

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 Richard Dysinger for Town Council	c. ID Number
b. Mailing Address (include City, State and Zip Code) 704 FAIRWAY DRIVE E. SUNSET BEACH NC 28468	d. Date Filed 1/15/2025
	e. Phone Number 917-653-5959

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 07/16/2025	4. Period End Date (mm/dd/yy) 10/20/2025	5. Treasurer Full Name Susan Bridges
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
1			<input type="checkbox"/> Special	
10. Special Report Name				

11. Account Information		11. Account Information	
a. Financial Institution Full Name United Bank	a. Financial Institution Full Name	b. Purpose CAMPAIGN finance	b. Purpose
c. Account Code SSBRO	c. Account Code	d. Period Begin Balance \$ 00.	d. Period Begin Balance

RECEIVED
JAN 15 2026
 BRUNSWICK COUNTY
 BOARD OF ELECTIONS

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.

Susan Bridges (Printed Name of Signer) Susan Bridges (Signature of Appointed Treasurer) 1/15/2025 (Date)

FOR OFFICE USE ONLY

Date Received: 1-15-26 Employee: NP Delivery Method: Hand Delivered

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 1-15-26 Employee: NP Registered Mail

Date Data Entered: _____ Employee: _____ Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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	
Richard Dysinger for Town Council	2025 Prez Election		
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 3105.45	\$ 3105.45	
7) Contributions from Political Party Committees (CRO-1220)	\$ 500.00	\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
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)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 3651.45	\$ 3651.45	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 505.91	\$ 505.91	
17) In-Kind Contributions (CRO-1510)	\$ 1206.45	\$ 1206.45	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1712.36	\$ 1712.36	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1939.09	\$ 1939.09	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Contributions from Individuals

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	
Richard Dysinger for Town Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mike HARGREAVES 612 DEACON COURT SB NC 28468			c. Employer's Name/Specific Field		e. Election Sum to Date	
			no job title not employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SSBED	check		9/15/25	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BOB CRAIG 120 CROOKERS GULLEY CIRCL SB NC 28468			c. Employer's Name/Specific Field		e. Election Sum to Date	
			no job title not employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SSBED	CASH		9/15/25	\$ 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 (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John CORBETT 1313 CANAL DRIVE SB NC 28468			c. Employer's Name/Specific Field		e. Election Sum to Date	
			no job title not employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SSBED	check		9/15/25	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 220.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 3105.45	

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	
Richard Dysinger for Town Council							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Anita August 590 Coach Trail SB NC 28468				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBRD	check		9/15/25	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Eileen Farrell 571 Sunset Lakes Blvd SB NC 28468				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBRD	check		9/15/25	\$ 40.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Susan Bridges 595 Coach Trail SB NC 28468				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						\$ 525.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBRD	check		9/15/25	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1040.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1109)</small>						\$ 3105.45	

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	
Richard Dysinger For Town Council							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARCIA Glyn 7463 BALMORE DRIVE SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBPD	check		10/7/25	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JEANNE Miller 701 FAIRWAY DRIVE E. SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 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"/>	SSBPD	check		6/10/25	\$ 150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LINDA RUDICK 10088 PARK ROAD SW SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBPD	CASH		10/1/25	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages						\$ 3105.45	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1106)</small>							

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	
Richard Dysinger For Town Council							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jim Tennat 641 Kings Trail SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 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"/>	SSBRD	check		09/25/2025	\$ 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 (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Merry Street 704 Fairway Drive E SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBRD	check		9/25/25	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ann Bockelman 404 3rd Street SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBRD	check		10/14/25	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 325.00	
5. Total of ALL CRO-1210 Pages						\$ 3105.45	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1106)</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	
Richard Asinger For Town Council							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Peter Larkin 453 Lake Shore Drive SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SSBRO	check		10/13/25	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Grady Byrnes 432 MARLIN ST SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In kind	Event Supplies	09/15/2025	\$ 474.75		
<input type="checkbox"/>		In kind	Merchandise	09/15/2025	\$ 100.00		
<input type="checkbox"/>		In kind	AV	10/09/2025	\$ 100.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tudy Hwang 612 Ocean Court SB NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 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"/>		In kind	Printing	10/18/25	\$ 31.16		
<input type="checkbox"/>		In kind	Food & Bev	9/26/25	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 855.91	
5. Total of ALL CRO-1210 Pages						\$ 3,105.45	
<small>(This line must be on the 5 of Detailed Summary Page CRO-1200)</small>							

Contributions from Individuals

Pg 6 of 9

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
Richard Asinger for Term Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charles Neen 647 Oyster Bay SB NC 28468			no job title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			not employed		\$ 66.66	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In kind	FOOD & BEV	9/25/25	\$ 66.66	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARCIA Glynn 7463 Baltimore Dr SB NC 28468			no job title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			not employed		\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In kind	FOOD & BEV	10/2/25	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SUSAN BRIDGES 595 Coach Trail SB NC 28468			no job title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			not employed		\$ 525.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In kind	FOOD & BEV	9/12/25	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 121.66	
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 5 of Detailed Summary Page CRO-1100)</small>					\$ 3105.45	

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	
Richard Rysinger for Town Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ann Bockelman 404 3rd St SB NC 28468			no job title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			not employed		\$125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In kind	Food & Bev	10/20/2025	\$ 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 (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Julie Sullivan 1195 Kingsmill SB NC 28468			no job title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			not employed		\$ 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"/>		In kind	Food & Bev	10/15/25	\$ 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 (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Leslie Bowers 515 Twisted Oak SB NC 28468			no job title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			not employed		\$ 43.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In kind	Food & Bev	9/11/25	\$ 43.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 93.33	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1206)</small>					\$ 3105.45	

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
Richard Dwyer for Term Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Forrester 110 Crooked Gulley SB NC 28468			no job title			
			c. Employer's Name/Specific Field			
			not employed		e. Election Sum to Date	
					\$ 50.45	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-kind	Food & Bev	10/15/25	\$ 50.45	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Melissa Warren 709 Watrway Dr SW SB NC 28468			freelance writer			
			c. Employer's Name/Specific Field			
			Publishing		e. Election Sum to Date	
					\$ 125.10	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-kind	Door handles	10/17/25	\$ 125.10	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Diane Kreuzberg 224 Sea Trail Drive E Sunset Beach, NC 28468			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
					\$ 30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-kind	Food & Bev	10/09/2025	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 205.55
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>						\$ 3105.45

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	
Richard Dysinger for Town Council							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Mike Pozdol 230 Barony Pl Sunset Beach, NC 28468				No Job Title			
				c. Employer's Name/Specific Field			
				Not Employed			
				e. Election Sum to Date		S 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"/>		In-kind	Food & Bev	10/20/2025	S 25.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Richard Dysinger 704 Fairway Dr E Sunset Beach, NC 28468				No Job Title			
				c. Employer's Name/Specific Field			
				Not Employed			
				e. Election Sum to Date		S 5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-kind	Filing Fee	07/16/2025	S 5.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Carol Dysinger 223 Congress St Apt 4L Brooklyn NY 11201				No Job Title			
				not			
				unemployed			
				e. Election Sum to Date		S 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"/>	SSBRD	check			S 300.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
4. Total only this Page						S 30.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						S 3,105.45	

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Richard Dyingre for Town Council							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
BCDP (Benswick County Democratic Party) 1420 Old Ocean Hwy Bolivia NC 28422 910-754-8880							
c. Election Sum to Date						\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyyy)	h. Amount		
SSBRD	check			9/19/25	\$ 500.00		
					\$		
					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
c. Election Sum to Date						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyyy)	h. Amount		
					\$		
					\$		
					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
c. Election Sum to Date						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyyy)	h. Amount		
					\$		
					\$		
					\$		
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>						\$ 500.00	

Refunds/Reimbursements From the Committee

Pg 1 of 2

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Richard Asinger for Town Council					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Gerard Byrnes 432 Marlin St SB NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/15/25	
		c. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		\$ 474.75	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 0	
b. Job Title/Profession		e. Employer's Name/Specific Field		k. Account Code	
no job title		not employed		SSBRD	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		Event supplies		6/20/25	
o. Amount		\$ 474.75			
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Gerard Byrnes 432 Marlin St SB NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/15/25	
		c. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		\$ 100.00	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 0.00	
b. Job Title/Profession		e. Employer's Name/Specific Field		k. Account Code	
no job title		not employed		SSBRD	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check				10/20/25	
o. Amount		\$ 100.00			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Judy Hargreaves 612 Deacon Ct SB NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/18/25	
		c. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		\$ 31.16	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 50.00	
b. Job Title/Profession		e. Employer's Name/Specific Field		k. Account Code	
no job title		not employed		SSBRD	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		Printer		10/20/25	
o. Amount		\$ 31.16			
4. Total only this Page				\$ 505.91	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 505.91	
6. Purpose Codes (List detailed disbursement code in (f) above)					
I - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

Pg 2 of 2

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Richard Deinger for Town Council				
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Melissa Warren 709 Waterway Drive S SB NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/17/25
b. Job Title/Profession		c. Employer's Name/Specific Field		i. Original Receipt Amount
writer		Publishing		\$125.10
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
check		Dear Hangers		
				o. Amount
				\$125.10
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Robert Rorerster 110 Crooked Gully SB NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/15/2025
b. Job Title/Profession		c. Employer's Name/Specific Field		i. Original Receipt Amount
no job title		not employed		\$50.45
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
check		food & beverage		
				o. Amount
				\$50.45
3. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Mike Hargreaves 612 Dragon Ct SB NC 28468		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
b. Job Title/Profession		c. Employer's Name/Specific Field		i. Original Receipt Amount
no job title		not employed		\$
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
				o. Amount
				\$
k. Account Code				
				
4. Total only this Page		\$ 0.00		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1104)		\$ 505.91		
6. Purpose Codes (List detailed disbursement code in (f) above)				
I - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit				
P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Richard Dysinger For Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
GERARD BYRNES 432 MARL. W ST SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
event supplies		9/15/25	\$ 474.75
merchandise		9/15/25	\$ 100.00
AV		9/15/25	\$ 100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
JUDY HARRIS 612 DRAGON ST SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 50.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printing		10/15/25	\$ 31.16
Food & Beverage		9/26/25	\$ 50.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
MARCIA GLYNN 7463 BALMORR DR SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 130.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		10/2/25	\$ 30.00
			\$
			\$
4. Total only this Page		\$ 785.91	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 1206.45	

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Richard Dyingre for Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Charles Neen 647 Oyster Bay SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 66.66
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		10/25/25	\$ 66.66
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Susan Bridges 595 Coach Trail SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 525.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		9/12/25	\$ 25.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Ann Bockelman 404 3rd St SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 125.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		10/13/25	\$ 25.00
			\$
			\$
4. Total only this Page			\$ 116.66
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1200)</small>			\$ 1206.45

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Richard Dwyer for Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Julie Sullivan 1195 Kingsmill SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 25.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		10/15/25	\$ 25.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Robert Forrester 110 Crookers Gulley SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 50.45
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		10/15/25	\$ 50.45
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Melissa Warren 709 Waterbury Drive SW SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 125.10
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Dove hangers			\$ 125.10
			\$
			\$
4. Total only this Page		\$ 200.55	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1206.45	

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Richard Dysinger for Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Leslie Bauer 515 Twisted Oak SB NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 43.33	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		9/11/25	\$ 43.33
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Diane Krebsberg 224 Sea Trail Dr E Sunset Beach, NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 30.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Bev		10/09/2025	\$ 30.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Mike Pozdol 230 Barony Pl Sunset Beach, NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 25.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Bev		10/20/2025	\$ 25.00
			\$
			\$
4. Total only this Page		\$ 98.33	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 1206.45	

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Richards Dysinger for Town Council			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Richards Dysinger 704 Fairway Drive E Sunset Beach NC 28468		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 5.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing fee		7/14/25	\$ 5.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 5.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 120.645	