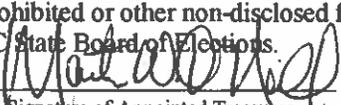
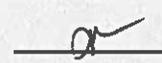


# Disclosure Report Cover

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                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |
| Maria Surprise for Holden Beach Commissioner                                                                                                                                                                                                                                                                                                                                   |                                                                                     | JDF22Y                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |
| b. Mailing Address (Include City, State and Zip Code)                                                                                                                                                                                                                                                                                                                          |                                                                                     | d. Date Filed                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |
| P.O. Box 2534<br>Shallotte, NC 28459                                                                                                                                                                                                                                                                                                                                           |                                                                                     | 08/08/2023                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | 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                                                               |
| 2023                                                                                                                                                                                                                                                                                                                                                                           | 07/18/2023                                                                          | 08/08/2023                                                                                                                                                                                                                                                                                                                                                                                                                             | 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 Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund                                                                         |                                                                                     | <b>Municipal</b><br><input checked="" type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special     |                                                                                      |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                      |                                                                                     | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                                                                      |
| <b>8. Number of Fundraisers this Report</b><br>0                                                                                                                                                                                                                                                                                                                               |                                                                                     | <b>10. Special Report Name</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |
| 11. Account Information                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | 11. Account Information                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                             |                                                                                     | a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |
| Truist                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |
| b. Purpose                                                                                                                                                                                                                                                                                                                                                                     | c. Account Code                                                                     | b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                                             | c. Account Code                                                                      |
| To take care of all Contribution and expenses                                                                                                                                                                                                                                                                                                                                  | 23                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                | d. Period Begin Balance                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                        | d. Period Begin Balance                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                | \$ 0                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                                                                                                                                    | 08/08/2023                                                                           |
| Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                       | Date                                                                                 |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                 |  | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                               | AUG 17 2023                                                                         | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                                                                                |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                                  | BRUNSWICK COUNTY BOARD OF ELECTIONS                                                 | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                                                                                |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>Delivery Method</b><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                                                                                                                                               |                                                                                      |
| <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              |  |
|------------------------------------------------------------------------------|--|-----------------------------|--|---------------------------|--|
| Maria Surprise for Holden Beach Commissioner                                 |  | Organizational<br>Municipal |  | JDF22Y                    |  |
| Start of Election Cycle: <b>January 1, 2023</b>                              |  | Total this Reporting Period |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start                                                     |  | \$ 0                        |  | \$ 0                      |  |
| <b>RECEIPTS</b>                                                              |  |                             |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                          |  | \$                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 505                      |  | \$ 505                    |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 500                      |  | \$ 500                    |  |
| 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)                           |  | \$                          |  | \$                        |  |
| 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) |  | \$ 1005                     |  | \$ 1005                   |  |
| <b>EXPENDITURES</b>                                                          |  |                             |  |                           |  |
| 13) Disbursements                                                            |  |                             |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 5                        |  | \$ 5                      |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$                          |  | \$                        |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$                          |  | \$                        |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$                          |  | \$                        |  |
| 15) Loan Repayments (CRO-1420)                                               |  | \$                          |  | \$                        |  |
| 16) Refunds/Reimbursements From the Committee (CRO-1320)                     |  | \$                          |  | \$                        |  |
| 17) In-Kind Contributions (CRO-1510)                                         |  | \$                          |  | \$                        |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 5                        |  | \$ 5                      |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 1000                     |  | \$ 1000                   |  |
| <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

Amendment  
 Yes  No

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>                |                  |
| Maria Surprise for Holden Beach Commissioner                                                              |                        |                           |                                                          |                             | JDF22Y                             |                  |
| <b>3. Contributor Information</b> <input checked="" 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>                 |                  |
| Maria Surprise<br>159 Ocean Blvd. E<br>Holden Beach, NC 28462<br><br>910-253-2620                         |                        |                           | Not Employed                                             |                             | Contributions<br>made by Candidate |                  |
|                                                                                                           |                        |                           | <b>c. Employer's Name/Specific Field</b><br>Not employed |                             |                                    |                  |
|                                                                                                           |                        |                           |                                                          |                             | <b>e. Election Sum to Date</b>     |                  |
|                                                                                                           |                        |                           |                                                          |                             | \$      505                        |                  |
| <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"/>                                                                                  | 23                     | Cash                      |                                                          | 07/18/2023                  |                                    | \$      5        |
| <input type="checkbox"/>                                                                                  | 23                     | Check                     |                                                          | 07/25/2023                  |                                    | \$      500      |
| <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>                 |                  |
|                                                                                                           |                        |                           |                                                          |                             |                                    |                  |
|                                                                                                           |                        |                           | <b>c. Employer's Name/Specific Field</b>                 |                             |                                    |                  |
|                                                                                                           |                        |                           |                                                          |                             | <b>e. Election Sum to Date</b>     |                  |
|                                                                                                           |                        |                           |                                                          |                             | \$                                 |                  |
| <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"/>                                                                                  |                        |                           |                                                          |                             |                                    | \$               |
| <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>                 |                  |
|                                                                                                           |                        |                           |                                                          |                             |                                    |                  |
|                                                                                                           |                        |                           | <b>c. Employer's Name/Specific Field</b>                 |                             |                                    |                  |
|                                                                                                           |                        |                           |                                                          |                             | <b>e. Election Sum to Date</b>     |                  |
|                                                                                                           |                        |                           |                                                          |                             | \$                                 |                  |
| <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"/>                                                                                  |                        |                           |                                                          |                             |                                    | \$               |
| <input type="checkbox"/>                                                                                  |                        |                           |                                                          |                             |                                    | \$               |
| <input type="checkbox"/>                                                                                  |                        |                           |                                                          |                             |                                    | \$               |
| <b>4. Total only this Page</b>                                                                            |                        |                           |                                                          |                             | \$      505                        |                  |
| <b>5. Total of ALL CRO-1210 Pages</b>                                                                     |                        |                           |                                                          |                             | \$      505                        |                  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                                    |                        |                           |                                                          |                             |                                    |                  |

# Contributions from Political Party Committees

Use this form to report contributions from a political party

|                                                                                                                                                           |                           |                               |                                |                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|--------------------------------|------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>MARIA SURPRISE FOR HOLDEN BEACH COMMISSIONER                                                    |                           |                               |                                | <b>2. ID Number</b><br>JDF22Y            |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                 |                           |                               |                                |                                          |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)<br>BRUNSWICK COUNTY DEMOCRATIC PARTY<br>P.O. BOX 503<br>SUPPLY, NC 28462 |                           |                               |                                | <b>b. Comments</b><br>STA-C3946N-C001    |  |
|                                                                                                                                                           |                           |                               |                                | <b>c. Election Sum to Date</b><br>\$ 500 |  |
| <b>d. Account Code</b>                                                                                                                                    | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date</b><br>(mm/dd/yyyy) | <b>h. Amount</b>                         |  |
| 23                                                                                                                                                        | CHECK                     |                               | 08/08/2023                     | \$ 500.00                                |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
| <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. Comments</b>                       |  |
|                                                                                                                                                           |                           |                               |                                | <b>c. Election Sum to Date</b><br>\$     |  |
| <b>d. Account Code</b>                                                                                                                                    | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date</b><br>(mm/dd/yyyy) | <b>h. Amount</b>                         |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
| <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. Comments</b>                       |  |
|                                                                                                                                                           |                           |                               |                                | <b>c. Election Sum to Date</b><br>\$     |  |
| <b>d. Account Code</b>                                                                                                                                    | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date</b><br>(mm/dd/yyyy) | <b>h. Amount</b>                         |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
|                                                                                                                                                           |                           |                               |                                | \$                                       |  |
| <b>4. Total only this Page</b>                                                                                                                            |                           |                               |                                | \$ 500.00                                |  |
| <b>5. Total of ALL CRO-1220 Pages</b><br>(This line must be on line 7 of Detailed Summary Page CRO-1100)                                                  |                           |                               |                                | \$ 500.00                                |  |

# Disbursements

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  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>            |
| Maria Surprise for Holden Beach Commissioner                                                                  |                           |                                                                           |                                                                                                                                                       |                                                         | JDF22Y                         |
| <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>             |
| Brunswick County Board of Elections<br>73 Stamp Act Dr.<br>Bolivia, NC 28422                                  |                           |                                                                           |                                                                                                                                                       |                                                         | Filing fee for Office          |
| 910-253-2620                                                                                                  |                           |                                                                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                                                         | <b>e. Election Sum to Date</b> |
|                                                                                                               |                           |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                                         | \$ 5                           |
| <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>     |
| 23                                                                                                            | Cash                      | O                                                                         | 07/18/2023                                                                                                                                            | \$5                                                     | Filing fee for Office          |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       | \$                                                      |                                |
| <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>             |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       |                                                         |                                |
|                                                                                                               |                           |                                                                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                                                         | <b>e. Election Sum to Date</b> |
|                                                                                                               |                           |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                                                         | \$                             |
| <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>     |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       | \$                                                      |                                |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       | \$                                                      |                                |
| <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>             |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       |                                                         |                                |
|                                                                                                               |                           |                                                                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                                                         | <b>e. Election Sum to Date</b> |
|                                                                                                               |                           |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                                                         | \$                             |
| <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>     |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       | \$                                                      |                                |
|                                                                                                               |                           |                                                                           |                                                                                                                                                       | \$                                                      |                                |
| <b>5. Total only this Page</b>                                                                                |                           |                                                                           |                                                                                                                                                       |                                                         | \$ 5.00                        |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                         |                           |                                                                           |                                                                                                                                                       |                                                         | \$ 5.00                        |
| <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>                                     |                           |                                                                           |                                                                                                                                                       |                                                         |                                |