employed | | \$ 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"/> | OKI | check | | 09/28/2023 | \$ 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 | |
| Freida Cook 240 NE 62 nd St. Oak Island, NC 28465 | | | | No job title | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Not employed | | \$ 50 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | OKI | check | | 9/27/23 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ 2K | | |
| 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> | | | | | | \$ 1300 ⁰⁰ | |

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 | |
| Committee to Elect Bob Ciullo | | | | | | 8DFZED | |
| 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 | |
| Carl Corriere 165 NE 5 th St. Oak Island, NC 28465 | | | | No job title | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not 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"/> | OKI | check | | 09/30/2023 | \$100 | | |
| <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 | |
| Helen Hunt 167 NW 5 th St Oak Island NC 28465 | | | | No job title | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not employed | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$50 ⁰⁰ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | OKI | check | | 10/03/2023 | \$50 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 | |
| Susan Snakenberg 123 E. Island Dr. Oak Island, NC 28465 | | | | No job title | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not employed | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$50 ⁰⁰ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | OKI | check | | 10/03/2023 | \$50 ⁰⁰ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$200 ⁰⁰ | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$1300 ⁰⁰ | |

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 | |
| Committee to Elect Bob Ciullo | | | | | | 8DF2ED | |
| 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 | |
| Bettie Thorne 5092 Glenn Cove Dr. Oak Island, NC 28466 | | | | No job title | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Not employed | | \$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"/> | OKI | check | | 10/06/2023 | \$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 | |
| Mike Forte 1271 Washington St. Southport NC 28461 | | | | County Commissioner | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Brunswick County | | \$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"/> | OKI | check | | 10/12/2023 | \$250 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 | |
| Phil Dudley 218 Sellers St. Oak Island NC 28465 | | | | Regional Business Manager | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | Texas Meter | | \$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"/> | OKI | check | | 10/17/2023 | \$100 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$450 ⁰⁰ | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$1300 ⁰⁰ | |

Refunds/Reimbursements To the Committee

| | | |
|-------------------------------------|-----|----|
| Amendment | Yes | No |
| <input checked="" type="checkbox"/> | | |

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| | | | | | |
|--|---------------------------|--|---|-----------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Elect Bob Ciullo | | | | 8DF2ED | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| Bill Craft <i>for TOWN COUNCIL RK</i> 204 Barbee Blvd Oak Island, NC 28465 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | 09/25/2023 <i>RK</i> |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ 171.55 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| Town Councilor | | Town of Oak Island | | 1/2 cost for Meet and Greet | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 85.77 |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| OKI | check | | | 09/28/2023 | \$ 85.77 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 4. Total only this Page | | | | | \$ 85.77 |
| 5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 85.77 |

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 | |
| Committee to Elect Bob Ciullo | | | | | | 810F2ED | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <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 | |
| Windemere Promo Products 42 Gravel Bend Road Egg Harbour, Twsp 08234 | | | | | | Yard Signs | |
| | | | | 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: | | \$1604.50 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| OKI | Debit Card | 0 | 09/30/2023 | \$804.50 | Lawn Signs Final Payment | | |
| | | | | \$ | | | |
| 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 | |
| Amazon HerKka USA | | | | | | Office Supplies | |
| | | | | 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: | | \$149.98 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| OKI | Debit Card | 0 | 10/12/2023 | \$61.43 | Printer ink, clips, pens | | |
| | | | | \$ | | | |
| 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 | |
| | | | | | | | |
| | | | | 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: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 865.93 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 865.93 | |
| <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 | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |