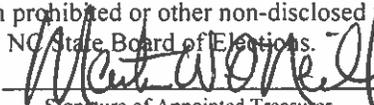


Disclosure Report Cover

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
COMMITTEE TO ELECT JONATHAN DAMICO			
b. Mailing Address (include City, State and Zip Code)			d. Date Filed
3729 WINDY POINT RD. SW SUPPLY, NC 28462			e. Phone Number
			513-702-9247
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer-Full Name
2024	07/01/2024	10/19/2024	MARTIN W. O'NEILL
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 <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal State/County Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
6			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
TRUIST			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
TO RECORD ALL CONTRIB. AND EXPENSES OF THE CAMPAIGN	JD5		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 980.58		\$
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.			
MARTIN W. O'NEILL Printed Name of Signer		 Signature of Appointed Treasurer	
		12/30/2024 Date	
FOR OFFICE USE ONLY			
Date Received:	RECEIVED	Employee:	<u>NP</u>
Date Postmarked:	DEC 30 2024	Employee:	_____
Date Scanned:	BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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.			

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 JONATHAN DAMICO		THIRD QUARTER 2024 REVISED			
Start of Election Cycle: January 1,		2021		Total this Reporting Period	
				Total this Election Cycle	
4) Cash on Hand at Start		\$ 980.58		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 2444.00		\$ 4478.75	
7) Contributions from Political Party Committees (CRO-1220)		\$ 400.00		\$ 900.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 1781.23		\$ 1781.23	
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)		\$ 4625.23		\$ 7159.98	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1161.24		\$ 1481.91	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$ 100.00	
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)		\$ 1781.23		\$ 2189.98	
17) In-Kind Contributions (CRO-1510)		\$ 1781.23		\$ 2505.98	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4723.70		\$ 6277.87	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 882.11		\$ 882.11	
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 Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT JONATHAN DAMICO					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		CAMPAIGN PAID FOR SHARE OF PURCHASES	
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 1781.23	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JD5	CHK#1005	SHARE OF CAMP. SIGNS	08/02/2024	\$ 721.66	
JD5	CHK#1006	SHARE OF FACE BOOK AD	08/02/2024	\$ 100.00	
JD5	CHK#1010	SHARE OF CAMP. SIGNS	10/16/2024	\$ 703.57	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		CAMPAIGN PAID FOR SHARE OF PURCHASES	
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 1781.23	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JD5	CHK#1011	SHARE OF AN AD IN STATE PILOT	10/16/2024	\$ 256.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 1781.21	
5. Total of ALL CRO-1230 Pages				\$ 1781.21	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

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 JONATHAN DAMICO						
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						e. Election Sum to Date
						\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	07/02/24	\$.60	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	07/03/24	\$.60	EXPENSE TO COLL CAMP FUNDS	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						e. Election Sum to Date
						\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	07/05/24	\$2.08	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	07/17/24	\$5.09	EXPENSE TO COLL CAMP FUNDS	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						e. Election Sum to Date
						\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	07/22/24	\$1.16	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	07/26/24	\$3.93	EXPENSE TO COLL CAMP FUNDS	
5: Total only this Page						\$ 13.46
6: Total of ALL CRO-1310 Pages						\$ 2957.89
<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>						1161.24 9/6/24
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>						
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)						

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 JONATHAN DAMICO						
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)				e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State		<input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality:		\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	07/31/24	\$1.93	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	08/05/24	\$.60	EXPENSE TO COLL CAMP FUNDS	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)				e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State		<input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality:		\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	08/06/24	\$1.53	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	08/14/24	\$10.00	EXPENSE TO COLL CAMP FUNDS	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)				e. Election Sum to Date		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State		<input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality:		\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	08/16/24	\$3.75	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	08/18/24	\$1.16	EXPENSE TO COLL CAMP FUNDS	
5. Total only this Page						\$ 18.37 18.97 18.97
6. Total of ALL CRO-1310 Pages <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>						\$ 2957.89 1161.24
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>						
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)						

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 JONATHAN DAMICO					
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
SQUARE SPACE WEB SITE 8 CLARKSON ST. NEW YORK, NY					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					\$ 173.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	07/10/2024	\$23.00	EXPENSE FOR WEB SITE
JD5	BKTRANSFER	C	08/12/2024	\$23.00	EXPENSE FOR WEB SITE
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
BRUNSWICK CO. NAACP DINNER 1034 PARKWOOD NE LELAND, NC 28451					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
					\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	CHECK#1004	O	07/24/2024	\$60.00	DONATION TO NON PROFIT
				\$	
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
			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					\$ 106.00
6. Total of ALL CRO-1310 Pages					\$ 1161.24
<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 <i>(List detailed expenditure code in (h.) above)</i>					
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)					

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 JONATHAN DAMICO						
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	
VISTA PRINT 275 WYMAN. WALTHAM, MA 02431						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 638.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	A	08/19/2024	\$360.22	CAR MAGNETS FOR CAMPAIGN	
JD5	BKTRANSFER	A	09/14/2024	\$109.08	CAMPAIGN BUTTONS	
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	
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144					EXPENSE TO COLL CAMP FUNDS EXPENSE TO COLL CAMP FUNDS	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 110.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	08/28/2024	\$3.93	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	08/30/2024	\$.60	EXPENSE TO COLL CAMP FUNDS	
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	
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 110.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	08/28/24	\$3.93	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	09/04/2024	\$.60	EXPENSE TO COLL CAMP FUNDS	
5. Total only this Page					\$ 478.36	
6. Total of ALL CRO-1310 Pages					\$ 2957.89	
<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)						

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 JONATHAN DAMICO						
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)						
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	09/11/24	\$1.71	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	09/12/24	\$1.16	EXPENSE TO COLL CAMP FUNDS	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)						
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	09/03/24	\$4.06	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	09/13/24	\$1.53	EXPENSE TO COLL CAMP FUNDS	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144						
c. Level Registered (Specify)						
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JD5	BKTRANSFER	C	09/16/24	\$5.73	EXPENSE TO COLL CAMP FUNDS	
JD5	BKTRANSFER	C	09/18/24	\$3.93	EXPENSE TO COLL CAMP FUNDS	
5. Total only this Page						\$ 18.12
6. Total of ALL CRO-1310 Pages						\$ 2957.89
(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)						962.24 1161.24 2957.89
7. Purpose Codes (List detailed expenditure code in (b.) 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)						

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) COMMITTEE TO ELECT JONATHAN DAMICO	2. ID Number
--	---------------------

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) ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 110.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	09/18/24	\$5.09	EXPENSE TO COLL CAMP FUNDS
JD5	BKTRANSFER	C	09/19/24	\$.60	EXPENSE TO COLL CAMP FUNDS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SQUARE SPACE WEB SITE 8 CLARKSON ST.. NEW YORK, NEW YORK	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 173.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	09/10/24	\$23.00	EXPENSE FOR WEB SITE
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTA PRINT 275 WYMAN WALTHAM, MA 02431	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 638.39

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	A	09/18/24	\$104.81	EXPENSE FOR CAR MAGNETS
				\$	

5. Total only this Page \$ 133.50 ✓

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)
 \$ ~~9107.24~~ 1161.24
~~2957.89~~

- 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)

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 JONATHAN DAMICO					
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
GOOGLE G SUITE 1600 AMPHITHEATRE WAY MOUNTAIN VIEW, CA 94043					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 18.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	K	09/30/2024	\$18.00	SUPPORT CAMP.. COMPUTESERVICES
JD5				\$	
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
BRUNSWICK BEER&CIDER 1313 DICKENSON DR. LELAND, NC 28451					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 163.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	09/30/2024	\$53.38	CAMPAIGN EVENT
				\$	
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
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 110.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BANKTRANS	C	10/02/2024	\$2.17	TO COLLECT CAMP. CONTRIB
JD5	BANKTRANS	C	10/03/2024	\$1.16	TO COLLECT CAMP. CONTRIB
5. Total only this Page					\$ 74.71
6. Total of ALL CRO-1310 Pages					
<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>					\$ 1161.24
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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)					

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 JONATHAN DAMICO					
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	
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 110.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	10/17/24	\$3.93	EXPENSE TO COLL CAMP FUNDS
JD5	BKTRANSFER	C	10/17/24	\$1.34	EXPENSE TO COLL CAMP FUNDS
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	
ALDI'S 9410 PLOOF RD.. LELAND, NC 28451				PURCHASE OF SUPPLIES FOR CAMPAIGN EVENT	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 33.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	10/07/24	\$33.12	CAMPAIGN EVENT SUPPLIES
				\$	
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	
DOLLAR GENERAL 1758 MT. MISERY RD. LELAND, NC 28451				PURCHASE OF SUPPLIES FOR CAMPAIGN EVENT	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 10.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	10/02/2024	\$10.68	SUPPLIES FOR CAMPAIGN EVENT
				\$	
5. Total only this Page					\$ 49.07
6. Total of ALL CRO-1310 Pages					\$ 1161.24
<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 <i>(List detailed expenditure code in (h.) above)</i>					
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)					

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 JONATHAN DAMICO					
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	
HARRIS TEETER LELAND, NC 28451 2021 OLD REGENT RD.				TO PURCHASE SUPPLIES FOR CAMP EVENT	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 9.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	10/07/2024	\$9.88	SUPPLIES FOR EVENT
JD5				\$	
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	
LELAND BREWING COMPANY LELAND, NC 28451 2115 ALE AVE.				EVENT HELD TO RAISE FUNDS & TALK TO VOTERS	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 14.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	10/07/2024	\$14.36	CAMPAIGN EVENT
				\$	
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	
JENGO'S PLAYHOUS 815 PRINCESS ST. WILMINGTON, NC 28401				TO ATTEND A FORUM TO PROVIDE HIS CAMPAIGN	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 12.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	10/09/2024	\$12.23	CAMPAIGN EVENT
				\$	
5. Total only this Page					\$ 36.47
6. Total of ALL CRO-1310 Pages					\$ 1161.24
<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 <i>(List detailed expenditure code in (h.) above)</i>					
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)					

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 JONATHAN DAMICO					
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	
SQUARE SPACE WEB SITE 8 CLARKSON ST. NEW YORK, NY					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 173.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	10/10/2024	\$23.00	EXPENSE FOR WEB SITE
				\$0	
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	
LIVE OAK MEDIA P.O. BOX 10175 SOUTHPORT, NC 28461					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	CHECK#1007	A	09/09/2024	\$200.00	CAMPAIGN AD IN LOCAL MAGIZINE
				\$	
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	
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 110.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BANKTRANS	C	10/17/2024	\$1.34	EXP TO COLLECT CONTRIBUTIONS
JD5	BANKTRANS	C	10/18/2024	\$8.24	EXP TO COLLECT CONTRIBUTIONS
5. Total only this Page					\$ 232.58
6. Total of ALL CRO-1310 Pages					\$ 1161.24
<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 <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT JONATHAN DAMICO					
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	
SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD SOUTHPORT, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/02/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 721.66	
f. Purpose Code		j. Election Sum to Date			
P (REIMBURSEMENT IN KIND)		\$ 1781.23			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NO JOB TITLE	NOT EMPLOYED	PAYMENTS TO SIMMONS FOR PURCHASE OF CAMP. SIGNS		JD5	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
CHECK#1005	A PAYMENT TO TOM SIMMONS CAMPAIGN FOR DAMICO CAMPAIGN'S SHARE OF CAMP. SIGNS	08/02/2024	\$ 721.66		
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	
SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/02/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
f. Purpose Code		j. Election Sum to Date			
P (REIMBURSEMENT IN KIND)		\$ 1781.21			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NO JOB TITLE	NOT EMPLOYED	PAYMENTS TO SIMMONS FOR PURCHASE OF CAMP. SIGNS Facebook AD		JD5	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
CHK#1006	A PAYMENT TO TOM SIMMONS CAMPAIGN FOR DAMICO CAMP. PORTION OF COST OF AD ON FACEBOOK	08/02/2024	\$ 100.00		
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	
SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/16/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 703.57	
f. Purpose Code		j. Election Sum to Date			
P (REIMBURSEMENT IN KIND)		\$ 1781.21			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NOT JOB TITLE	NOT EMPLOYED			JD5	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
CHECK#1010	A PAYMENT TO TOM SIMMONS CAMPAIGN FOR DAMICO CAMPAIGN'S SHARE OF CAMP. SIGNS	10/16/2024	\$ 703.57		
4. Total only this Page				\$ 1525.23	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1781.23	
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)					

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		
COMMITTEE TO ELECT JONATHAN DAMICO					
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	
SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28361		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/16/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 256.00	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Purpose Code			j. Election Sum to Date		
P (REIMBURSEMENT IN KIND)			\$ 1781.23		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NO JOB TITLE	NOT EMPLOYED	PAYMENTS TO THE SIMMONS CAMPAIGN FOR SHARE OF AD		JD5	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
CHECK#1011	THE DAMICO CAMPAIGN'S PORTION OF THE FEE FOR AN AD IN THE STATE PILOT NEWSPAPER	10/16/2024	\$ 256.00		
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				\$ 256.00	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1781.23	
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)					

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT JONATHAN DAMICO		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28461	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments TO REIMBURSE TH SIMMONS CAMP. FOR PURCHASES OF CAMP. ITEMS <hr/> d. Election Sum to Date \$ 1781.23
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENTS TO SIMMONS CAMPAIGN FOR DAMICO CAMP SHARE OF CAMP.SIGNS PURCHASED FOR DAMICO CAMP	08/02/2024	\$ 721.66
PAYMENTS TO SIMMONS CAMPAIGN FOR DAMICO CAMP SHARE OF FACEBOOK JOINT AD PAID BY SIMMONS CAMP	08/02/2024	\$ 100.00
PAYMENTS TO SIMMONS CAMPAIGN FOR DAMICO CAMP SHARE OF CAMP.SIGNS PURCHASED FOR DAMICO CAMP	10/16/2024	\$ 703.57
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) SIMMONS FOR COUNTY COMMISSIONER 1462 LONGLEAF RD. SOUTHPORT, NC 28461	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments TO REIMBURSE TH SIMMONS CAMP. FOR PURCHASES OF CAMP. ITEMS <hr/> d. Election Sum to Date \$ 1781.23
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENTS TO SIMMONS CAMPAIGN FOR DAMICO CAMP SHARE OF AN AD IN THE STATE PORT PILOT NEWS	10/16/2024	\$ 256.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments <hr/> d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 1781.23
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1781.23