

# 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.

<b>1. Committee Information</b>	
a. Full Name <b>Committee to Elect Bob Ciullo</b>	c. ID Number <b>8DF2ED</b>
b. Mailing Address (include City, State and Zip Code) <b>Bob Ciullo P.O. Box 986 Oak Island, NC 28465</b>	d. Date Filed
	e. Phone Number <b>540-454-2547</b>

<b>2. Report Year</b> <b>2023</b>	<b>3. Period Start Date (mm/dd/yy)</b> <b>07/14/2023</b>	<b>4. Period End Date (mm/dd/yy)</b> <b>09/26/2023</b>	<b>5. Treasurer Full Name</b> <b>Leslie R. Kash</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b> <b>0</b>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<b>10. Special Report Name</b> <b>35 Day Report</b>
		<input type="checkbox"/> Special		

<b>11. Account Information</b>		<b>12. Account Information</b>	
a. Financial Institution Full Name <b>TRUIST</b>	a. Financial Institution Full Name	b. Purpose <b>Campaign Expenses</b>	c. Account Code <b>OKI</b>
b. Purpose	c. Account Code	d. Period Begin Balance <b>\$100.00</b>	d. Period Begin Balance <b>\$</b>

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Leslie R Kash      Leslie R. Kash      9/27/23  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received:	<b>RECEIVED</b>	Employee:	<u>PKL</u>	Delivery Method
Date Postmarked:	<b>SEP 29 2023</b>	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	<b>BRUNSWICK COUNTY BOARD OF ELECTIONS</b>	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

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

# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Bob Ciullo		35 Day Report		8DF2ED	
Start of Election Cycle: <b>January 1,</b>		<b>2020</b>		Total this Reporting Period	
4) Cash on Hand at Start		\$ 100		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 2268.29		\$ 3766.17	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 305.31		\$ 305.31	
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)		\$ 2573.60		\$ 4071.48	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2071.37		\$ 2071.37	
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)		\$ 305.31		\$ 305.31	
17) In-Kind Contributions (CRO-1510)		\$ 169.87		\$ 1567.75	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2546.55		\$ 3944.43	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 127.05		\$ 127.05	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Bob Ciullo					8DF2ED	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Marjorie Consiglio 27 Genn Drive Yardley, PA 19067			HR Director			
			c. Employer's Name/Specific Field			
			Solvay			
			e. Election Sum to Date		\$ 93.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	OKI	card		08/26/2023	\$ 93.80	
<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	
Taylor Kash 113 SW 7 <sup>th</sup> St Oak Island, NC 28465			Engineering GIS-CAD Manager			
			c. Employer's Name/Specific Field			
			Focus ATMC			
			e. Election Sum to Date		\$ 93.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	OKI	credit car		07/22/2023	\$ 93.80	
<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	
Leah Morcelle 108 NE 17 <sup>th</sup> St Oak Island, NC 28465			No job title			
			c. Employer's Name/Specific Field			
			Not employed			
			e. Election Sum to Date		\$ 93.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	OKO	card		07/22/2023	\$ 93.80	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 281.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2268.29	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Bob Ciullo					8DF2ED	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Leslie Kash 404 E Yacht Dr Oak Island, NC 28465			No job title			
			<b>c. Employer's Name/Specific Field</b> Unemployed			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	OKI	Check 1056		07/27/2023		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Morgan Kash 404 E Yacht Dr Oak Island, NC 28465			No job title			
			<b>c. Employer's Name/Specific Field</b> Unemployed			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	OKI	Check 1057		07/27/2023		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Ashley Ragan 5606 W77th St Los Angeles, CA 90045			Senior Manager			
			<b>c. Employer's Name/Specific Field</b> Netflix (social media)			
					<b>e. Election Sum to Date</b>	
					\$ 23.22	
<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"/>	OKI	card		07/21/2023		\$ 23.22
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 523.22	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2268.29	

# Contributions from Individuals

Pg 3 of 4

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Bob Ciullo					8DF2ED	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Debbie Lovely 220 NE 43rd St Oak Island, NC 28465			No job title			
			c. Employer's Name/Specific Field			
			Unemployed			
					e. Election Sum to Date	
					\$ 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"/>	OKI	check 1077		07/27/2023	\$ 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	
Judy Droitcour 214 Caswell Beach Rd Caswell Beach, NC 28465			No job title			
			c. Employer's Name/Specific Field			
			Unemployed			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	OKI	Check 464		08/12/2023	\$ 1000.00	
<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	
Leighton Quick 17910 Battle Peak Rd Hamilton, VA 20158			Diretcor, Cyber Security			
			c. Employer's Name/Specific Field			
			Immersat			
					e. Election Sum to Date	
					\$ 93.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	OKI	card		8/14/2023	\$ 93.80	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1293.80	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2268.29	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Bob Ciullo					8DF2ED	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Bob Ciullo 163 NE 3 <sup>rd</sup> St Oak Island, NC 28465			Managing Member			
			<b>c. Employer's Name/Specific Field</b> Strategic Growth Solutions LLC			
					<b>e. Election Sum to Date</b>	
					\$ 1,497.88	
<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"/>	OKI		Square Space	07/21/2023	\$ 53.93	
<input type="checkbox"/>	OKI		Square CC reade	07/21/2023	\$ 62.98	
<input type="checkbox"/>			Name tags/pens	08/07/2023	\$ 22.03	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Bob Ciullo 163 NE 3 <sup>rd</sup> St Oak Island, NC 28465			Managing Member			
			<b>c. Employer's Name/Specific Field</b> Strategic Growth Solutions LLC			
					<b>e. Election Sum to Date</b>	
					\$ 1497.88	
<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"/>	OKI		Thank you cards	08/15/2023	\$ 16.00	
<input type="checkbox"/>	OKI		Cups for Meet&G	08/10/2023	\$ 14.93	
<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> (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>					\$ 169.86	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2268.29	

**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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to Elect Bob Ciullo		8DF2ED	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
Bob Ciullo 163 NE 3 <sup>rd</sup> St Oak Island, NC 28465		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 1667.74	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Square Space		07/21/2023	\$ 53.93
Square CC reader		07/21/2023	\$ 62.98
Name tags/pens		08/07/2023	\$ 22.03
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
Bob Ciullo 163 NE 3 <sup>rd</sup> St Oak Island, NC 28465		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 1667.74	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Thank you cards		08/15/2023	\$ 16.00
Cups for Meet & Greet		08/10/2023	\$ 14.93
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 169.86	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2268.29	

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Bob Ciullo					8DF2ED	
<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> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Dollar General Store # 19668 Oak Island, NC 28465 910-726-3635					Plates, napkins drinks tablecloth	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 28.29	
<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>	
OKI	Debit Card	O	08/11/2023	\$28.29	Paper Products	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Uncorked by The Sea 602A North Howe St Southport, NC 28461 910-454-0633					Refreshments for Meet&Greet	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 307.28	
<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>	
OKI	Debit Card	O	08/10/2023	\$307.28	Refreshments for Meet&Greet	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Amazon Herkka USA					Mailing Envelopes	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 59.74	
<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>	
OKI	Debit Card	O	08/11/2023	\$28.29	Mailing Envelopes	
				\$		
<b>5. Total only this Page</b>					\$ 395.31	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 2071.37	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
<b>* Codes require detailed explanation in required remarks field (k)</b>						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Bob Ciullo					8DF2ED	
<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> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Etsy MustNY New York, NY					Order#2985 115968	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b>	
					\$ 95.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
OKI	Debit Card	O	08/15/2023	\$95.00	Table Cloth	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Windemere Promotional Products 42 Gravel Bend Rd Egg Harbour Twsp, NJ 08234 609-515-6237					Yard Signs	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b>	
					\$ 800.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
OKI	Debit Card	O	08/25/2023	\$800.00	Yard Signs	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Publix Oak Island Marktplace 5003 E Oak Island Dr Oak Island, NC 28465					Food for Meet&Greet	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b>	
					\$ 237.55	
<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>	
OKI	Debit Card	O	07/28/2023	\$237.55	Food for Meet&Greet	
				\$		
<b>5. Total only this Page</b>					\$ 1132.55	
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 2071.37	
<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						
* Codes require detailed explanation in required remarks field (k)						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Bob Ciullo					8DF2ED
<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> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Vista Print 275 Wyman St Waltham, MA 02451 866-207-4955					Print Media
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 219.89
<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>
OKI	Debit Card	O	08/22/2023	\$219.89	Print media
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Vista Print 275 Wyman St Waltham, MA 02451 866-207-4955					Envelopes
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 344.19
<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>
OKI	Debit Card	O	08/10/2023	\$124.30	Donation Envelopes
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Vista Print Herkka USA					Order#VP FWC 23 LKV
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 574.44
<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>
OKI	Debit Card	O	07/28/2023	\$230.25	Flyers Cards
				\$	
<b>5. Total only this Page</b>					\$ 1138.52
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 2071.37
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Pt 4

6

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> Committee to Elect Bob Ciullo	<b>2. ID Number</b> 8DF2ED
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<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Stripe Committee	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1.78

<b>f. Account Code</b> OKI	<b>g. Form of Payment</b> creditcard	<b>h. Purpose Code</b> 0	<b>i. Date (mm/dd/yyyy)</b> 07/21/2023	<b>j. Amount</b> \$ 1.78	<b>k. Required Remarks</b> SquareSpace fee per Stripe Comm.
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<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Stripe Committee	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 14.18

<b>f. Account Code</b> OKI	<b>g. Form of Payment</b> creditcard	<b>h. Purpose Code</b> 0	<b>i. Date (mm/dd/yyyy)</b> 07/22/2023	<b>j. Amount</b> \$ 12.40	<b>k. Required Remarks</b> Required fee for stripe
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<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Stripe Committee	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 20.38

<b>f. Account Code</b> OKI	<b>g. Form of Payment</b> creditcard	<b>h. Purpose Code</b> 0	<b>i. Date (mm/dd/yyyy)</b> 08/14/2023	<b>j. Amount</b> \$ 6.20	<b>k. Required Remarks</b> Fee for Stripe
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<b>5. Total only this Page</b>	\$ 20.38
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<b>6. Total of ALL CRO-1310 Pages</b>	20.38
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<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$ 2071.37
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<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

\* Codes require detailed explanation in required remarks field (k)

# Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Bob Ciullo						8DF2ED	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Stripe Committee							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 26 <sup>58</sup>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	creditcard	0	08/24/23	\$6 <sup>20</sup> /100	Fee for Stripe		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Stripe Committee							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 29.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	09/19/23	\$3 <sup>25</sup> /100	Stripe fee		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 9.45 (9.45)	
6. Total of ALL CRO-1310 Pages						\$ 2071.37	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate				
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	IK* - Office Expenses	Q* - Donation to Legal Expense Fund				
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Bob Ciullo						80F2ED	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Pottery Barn (online)						Never rec'd item - refunded to card.	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 212 82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	08/11/23	\$ 212 82	Table cover		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DRI Printing Service (on line transaction) Refunded to card 888-888-4211						Never rec'd product	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 92 49	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	08/14/23	\$ 92 49	Fully refunded		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 309.31	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 2071 37	
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field.							

# Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Bob Ciullo</u>			2. ID Number <u>80F2ED</u>		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Pottery Barn (on line transaction)</u>		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <u>08/26/2023</u>	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount <u>\$ 212.82</u>	
		f. Purpose Code		j. Election Sum to Date <u>\$ 212.82</u>	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments <u>Custom table cover</u>	
k. Account Code					
l. Form of Payment <u>card</u>	m. Required Remarks <u>item never delivered fully refunded</u>		n. Date (mm/dd/yyyy) <u>08/11/23</u>	o. Amount <u>\$ 212.82</u>	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>DRI Printing Service (on line transaction)</u>		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date <u>08/14/2023</u>	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount <u>\$ 92.49</u>	
		f. Purpose Code <u>0</u>		j. Election Sum to Date <u>\$ 92.49</u>	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
k. Account Code					
l. Form of Payment <u>card</u>	m. Required Remarks <u>transaction canceled</u>		n. Date (mm/dd/yyyy) <u>08/14/23</u>	o. Amount <u>\$ 92.49</u>	
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$	
		f. Purpose Code		j. Election Sum to Date \$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
k. Account Code					
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount \$	
4. Total only this Page				<u>\$ 305.31</u>	
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>				<u>\$ 305.31</u>	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					