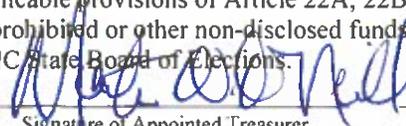


# Disclosure Report Cover

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<br>SUPPLY, NC 28462  |                                 | 02/07/2025   |                        |
|  |                                 | 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<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Legal Expense Fund   |                                 | <b>Municipal</b> <b>State/County</b> <b>Referendum</b><br><input type="checkbox"/> Organizational <input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Pre-primary <input type="checkbox"/> First<br><input type="checkbox"/> Pre-election <input type="checkbox"/> Second<br><input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> Third<br><input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth<br><input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Year End <input type="checkbox"/> Mid Year<br><input type="checkbox"/> Final <input type="checkbox"/> Year End<br><input type="checkbox"/> Special <input type="checkbox"/> Final<br><input type="checkbox"/> <input type="checkbox"/> Special |                        |
| 7. Type of Fund (if applicable, check one)   |                                 | 10. Special Report Name  |                        |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><br><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   |                        |
| b. Purpose   |                                 | b. Purpose   |                        |
| c. Account Code  |                                 | c. Account Code  |                        |
| d. Period Begin Balance  |                                 | d. Period Begin Balance  |                        |
| TO RECORD ALL CONTRIB AND EXPENSES OF THE CAMPAIGN<br>JD5<br>\$ 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<br>Printed Name of Signer  |                                 | <br>Signature of Appointed Treasurer   |                        |
|  |                                 | 02/07/2025<br>Date   |                        |
| FOR OFFICE USE ONLY  |                                 |  |                        |
| <b>RECEIVED</b><br>FEB 07 2025<br>BRUNSWICK COUNTY BOARD OF ELECTIONS  |                                 | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training  |                        |
| Date Received: _____   | Employee: <u>  CN  </u>         |  |                        |
| Date Postmarked: _____   | Employee: _____                 |  |                        |
| Date Scanned: _____  | Employee: _____                 |  |                        |
| Date Data Entered: _____   | Employee: _____                 |  |                        |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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 |  |                             |  |
| Start of Election Cycle: <b>January 1,</b>                                   |  | <b>2021</b>        |  | Total this Reporting Period |  |
| 4) Cash on Hand at Start   |  | \$ 980.58          |  | \$                          |  |
| <b>RECEIPTS</b>  |  |                    |  |                             |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                 |  | \$                          |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 2794.00         |  | \$ 4828.75                  |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 650.00          |  | \$ 1150.00                  |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 2461.23         |  | \$ 2461.23                  |  |
| 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) |  | \$ 5905.23         |  | \$ 8439.98                  |  |
| <b>EXPENDITURES</b>  |  |                    |  |                             |  |
| 13) Disbursements  |  |                    |  |                             |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 1152.82         |  | \$ 1473.49                  |  |
| 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)                     |  | \$ 1981.23         |  | \$ 2389.98                  |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$ 1981.23         |  | \$ 2705.98                  |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 5115.28         |  | \$ 6669.45                  |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 1770.53         |  | \$ 1770.53                  |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                    |  |                             |  |
| 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

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 JONATHAN DAMICO  |                 |                                   |                        |                         |            |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                                   |                        |                         |            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 | b. Job Title/Profession           |                        | d. Comments             |            |
| SHELLEY ALLEN<br>873 OCEAN BLVD. WEST<br>HOLDEN BEACH, NC 28462                         |                 | EDUCATOR                          |                        |                         |            |
|   |                 | c. Employer's Name/Specific Field |                        |                         |            |
|   |                 | SELF EMPLOYED                     |                        |                         |            |
|   |                 |                                   |                        | e. Election Sum to Date |            |
|   |                 |                                   |                        | \$ 511.00               |            |
| f. Prior  | g. Account Code | h. Form of Payment                | i. In-Kind Description | j. Date (mm/dd/yyyy)    | k. Amount  |
| <input type="checkbox"/>  | JD5             | CREDITCARD                        |                        | 7/01/2024               | \$ 10.00   |
| <input type="checkbox"/>  | JD5             | CREDITCARD                        |                        | 07/26/2024              | \$ 100.00  |
| <input type="checkbox"/>  | JD5             | CREDITCARD                        |                        | 07/28/2024              | \$ 10.00   |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                                   |                        |                         |            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 | b. Job Title/Profession           |                        | d. Comments             |            |
| BILL MCHUGH<br>8654 LANVALE FOREST DR.<br>LELAND, NC 28451                              |                 | CONTRACT MGR                      |                        |                         |            |
|   |                 | c. Employer's Name/Specific Field |                        |                         |            |
|   |                 | THERMO FISHER<br>SCIENTIFIC       |                        |                         |            |
|   |                 |                                   |                        | 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"/>  | JD5             | CREDITCARD                        |                        | 07/02/2024              | \$ 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<br>(include city, state, & zip)                   |                 | b. Job Title/Profession           |                        | d. Comments             |            |
| KATE LESNETT<br>8654 LANVALE FOREST DR..<br>2416 KINGS LN.<br>PITTSBURGH, PA 15241      |                 | NO JOB TITLE                      |                        |                         |            |
|   |                 | c. Employer's Name/Specific Field |                        |                         |            |
|   |                 | NOT EMPLOYED                      |                        |                         |            |
|   |                 |                                   |                        | e. Election Sum to Date |            |
|   |                 |                                   |                        | \$ 90.00                |            |
| f. Prior  | g. Account Code | h. Form of Payment                | i. In-Kind Description | j. Date (mm/dd/yyyy)    | k. Amount  |
| <input type="checkbox"/>  | JD5             | CREDITCARD                        |                        | 07/02/2024              | \$ 10.00   |
| <input type="checkbox"/>  | JD5             | CREDITCARD                        |                        | 08/05/2024              | \$ 10.00   |
| <input type="checkbox"/>  | JD5             | CREDITCARD                        |                        | 09/04/2024              | \$ 10.00   |
| 4. Total only this Page   |                 |                                   |                        |                         | \$ 200.00  |
| 5. Total of ALL CRO-1210 Pages  |                 |                                   |                        |                         | \$ 2794.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                         |                 |                                   |                        |                         |            |

# 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            |  |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| COMMITTEE TO ELECT JONATHAN DAMICO   |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                    |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| MARIA DONNELLY<br>416 OCEAN BREEZE DR. SW<br>SUPPLY, NC 28462  |                 |                    | NO JOB TITLE                      |                      |                         |  |
|  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|  |                 |                    | NOT EMPLOYED                      |                      | e. Election Sum to Date |  |
|  |                 |                    |                                   |                      | \$ 20.00                |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>   | JD5             | CASH               |                                   | 7/13/2024            | \$ 20.00                |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>   |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                    |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| MARCIA JARVIS<br>3020 BEACHCOMBER DR.<br>SOUTHPORT, NC 28461   |                 |                    | 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"/>   | JD5             | CHK#2459           |                                   | 07/13/2024           | \$ 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<br>(include city, state, & zip)                                    |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| RICHARD HELFRICH<br>6645 SPENSER PL.<br>OCEAN ISLAND BEACH, NC 28469                                     |                 |                    | 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"/>   | JD5             | CREDITCARD         |                                   | 07/18/2024           | \$ 25.00                |  |
| <input type="checkbox"/>   | JD5             | CREDITCARD         |                                   | 08/18/2024           | \$ 25.00                |  |
| <input type="checkbox"/>   | JD5             | CREDITCARD         |                                   | 09/18/2024           | \$ 25.00                |  |
| 4. Total only this Page  |                 |                    |                                   |                      | \$ 145.00               |  |
| 5. Total of ALL CRO-1210 Pages<br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                 |                    |                                   |                      | \$ 2794.00              |  |

# 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            |  |
|---|-----------------|--------------------|--|----------------------|-------------------------|--|
| COMMITTEE TO ELECT JONATHAN DAMICO  |                 |                    |  |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |  |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                |                      | d. Comments             |  |
| AMY JONES LEWIS<br>128 LAKE COLONY DR.<br>VENETIA, PA 15367                                       |                 |                    | INSTRUCTIONAL DESIGNER                                 |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field<br>CARNEGIE LEARNING |                      |                         |  |
|   |                 |                    |  |                      | e. Election Sum to Date |  |
|   |                 |                    |  |                      | \$ 25.00                |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description                                 | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>  | JD5             | CREDITCARD         |  | 7/13/2024            | \$ 25.00                |  |
| <input type="checkbox"/>  |                 |                    |  |                      | \$                      |  |
| <input type="checkbox"/>  |                 |                    |  |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |  |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                |                      | d. Comments             |  |
| MARILYN MULVIHILL<br>111 VICTORY LN<br>SEWICKLEY, PA 15143  |                 |                    | NO JOB TITLE   |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field<br>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"/>  | JD5             | CREDITCARD         |  | 07/13/2024           | \$ 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<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                |                      | d. Comments             |  |
| ASH RAMOS<br>1260 VILLAGE POINT RD SW.<br>SHALLOTTE, NC 28470                                     |                 |                    | NO JOB TITLE   |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field<br>NOT EMPLOYED      |                      |                         |  |
|   |                 |                    |  |                      | e. Election Sum to Date |  |
|   |                 |                    |  |                      | \$ 300.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description                                 | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>  | JD5             | CREDITCARD         |  | 07/07/2024           | \$ 300.00               |  |
| <input type="checkbox"/>  |                 |                    |  |                      | \$                      |  |
| <input type="checkbox"/>  |                 |                    |  |                      | \$                      |  |
| 4. Total only this Page   |                 |                    |  |                      | \$ 425.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |  |                      | \$ 2794.00              |  |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |   |                             |                                |                  |
|---|------------------------|---------------------------|---|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |   |                             | <b>2. ID Number</b>            |                  |
| COMMITTEE TO ELECT JONATHAN DAMICO  |                        |                           |   |                             |                                |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                            |                             | <b>d. Comments</b>             |                  |
| SHELLEY ALLEN<br>873 OCEAN BLVD. WEST<br>HOLDEN BEACH, NC 28462   |                        |                           | EDUCATOR  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>SELF EMPLOYED |                             |                                |                  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |   |                             | \$ 511.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                             | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>  | JD5                    | CREDITCARD                |   | 08/27/2024                  |                                | \$ 10.00         |
| <input type="checkbox"/>  | JD5                    | CREDITCARD                |   | 9/28/2024                   |                                | \$ 10.00         |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                            |                             | <b>d. Comments</b>             |                  |
| DENISE SEBAK<br>364 LEYWARD ST..<br>SHALLOTTE, NC 28459   |                        |                           | NO JOB TITLE  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED  |                             |                                |                  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |   |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                             | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>  | JD5                    | CHK#386                   |   | 08/30/2024                  |                                | \$ 50.00         |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                            |                             | <b>d. Comments</b>             |                  |
| AMY PREDIERI<br>1804 SANDALWOOD DR..<br>OCEAN ISLE BEACH, NC 28469.   |                        |                           | NO JOB TITLE  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED  |                             |                                |                  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |   |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                             | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>  | JD5                    | CHK#1103                  |   | 08/30/2024                  |                                | \$ 100.00        |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |   |                             | \$ 170.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |   |                             | \$ 2794.00                     |                  |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |   |                             |                                |  |
|---|------------------------|---------------------------|---|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |   |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT JONATHAN DAMICO  |                        |                           |   |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                            |                             | <b>d. Comments</b>             |  |
| STEVEN MATTHEWS<br>961 TANNIN BARK CIR<br>LELAND, NC 28451  |                        |                           | NO JOB TITLE  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED  |                             |                                |  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |   |                             | \$ 65.00                       |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                             | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | JD5                    | CREDITCARD                |   | 09/09/2024                  | \$ 40.00                       |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                            |                             | <b>d. Comments</b>             |  |
| LOIS BREZINSKI<br>533 EAST ATLANTIC AVE<br>DELRAY BEACH, FL 33483   |                        |                           | TEACHER   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>SELF EMPLOYED |                             |                                |  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |   |                             | \$ 25.00                       |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                             | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | JD5                    | CREDITCARD                |   | 09/10/24                    | \$ 25.00                       |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |   |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                            |                             | <b>d. Comments</b>             |  |
| TINA CLARK<br><br>612 W. BROWN, UNIT D<br>SOUTHPORT, NC 28461   |                        |                           | NO JOB TITLE  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED  |                             |                                |  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |   |                             | \$ 35.00                       |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                             | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | JD5                    | CREDITCARD                |   | 09/11/24                    | \$ 35.00                       |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |   |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |   |                             | \$ 100.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |   |                             | \$ 2794.00                     |  |

# 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            |  |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| COMMITTEE TO ELECT JONATHAN DAMICO  |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| VIRGINIA PRUNTY<br>5906 DUTCHMAN CREEK RD.<br>SOUTHPORT, NC 28461                                 |                 |                    | NO JOB TITLE                      |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|   |                 |                    | NOT EMPLOYED                      |                      | e. Election Sum to Date |  |
|   |                 |                    |                                   |                      | \$ 300.00               |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>  | JD5             | CHECK#499          |                                   | 09/15/24             | \$ 300.00               |  |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| ELIZABETH MOYER<br>8865 SMITHFIELD DR. NW<br>CALABASH, NC 28467                                   |                 |                    | NOT 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"/>  | JD5             | CHECK#4092         |                                   | 10/01/24             | \$ 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<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| ANNAMARIA SCOTT<br>6272 CATTAIL CT.<br>SOUTHPORT, NC 28461  |                 |                    | 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"/>  | JD5             | CHECK#4986         |                                   | 10/01/24             | \$ 100.00               |  |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page   |                 |                    |                                   |                      | \$ 500.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                                   |                      | \$ 2794.00              |  |

# 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 JONATHAN DAMICO   |     |            |  |                        |                           |                               |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |     |            |  |                        |                           |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>THERESE BERTUCCI<br>98 CLUBHOUSE DR. SW<br>SUPPLY, NC 28462    |     |            | <b>b. Job Title/Profession</b><br>NO JOB TITLE           |                        | <b>d. Comments</b>        |                               |
|  |     |            | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED |                        |                           |                               |
|  |     |            | <b>e. Election Sum to Date</b><br>\$ 25.00               |                        |                           |                               |
|  |     |            | <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> |
| <input type="checkbox"/>   | JD5 | CREDITCARD |  | 10/01/2024             | \$ 25.00                  |                               |
| <input type="checkbox"/>   |     |            |  |                        | \$                        |                               |
| <input type="checkbox"/>   |     |            |  |                        | \$                        |                               |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |     |            |  |                        |                           |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>BECKY JOHNSTON<br>211 PELICAN WALK<br>HAMPSTEAD, NC 28443      |     |            | <b>b. Job Title/Profession</b><br>NO JOB TITLE           |                        | <b>d. Comments</b>        |                               |
|  |     |            | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED |                        |                           |                               |
|  |     |            | <b>e. Election Sum to Date</b><br>\$ 200.00              |                        |                           |                               |
|  |     |            | <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> |
| <input type="checkbox"/>   | JD5 | CREDITCARD |  | 10/03/2024             | \$ 100.00                 |                               |
| <input type="checkbox"/>   |     |            |  |                        | \$                        |                               |
| <input type="checkbox"/>   |     |            |  |                        | \$                        |                               |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |     |            |  |                        |                           |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>KERRIE DUNNE<br>918 ROLLING PINES LOOP RD.<br>LELAND, NC 28451 |     |            | <b>b. Job Title/Profession</b><br>NO JOB TITLE           |                        | <b>d. Comments</b>        |                               |
|  |     |            | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED |                        |                           |                               |
|  |     |            | <b>e. Election Sum to Date</b><br>\$ 30.00               |                        |                           |                               |
|  |     |            | <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> |
| <input type="checkbox"/>   | JD5 | CREDITCARD |  | 10/14/2024             | \$ 30.00                  |                               |
| <input type="checkbox"/>   |     |            |  |                        | \$                        |                               |
| <input type="checkbox"/>   |     |            |  |                        | \$                        |                               |
| 4. Total only this Page  |     |            |  |                        | \$ 155.00                 |                               |
| 5. Total of ALL CRO-1210 Pages   |     |            |  |                        | \$ 2794.00                |                               |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>   |     |            |  |                        |                           |                               |

# 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            |         |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|---------|
| COMMITTEE TO ELECT JONATHAN DAMICO  |                 |                    |                                   |                      |                         |         |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |         |
| RICHARD HELFRICHL<br>6465 SPENSER PL.<br>OCEAN ISLAND BEACH, NC 28469                   |                 |                    | NO JOB TITLE                      |                      |                         |         |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |         |
|   |                 |                    | NOT EMPLOYED                      |                      | 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"/>  | JD5             | CREDITCARD         |                                   | 10/18/2024           | \$                      | 25.00   |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |         |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |         |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |         |
| DIANE BRENNAN<br>2913 PINE BLOOM WAY<br>LELAND, NC 28451                                |                 |                    | NO JOB TITLE                      |                      |                         |         |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |         |
|   |                 |                    | NOT EMPLOYED                      |                      | 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"/>  | JD5             | CHK#3507           |                                   | 10/10/2024           | \$                      | 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<br>(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   |                 |                    |                                   |                      | \$                      | 175.00  |
| 5. Total of ALL CRO-1210 Pages  |                 |                    |                                   |                      | \$                      | 2794.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                         |                 |                    |                                   |                      |                         |         |

# Contributions from Other Political Committees

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

|  |                           |                                   |  |                     |   |
|--|---------------------------|-----------------------------------|--|---------------------|---|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                                   |  | <b>2. ID Number</b> |   |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |                                   |  |                     |   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                                   |  |                     |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                                   | <b>b. Type of Committee</b>  |                     | <b>d. Comments</b>  |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461                              |                           |                                   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC |                     | DAMICO CAMP<br>PAID FOR SHARE<br>(1/3)OF PURCHAS<br>CAMP. SIGNS     |
|  |                           |                                   | <input type="checkbox"/> Referendum  |                     |   |
|  |                           |                                   | <b>c. Level Registered (Specify)</b>                                       |                     | <b>e. Election Sum to Date</b>                                      |
| <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:                             |                           | \$ 1881.23                        |  |                     |   |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:                                    |                           |                                   |  |                     |   |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>     | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>    |   |
| JD5  | CHK#1005                  | 1/3 SHARE OF<br>CAMP. SIGNS       | 08/02/2024   | \$ 721.66           |   |
| JD5  | CHK#1006                  | 1/3 SHARE OF<br>AD                | 08/02/2024   | \$ 100.00           |   |
| JD5  | CHK#1010                  | 1/3 SHARE OF<br>CAMP SIGNS        | 10/16/24   | \$ 703.57           |   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                                   |  |                     |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                                   | <b>b. Type of Committee</b>  |                     | <b>d. Comments</b>  |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461                              |                           |                                   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC |                     | CAMP PAID 1/3<br>SHARE OF AD<br>AND PAID 1/3<br>SHARE OF CONTRI     |
|  |                           |                                   | <input type="checkbox"/> Referendum  |                     |   |
|  |                           |                                   | <b>c. Level Registered (Specify)</b>                                       |                     | <b>e. Election Sum to Date</b>                                      |
| <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:                             |                           | \$ 1881.23                        |  |                     |   |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:                                    |                           |                                   |  |                     |   |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>     | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>    |   |
| JD5  | CHK#1011                  | 1/3 SHARE OF AD<br>IN STATE PILOT | 10/16/2024   | \$ 256.00           |   |
| JD5  | CHK#1008                  | 1/3 SHARE OF<br>\$300 DONATION    | 10/01/2024   | \$ 100.00           |   |
|  |                           |                                   |  | \$                  |   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                                   |  |                     |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                                   | <b>b. Type of Committee</b>  |                     | <b>d. Comments</b>  |
| COMMITTEE TO ELECT ROBERT FULTON<br>3898 TIMBER STREAM DR.<br>SOUTHPORT, NC 28461                        |                           |                                   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC |                     | 1/3 SHARE OF<br>\$300 DONATION<br>\$100 FOR EACH<br>OF 3 CANDIDATES |
|  |                           |                                   | <input type="checkbox"/> Referendum  |                     |   |
|  |                           |                                   | <b>c. Level Registered (Specify)</b>                                       |                     | <b>e. Election Sum to Date</b>                                      |
| <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:                             |                           | \$ 100.00                         |  |                     |   |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:                                    |                           |                                   |  |                     |   |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>     | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>    |   |
| JD5  | CHK#1009                  | 1/3 SHARE OF<br>\$300 DONATION    | 10/01/2024   | \$ 100.00           |   |
|  |                           |                                   |  | \$                  |   |
|  |                           |                                   |  | \$                  |   |
| <b>4. Total only this Page</b>   |                           |                                   |  | \$ 1981.23          |   |
| <b>5. Total of ALL CRO-1230 Pages</b><br>(This line must be on line 8 of Detailed Summary Page CRO-1100) |                           |                                   |  | \$ 2461.23          |   |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |   |                             |  |                            |
|--|---------------------------|---|-----------------------------|--|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |  | <b>2. ID Number</b>        |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |   |                             |  |                            |
| <b>3. Type of Disbursement</b> <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   |                           |   |                             |  |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                       |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             |  |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                           |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96  |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |
| JD5  | BKTRANSFER                | C   | 07/02/24                    | \$ .60   | EXPENSE TO COLL CAMP FUNDS |
| JD5  | BKTRANSFER                | C   | 07/03/24                    | \$ .60   | EXPENSE TO COLL CAMP FUNDS |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                       |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             | EXPENSE TO COLL CAMP FUNDS<br>EXPENSE TO COLL CAMP FUNDS |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                           |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96  |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |
| 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 |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                       |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             |  |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                           |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96  |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |
| 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 |
| <b>5. Total only this Page</b>   |                           |   |                             |  | \$ 13.46                   |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |  | \$ 1152.82                 |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |   |                             |  |                            |
| A* - Media   |                           | B* - Printing   |                             | C* - Fundraising   |                            |
| E - Salaries   |                           | F* - Equipment  |                             | G - Political Party                                      |                            |
| I - Postage  |                           | J - Penalties   |                             | K* - Office Expenses                                     |                            |
| O* - Other   |                           |   |                             | D - To Another Candidate                                 |                            |
|  |                           |   |                             | H* - Holding Public Office Expenses                      |                            |
|  |                           |   |                             | Q* - Donation to Legal Expense Fund                      |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |   |                             |  |                            |

# Disbursements

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

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |   |                      |                                |                                     |
|--|---------------------------|------------------------|---|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |   |                      |                                | <b>2. ID Number</b>                 |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |                        |   |                      |                                |                                     |
| <b>3. Type of Disbursement</b> <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 |                           |                        |   |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           |                        | <b>b. Coordinated Committee Name</b>  |                      | <b>d. Comments</b>             |                                     |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |                        |   |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |   |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |   |                      | \$ 102.96                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| 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     |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           |                        | <b>b. Coordinated Committee Name</b>  |                      | <b>d. Comments</b>             |                                     |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |                        |   |                      | EXPENSE TO COLL CAMP FUNDS     |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                      | EXPENSE TO COLL CAMP FUNDS     |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | EXPENSE TO COLL CAMP FUNDS     |                                     |
|  |                           |                        |   |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |   |                      | \$ 102.96                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| JD5  | BKTRANSFER                | C                      | 08/06/24  | \$1.53               | EXPENSE TO COLL CAMP FUNDS     |                                     |
| JD5  | BKTRANSFER                | C                      | 08/14/24  | \$1.58               | EXPENSE TO COLL CAMP FUNDS     |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |   |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           |                        | <b>b. Coordinated Committee Name</b>  |                      | <b>d. Comments</b>             |                                     |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |                        |   |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>  |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |   |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |   |                      | \$ 102.96                      |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| 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     |                                     |
| <b>5. Total only this Page</b>   |                           |                        |   |                      |                                | \$ 10.55                            |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |   |                      |                                | \$ 1152.82                          |
| <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>  |                           |                        |   |                      |                                |                                     |
| <b>7. Purpose Codes</b> <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   |                           |                        |   |                      |                                |                                     |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |                        |   |                      |                                |                                     |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|   |                           |   |                             |  |                            |
|---|---------------------------|---|-----------------------------|--|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |  | <b>2. ID Number</b>        |
| COMMITTEE TO ELECT JONATHAN DAMICO  |                           |   |                             |  |                            |
| <b>3. Type of Disbursement</b> <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  |                           |   |                             |  |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                     |                            |
| SQUARE SPACE WEB SITE<br>8 CLARKSON ST.<br>NEW YORK, NY   |                           |   |                             |  |                            |
|   |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                         |                            |
|   |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 173.00  |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                       | <b>k. Required Remarks</b> |
| JD5   | BKTRANSFER                | O   | 07/10/2024                  | \$23.00  | EXP FOR WEB SITE           |
| JD5   | BKTRANSFER                | 0   | 08/12/2024                  | \$23.00  | EXP FOR WEB SITE           |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                     |                            |
| BRUNSWICK CO. NAACP DINNER<br>1034 PARKWOOD NE<br>LELAND, NC 28451  |                           |   |                             | ATTENDANCE AT DINNER TO INTRO CANDIDATE & DISCUSS CAMP |                            |
|   |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                         |                            |
|   |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 60.00   |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                       | <b>k. Required Remarks</b> |
| JD5   | CHK#1004                  | O   | 07/24/2024                  | \$60.00  | DONATION TO NON PROFIT     |
|   |                           |   |                             | \$   |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                     |                            |
| LIVE OAK MEDIA, INC<br>P.O. BOX 10175<br>SOUTHPORT, NC 28461  |                           |   |                             | CAMPAIGN AD IN LOCAL MAGIZINE                          |                            |
|   |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                         |                            |
|   |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 200.00  |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                       | <b>k. Required Remarks</b> |
| JD5   | CHK#1007                  | O   | 09/09/2024                  | \$200.00   | CAMPAIGN AD                |
|   |                           |   |                             | \$   |                            |
| <b>5. Total only this Page</b>  |                           |   |                             |  | \$ 306.00                  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |  | \$ 1152.82                 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |  |                            |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>   |                           |   |                             |  |                            |
| A* - Media  |                           | B* - Printing   |                             | C* - Fundraising                                       |                            |
| E - Salaries  |                           | F* - Equipment  |                             | G - Political Party                                    |                            |
| I - Postage   |                           | J - Penalties   |                             | K* - Office Expenses                                   |                            |
| O* - Other  |                           |   |                             | D - To Another Candidate                               |                            |
|   |                           |   |                             | H* - Holding Public Office Expenses                    |                            |
|   |                           |   |                             | Q* - Donation to Legal Expense Fund                    |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>   |                           |   |                             |  |                            |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |   |                             |  |                            |
|--|---------------------------|---|-----------------------------|--|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |  | <b>2. ID Number</b>        |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |   |                             |  |                            |
| <b>3. Type of Disbursement</b> <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   |                           |   |                             |  |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                       |                            |
| VISTA PRINT<br>275 WYMAN.<br>WALTHAM, MA 02431   |                           |   |                             |  |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                           |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 638.39  |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |
| JD5  | BKTRANSFER                | A   | 08/19/2024                  | \$360.22   | CAR MAGNETS FOR CAMPAIGN   |
| JD5  | BKTRANSFER                | A   | 09/14/2024                  | \$109.08   | CAMPAIGN BUTTONS           |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                       |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             | EXPENSE TO COLL CAMP FUNDS<br>EXPENSE TO COLL CAMP FUNDS |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                           |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96  |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |
| 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 |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |  |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                                       |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             |  |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>                           |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96  |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b> |
| 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 |
| <b>5. Total only this Page</b>   |                           |   |                             |  | \$ 478.36                  |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |  | \$ 1152.82                 |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |   |                             |  |                            |
| A* - Media   |                           | B* - Printing   |                             | C* - Fundraising   |                            |
| E - Salaries   |                           | F* - Equipment  |                             | G - Political Party                                      |                            |
| I - Postage  |                           | J - Penalties   |                             | K* - Office Expenses                                     |                            |
| O* - Other   |                           |   |                             | D - To Another Candidate                                 |                            |
|  |                           |   |                             | H* - Holding Public Office Expenses                      |                            |
|  |                           |   |                             | Q* - Donation to Legal Expense Fund                      |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |   |                             |  |                            |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|   |                           |   |                             |                                     |                            |
|---|---------------------------|---|-----------------------------|-------------------------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |                             |                                     | <b>2. ID Number</b>        |
| COMMITTEE TO ELECT JONATHAN DAMICO  |                           |   |                             |                                     |                            |
| <b>3. Type of Disbursement</b> <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  |                           |   |                             |                                     |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |                                     |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144  |                           |   |                             |                                     |                            |
|   |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                            |
|   |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96                           |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b> |
| 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 |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |                                     |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144  |                           |   |                             | EXPENSE TO COLL CAMP FUNDS          |                            |
|   |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                            |
|   |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | EXPENSE TO COLL CAMP FUNDS          |                            |
|   |                           |   |                             | \$ 102.96                           |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b> |
| 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 |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |   |                             |                                     |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144  |                           |   |                             |                                     |                            |
|   |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                            |
|   |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96                           |                            |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b> |
| 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 |
| <b>5. Total only this Page</b>  |                           |   |                             |                                     | \$ 18.12                   |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |   |                             |                                     | \$ 1152.82                 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |                                     |                            |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>   |                           |   |                             |                                     |                            |
| A* - Media  |                           | B* - Printing   |                             | C* - Fundraising                    |                            |
| E - Salaries  |                           | F* - Equipment  |                             | G - Political Party                 |                            |
| I - Postage   |                           | J - Penalties   |                             | K* - Office Expenses                |                            |
| O* - Other  |                           |   |                             | D - To Another Candidate            |                            |
|   |                           |   |                             | H* - Holding Public Office Expenses |                            |
|   |                           |   |                             | Q* - Donation to Legal Expense Fund |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>   |                           |   |                             |                                     |                            |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |   |                             |                                     |                            |
|--|---------------------------|---|-----------------------------|-------------------------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |                                     | <b>2. ID Number</b>        |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |   |                             |                                     |                            |
| <b>3. Type of Disbursement</b> <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   |                           |   |                             |                                     |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |                                     |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                            |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             |                                     |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96                           |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b> |
| 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 |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |                                     |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                            |
| SQUARE SPACE WEB SITE<br>8 CLARKSON ST..<br>NEW YORK, NEW YORK   |                           |   |                             |                                     |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 173.00                           |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b> |
| JD5  | BKTRANSFER                | C   | 09/10/24                    | \$23.00                             | EXPENSE FOR WEB SITE       |
|  |                           |   |                             | \$                                  |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |                                     |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                            |
| VISTA PRINT<br>275 WYMAN<br>WALTHAM, MA 02431  |                           |   |                             |                                     |                            |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                            |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 638.39                           |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b> |
| JD5  | DEBITCARD                 | A   | 09/18/24                    | \$104.81                            | EXPENSE FOR CAR MAGNETS    |
|  |                           |   |                             | \$                                  |                            |
| <b>5. Total only this Page</b>   |                           |   |                             |                                     | \$ 133.50                  |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |                                     | \$ 1152.82                 |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |   |                             |                                     |                            |
| A* - Media   |                           | B* - Printing   |                             | C* - Fundraising                    |                            |
| E - Salaries   |                           | F* - Equipment  |                             | G - Political Party                 |                            |
| I - Postage  |                           | J - Penalties   |                             | K* - Office Expenses                |                            |
| O* - Other   |                           |   |                             | D - To Another Candidate            |                            |
|  |                           |   |                             | H* - Holding Public Office Expenses |                            |
|  |                           |   |                             | Q* - Donation to Legal Expense Fund |                            |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |   |                             |                                     |                            |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |   |                                     |   |                                   |
|--|---------------------------|---|-------------------------------------|---|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>COMMITTEE TO ELECT JONATHAN DAMICO   |                           |   |                                     |   | <b>2. ID Number</b>               |
| <b>3. Type of Disbursement</b> <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   |                           |   |                                     |   |                                   |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                                     |   |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br>GOOGLE G SUITE<br>1600 AMPHITHEATRE WAY<br>MOUNTAIN VIEW, CA 94043  |                           | <b>b. Coordinated Committee Name</b>  |                                     | <b>d. Comments</b>                          |                                   |
|  |                           | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b><br>\$ 18.00  |                                   |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>                            | <b>k. Required Remarks</b>        |
| JD5  | DEBITCARD                 | K   | 09/30/2024                          | \$18.00                                     | SUPPORT CAMP..<br>COMPUTESERVICES |
| JD5  |                           |   |                                     | \$  |                                   |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                                     |   |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br>BRUNSWICK BEER&CIDER<br>1313 DICKENSON DR.<br>LELAND, NC 28451  |                           | <b>b. Coordinated Committee Name</b>  |                                     | <b>d. Comments</b>                          |                                   |
|  |                           | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b><br>\$ 163.98 |                                   |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>                            | <b>k. Required Remarks</b>        |
| JD5  | DEBITCARD                 | C   | 09/30/2024                          | \$53.38                                     | CAMPAIGN<br>EVENT                 |
|  |                           |   |                                     | \$  |                                   |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                                     |   |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i><br>ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144  |                           | <b>b. Coordinated Committee Name</b>  |                                     | <b>d. Comments</b>                          |                                   |
|  |                           | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b><br>\$ 102.96 |                                   |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>                            | <b>k. Required Remarks</b>        |
| JD5  | BANKTRANS                 | C   | 10/02/2024                          | \$2.17                                      | TO COLLECT<br>CAMP. CONTRIB       |
| JD5  | BANKTRANS                 | C   | 10/03/2024                          | \$1.16                                      | TO COLLECT<br>CAMP. CONTRIB       |
| <b>5. Total only this Page</b>   |                           |   |                                     |   | \$ 74.71                          |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                                     |   | \$ 1152.82                        |
| <b>7. Purpose Codes</b> (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.

|  |                           |   |                             |   |                             |
|--|---------------------------|---|-----------------------------|---|-----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |   | <b>2. ID Number</b>         |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |   |                             |   |                             |
| <b>3. Type of Disbursement</b> <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 |                           |   |                             |   |                             |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |                             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                      |                             |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             |   |                             |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>          |                             |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96                               |                             |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                        | <b>k. Required Remarks</b>  |
| 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  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |                             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                      |                             |
| ALDI'S<br>9410 PLOOF RD..<br>LELAND, NC 28451  |                           |   |                             | PURCHASE OF SUPPLIES FOR CAMPAIGN EVENT |                             |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>          |                             |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 33.12                                |                             |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                        | <b>k. Required Remarks</b>  |
| JD5  | DEBITCARD                 | C   | 10/07/24                    | \$33.12                                 | CAMPAIGN EVENT SUPPLIES     |
|  |                           |   |                             | \$                                      |                             |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |   |                             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                      |                             |
| DOLLAR GENERAL<br>1758 MT. MISERY RD.<br>LELAND, NC 28451  |                           |   |                             | PURCHASE OF SUPPLIES FOR CAMPAIGN EVENT |                             |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>          |                             |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 10.68                                |                             |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                        | <b>k. Required Remarks</b>  |
| JD5  | DEBITCARD                 | C   | 10/02/2024                  | \$10.68                                 | SUPPLIES FOR CAMPAIGN EVENT |
|  |                           |   |                             | \$                                      |                             |
| <b>5. Total only this Page</b>   |                           |   |                             |   | \$ 49.07                    |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |   |                             |   | \$ 1152.82                  |
| <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>  |                           |   |                             |   |                             |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |   |                             |   |                             |
| A* - Media   |                           | B* - Printing   |                             | C* - Fundraising                        |                             |
| E - Salaries   |                           | F* - Equipment  |                             | G - Political Party                     |                             |
| I - Postage  |                           | J - Penalties   |                             | K* - Office Expenses                    |                             |
| O* - Other   |                           |   |                             | D - To Another Candidate                |                             |
|  |                           |   |                             | H* - Holding Public Office Expenses     |                             |
|  |                           |   |                             | Q* - Donation to Legal Expense Fund     |                             |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |   |                             |   |                             |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |   |                             |                                     |                               |
|--|---------------------------|---|-----------------------------|-------------------------------------|-------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |   |                             |                                     | <b>2. ID Number</b>           |
| COMMITTEE TO ELECT JONATHAN DAMICO   |                           |   |                             |                                     |                               |
| <b>3. Type of Disbursement</b> <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   |                           |   |                             |                                     |                               |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |                                     |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                               |
| SQUARE SPACE WEB SITE<br>8 CLARKSON ST.<br>NEW YORK, NY  |                           |   |                             |                                     |                               |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                               |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 173.00                           |                               |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b>    |
| JD5  | DEBITCARD                 | K   | 10/10/2024                  | \$23.00                             | EXPENSE FOR WEB SITE          |
| JD5  |                           |   |                             | \$                                  |                               |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |                                     |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                               |
| LIVE OAK MEDIA<br>P.O. BOX 10175<br>SOUTHPORT, NC 28461  |                           |   |                             |                                     |                               |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                               |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 200.00                           |                               |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b>    |
| JD5  | CHK#1007                  | C   | 09/09/2024                  | \$200.00                            | CAMPAIGN AD IN LOCAL MAGAZINE |
|  |                           |   |                             | \$                                  |                               |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |                             |                                     |                               |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>  |                           | <b>b. Coordinated Committee Name</b>  |                             | <b>d. Comments</b>                  |                               |
| ACT BLUE<br>366 SUMMER ST.<br>SOMERVILLE, MA 02144   |                           |   |                             |                                     |                               |
|  |                           | <b>c. Level Registered (Specify)</b>  |                             | <b>e. Election Sum to Date</b>      |                               |
|  |                           | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$ 102.96                           |                               |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b>    |
| JD5  | BANKTRANS                 | C   | 10/02/2024                  | \$1.34                              | TO COLLECT CAMP. CONTRIB      |
| JD5  | BANKTRANS                 | C   | 10/03/2024                  | \$8,24                              | TO COLLECT CAMP. CONTRIB      |
| <b>5. Total only this Page</b>   |                           |   |                             |                                     | \$ 232.58                     |
| <b>6. Total of ALL CRO-1310 Pages</b><br><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |   |                             |                                     | \$ 1152.82                    |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |   |                             |                                     |                               |
| A* - Media   |                           | B* - Printing   |                             | C* - Fundraising                    |                               |
| E - Salaries   |                           | F* - Equipment  |                             | G - Political Party                 |                               |
| I - Postage  |                           | J - Penalties   |                             | K* - Office Expenses                |                               |
| O* - Other   |                           |   |                             | D - To Another Candidate            |                               |
|  |                           |   |                             | H* - Holding Public Office Expenses |                               |
|  |                           |   |                             | Q* - Donation to Legal Expense Fund |                               |
| <b>* Codes require detailed explanation in required remarks field (k)</b>  |                           |   |                             |                                     |                               |

# Refunds/Reimbursements From the Committee

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

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

|  |  |   |                     |                                   |  |
|--|--|---|---------------------|-----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  |   | <b>2. ID Number</b> |                                   |  |
| COMMITTEE TO ELECT JONATHAN DAMICO   |  |   |                     |                                   |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                     |                                   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>d. Type of Committee</b>   |                     | <b>h. Original Receipt Date</b>   |  |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461  |  | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                     | 08/02/2024                        |  |
|  |  | <b>e. Level Registered (Specify)</b>  |                     | <b>i. Original Receipt Amount</b> |  |
|  |  | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 721.66                         |  |
|  |  | <b>f. Purpose Code</b>  |                     | <b>j. Election Sum to Date</b>    |  |
|  |  | P (REIMBURSEMENT IN KIND)   |                     | \$ 1881.23                        |  |
| <b>b. Job Title/Profession</b>   |  | <b>c. Employer's Name/Specific Field</b>  |                     | <b>k. Account Code</b>            |  |
| NO JOB TITLE   |  | NOT EMPLOYED  |                     | JD5                               |  |
| <b>l. Form of Payment</b>  |  | <b>m. Required Remarks</b>  |                     | <b>n. Date (mm/dd/yyyy)</b>       |  |
| CHK.1005   |  | A PAYMENT TO T. SIMMONS CAMPAIGN FOR DAMICO<br>CAMPAIN'S SHARE OF CAMP. SIGNS   |                     | 08/02/2024                        |  |
|  |  |   |                     | <b>o. Amount</b>                  |  |
|  |  |   |                     | \$ 721.66                         |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                     |                                   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>d. Type of Committee</b>   |                     | <b>h. Original Receipt Date</b>   |  |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461  |  | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                     | 08/02/2024                        |  |
|  |  | <b>e. Level Registered (Specify)</b>  |                     | <b>i. Original Receipt Amount</b> |  |
|  |  | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 100.00                         |  |
|  |  | <b>f. Purpose Code</b>  |                     | <b>j. Election Sum to Date</b>    |  |
|  |  | P(REIMBURSEMENT IN KIND)  |                     | \$ 1881.23                        |  |
| <b>b. Job Title/Profession</b>   |  | <b>c. Employer's Name/Specific Field</b>  |                     | <b>k. Account Code</b>            |  |
| NO JOB TITLE   |  | NOT EMPLOYED  |                     | JD5                               |  |
| <b>l. Form of Payment</b>  |  | <b>m. Required Remarks</b>  |                     | <b>n. Date (mm/dd/yyyy)</b>       |  |
| CHK#1006   |  | PAYMENT TO T. SIMMONS CAMP. FOR DAMICO CAMP.<br>SHARE OF THE COST OF THE FACEBOOK AD  |                     | 08/02/2024                        |  |
|  |  |   |                     | <b>o. Amount</b>                  |  |
|  |  |   |                     | \$ 100.00                         |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |                     |                                   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>d. Type of Committee</b>   |                     | <b>h. Original Receipt Date</b>   |  |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461  |  | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                     | 10/16/2024                        |  |
|  |  | <b>e. Level Registered (Specify)</b>  |                     | <b>i. Original Receipt Amount</b> |  |
|  |  | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | \$ 703.37                         |  |
|  |  | <b>f. Purpose Code</b>  |                     | <b>j. Election Sum to Date</b>    |  |
|  |  | P (REIMBURSEMENT IN KIND)   |                     | \$ 1881.23                        |  |
| <b>b. Job Title/Profession</b>   |  | <b>c. Employer's Name/Specific Field</b>  |                     | <b>k. Account Code</b>            |  |
| NO JOB TITLE   |  | NOT EMPLOYED  |                     | JD5                               |  |
| <b>l. Form of Payment</b>  |  | <b>m. Required Remarks</b>  |                     | <b>n. Date (mm/dd/yyyy)</b>       |  |
| CHK#1010   |  | PAYMENT TO T. SIMMONS CAMP.FOR DAMICO CAMP.<br>SHARE (1/3) OF SIGN COSTS  |                     | 10/16/2024                        |  |
|  |  |   |                     | <b>o. Amount</b>                  |  |
|  |  |   |                     | \$ 703.57                         |  |
| <b>4. Total only this Page</b>   |  |   |                     | \$ 1525.23                        |  |
| <b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)   |  |   |                     | \$ 1981.23                        |  |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit<br>P* - Reimbursement of In-Kind      O* Other |  |   |                     |                                   |  |
| * Codes require detailed explanation in required remarks field (m)   |  |   |                     |                                   |  |

# Refunds/Reimbursements From the Committee

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

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

|  |   |   |                     |                                   |
|--|---|---|---------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |   |   | <b>2. ID Number</b> |                                   |
| COMMITTEE TO ELECT JONATHAN DAMICO   |   |   |                     |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |   |   |                     |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |   | <b>d. Type of Committee</b>   |                     | <b>h. Original Receipt Date</b>   |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461  |   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                     | 10/16/2024                        |
|  |   | <b>e. Level Registered (Specify)</b>  |                     | <b>i. Original Receipt Amount</b> |
|  |   | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     | \$ 256.00                         |
|  |   | <b>f. Purpose Code</b>  |                     | <b>j. Election Sum to Date</b>    |
|  |   | O   |                     | \$ 1881.23                        |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b>  | <b>g. Comments</b>  |                     | <b>k. Account Code</b>            |
| NO JOB TITLE   | NOT EMPLOYED  | DAMICO CAMP. SHARE COST OF AD IN STATE PILOT NEWS   |                     | JD5                               |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>  | <b>n. Date (mm/dd/yyyy)</b>   | <b>o. Amount</b>    |                                   |
| CHK.1011   | A PAYMENT TO SIMMONS CAMPAIGN FOR DAMICO CAMPAIN'S SHARE OF AD IN STATE PILOT       | 10/16/2024  | \$ 256.00           |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |   |   |                     |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |   | <b>d. Type of Committee</b>   |                     | <b>h. Original Receipt Date</b>   |
| SIMMONS FOR COUNTY COMMISSIONER<br>1462 LONGLEAF RD.<br>SOUTHPORT, NC 28461  |   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                     | 10/01/2024                        |
|  |   | <b>e. Level Registered (Specify)</b>  |                     | <b>i. Original Receipt Amount</b> |
|  |   | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     | \$ 300.00                         |
|  |   | <b>f. Purpose Code</b>  |                     | <b>j. Election Sum to Date</b>    |
|  |   | O   |                     | \$ 1881.23                        |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b>  | <b>g. Comments</b>  |                     | <b>k. Account Code</b>            |
| NO JOB TITLE   | NOT EMPLOYED  | PAYMENTS FOR SHARE OF DONATION TO 3 CAND(1/3)   |                     | JD5                               |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>  | <b>n. Date (mm/dd/yyyy)</b>   | <b>o. Amount</b>    |                                   |
| CHK#1008   | PAYMENT TO SIMMONS CAMP. FOR 1/3 SHARE OF \$300 CONTRIB TO THE 3 CANDIDATES (\$100) | 10/01/2024  | \$ 100.00           |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |   |   |                     |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |   | <b>d. Type of Committee</b>   |                     | <b>h. Original Receipt Date</b>   |
| COMMITTEE TO ELECT ROBERT FULTON<br>3898 TIMBER STREAM DR.<br>SOUTHPORT, NC 28461  |   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party    |                     | 10/01/2024                        |
|  |   | <b>e. Level Registered (Specify)</b>  |                     | <b>i. Original Receipt Amount</b> |
|  |   | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     | \$ 300.00                         |
|  |   | <b>f. Purpose Code</b>  |                     | <b>j. Election Sum to Date</b>    |
|  |   | O   |                     | \$ 100.00                         |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b>  | <b>g. Comments</b>  |                     | <b>k. Account Code</b>            |
| NO JOB TITLE   | NOT EMPLOYED  | PAYMENT FOR SHARE OF DONATION TO 3 CAND. (1/3)  |                     | JD5                               |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>  | <b>n. Date (mm/dd/yyyy)</b>   | <b>o. Amount</b>    |                                   |
| CHK#1009   | PAYMENT TO FULTON CAMP.FOR 1/3 SHARE OF \$300 CONTRIB TO THE 3 CANDIDATES (\$100)   | 10/01/2024  | \$ 100.00           |                                   |
| <b>4. Total only this Page</b>   |   |   |                     | \$ 456.00                         |
| <b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)   |   |   |                     | \$ 1981.23                        |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit<br>P* - Reimbursement of In-Kind      O* Other |   |   |                     |                                   |
| * Codes require detailed explanation in required remarks field (m)   |   |   |                     |                                   |