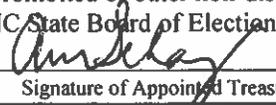


Disclosure Report Cover

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 Committee to Elect Terri L. Cartner | | c. ID Number IDF3GR | |
| b. Mailing Address (include City, State and Zip Code) PO Box 422 Oak Island, NC 28465 | | d. Date Filed 10/03/2023 | |
| | | e. Phone Number 336-215-4318 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2023 | 07/12/2023 | 09/26/2023 | Ann Schading |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| 8. Number of Fundraisers this Report 0 | | 10. Special Report Name | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Truist | | a. Financial Institution Full Name | |
| b. Purpose Campaign Exp | c. Account Code 101 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 1,300.00 | | d. Period Begin Balance \$ |
| 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. | | | |
| Ann Schading | |  | 10/03/2023 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: | RECEIVED | Employee: | <u>AN</u> |
| Date Postmarked: | OCT 03 2023 | Employee: | _____ |
| Date Scanned: | BRUNSWICK COUNTY BOARD OF ELECTIONS | Employee: | _____ |
| Date Data Entered: | _____ | Employee: | _____ |
| Delivery Method | | | |
| <input type="checkbox"/> Normal Mail | | | |
| <input type="checkbox"/> Registered Mail | | | |
| <input checked="" type="checkbox"/> Hand Delivered | | | |
| <input type="checkbox"/> Electronically Filed | | | |
| <input type="checkbox"/> Signer has not received mandatory training | | | |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. | | | |
| You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | |

Detailed Summary

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
|---|--|------------------------------------|--|----------------------------------|--|
| Committee to Elect Terri L. Cartner | | 2023 35-Day | | 1DF3GR | |
| Start of Election Cycle: January 1, 2020 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 1,300.00 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | | \$ 0 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 2,901.59 | | \$ 5,176.22 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0 | | \$ 300.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0 | | \$ 0 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0 | | \$ 0 | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ 0 | | \$ 0 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0 | | \$ 0 | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ 0 | | \$ 0 | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0 | | \$ 0 | |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | | \$ 0 | | \$ 0 | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0 | | \$ 0 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 4,201.59 | | \$ 5,476.22 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 1,537.40 | | \$ 1,537.40 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0 | | \$ 0 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0 | | \$ 0 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 0 | | \$ 0 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0 | | \$ 0 | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ 0 | | \$ 0 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 773.19 | | \$ 2,047.82 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2,310.59 | | \$ 3,585.22 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,891.00 | | \$ 1,891.00 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0 | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 0 | | | |
| 22) Debts and Obligations owed By the Committee (CRO-1610) | | \$ 0 | | | |
| 23) Debts and Obligations owed To the Committee (CRO-1620) | | \$ 0 | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0 | | | |
| 25) Administrative Support (CRO-1710) | | \$ 0 | | \$ 0 | |
| 26) Forgiven Loans (CRO-1440) | | \$ 0 | | \$ 0 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0 | | \$ 0 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0 | | \$ 0 | |

Contributions from Individuals

Amendment
 Yes No

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Committee to Elect Terri L. Cartner | | | | | | 1DF3GR | |
| 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 | |
| M. Louise Jones 706 E. Oak Island Drive Oak Island, NC 28465 | | | | No Job Title | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not Employed | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 101 | Check | | 07/13/2023 | | \$ 150.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Sonja Marie Cauble 157 NE 17 th Street Oak Island, NC 28465 | | | | Vice President | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Evonic - Chemical Polymer Mfg. | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 101 | Check | | 07/19/2023 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Sara Elizabeth White 112 SE 34 th Street Oak Island, NC 28465 | | | | No Job Title | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not Employed | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 101 | Check | | 07/27/2023 | | \$ 300.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 950.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 2,90159 | |

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 Terri L. Cartner | | | | | 1DF3GR | |
| 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 | |
| Angela Hope Tackett 105 NW 5 th Street Oak Island, NC 28465 | | | Realtor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Coldwell Banker Seacoast | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 96.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Online | | 07/31/2023 | \$ 96.80 | |
| <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 | |
| George and Barbara Wentworth 5077 Glen Cove Drive Southport, NC 28461 | | | No Job Title | | | |
| | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | e. Election Sum to Date | |
| | | | Not Employed | | | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Check | | 08/22/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Judy Gregson 5181 Minnesota Drive Southport, NC 28461 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Cash | | 08/22/2023 | \$ 20.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 216.80 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,901.59 | |

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 Terri L. Cartner | | | | | 1DF3GR | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jim and Helen Hunt 167 NW 5 th Street Oak Island, NC 28465 | | | No Job Title | | | |
| | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | e. Election Sum to Date | |
| | | | Not Employed | | | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Check | | 09/06/2023 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Nancy Martin 157 NE 19 th Street Oak Island, NC 28465 | | | Administrative | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Pelican Pack and Ship | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Check | | 09/06/2023 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Bert and Wanda Maggart 2006 W. Yacht Drive Oak Island, NC 28465 | | | No Job Title | | | |
| | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | e. Election Sum to Date | |
| | | | Not Employed | | | |
| | | | | | \$ 40.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Cash | | 09/06/2023 | | \$ 40.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 190.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2,901.59 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|---|-----------------|--------------------|--|----------------------|--------------|--|
| Committee to Elect Terri L. Cartner | | | | | 1DF3GR | |
| 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 | |
| Wendy L. Morris 108 SE 8 th Street Oak Island, NC 28465 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | e. Election Sum to Date | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Cash | | 09/06/2023 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Bethany Jones 2605 W. Yacht Drive Oak Island, NC 28465 | | | Account Executive | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Inizio Engage Health care assessment compan | | | |
| | | | e. Election Sum to Date | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Check | | 09/07/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Maxine McCullar 5066 Glen Cove Drive Southport, NC 28461 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | e. Election Sum to Date | | \$ 373.93 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Check | | 09/11/2023 | \$ 200.00 | |
| <input type="checkbox"/> | 101 | | Food/Beverages | 08/22/2023 | \$ 173.93 | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 325.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2,901.59 | |

Contributions from Individuals

Amendment
 Yes No

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Committee to Elect Terri L. Cartner | | | | | 1DF3GR | |
| 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 | |
| Brenda M. Johnson 106 SE 42nd Street Oak Island, NC 28465 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 30.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Check | | 09/12/2023 | | \$ 30.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Robert D. Lewis 2302 W. Oak Island Drive Oak Island, NC 28465 | | | Realtor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Margaret Rudd Associates | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Check | | 09/13/2023 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Kathleen Yonce 1104 Elizabeth Drive Oak Island, NC 28465 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 48.25 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Online | | 09/19/2023 | | \$ 48.25 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 128.25 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,901.59 | |

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 Terri L. Cartner | | | | | IDF3GR | |
| 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 | |
| Worthy Keener, Jr. 124 SE 63 rd Street Oak Island, NC 28465 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 145.35 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Online | | 09/26/2023 | | \$ 145.35 |
| <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 | |
| Vivian Bandy 2501 W. Yacht Drive Oak Island, NC 28465 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 573.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Check | | 08/03/2023 | | \$ 73.00 |
| <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 | |
| Kerri McCullough 108 NE 57 th Street Oak Island, NC 28465 828-217-1443 | | | Finance | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 297.56 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 101 | Check | | 08/20/2023 | | \$ 100.00 |
| <input type="checkbox"/> | 101 | | Food/Beverages | 08/27/2023 | | \$ 197.56 |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 515.91 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2,901.59 | |

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 Terri L. Cartner | | | | | 1DF3GR | |
| 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 | |
| Terri L. Cartner 101 SW 23 rd Street Oak Island, NC 28465 | | | Director | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Education | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,432.68 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | | Food and Bevera | 08/02/2023 | \$ 56.05 | |
| <input type="checkbox"/> | 101 | | Food and Bevera | 08/13/2023 | \$ 16.52 | |
| <input type="checkbox"/> | 101 | | Food and Bevera | 08/23/2023 | \$ 42.59 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Terri L. Cartner 101 SW 23 rd Street Oak Island, NC 28465 | | | Directore | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Education | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,432.68 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | | Food/Beverages | 08/29/2023 | \$ 42.89 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Ann Schading 2502 W. Yacht Drive Oak Island, NC 28465 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 565.61 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | | Food/Beverages | 09/06/2023 | \$ 165.61 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 323.66 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,901.59 | |

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 Terri L. Cartner | | | | | 1DF3GR | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Steve Wright 2308 W. Oak Island Drive Oak Island, NC 28465 | | | | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 78.04 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | | Food/Beverages | 08/20/2023 | \$ 78.04 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 78.04 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2,901.59 | |

In-Kind Contributions

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

| | | |
|--|---|---|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number |
| Committee to Elect Terri L. Cartner | | IDF3GR |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Terri L. Cartner 101 SW 23 rd Street Oak Island, NC 28465 336-215-4318 | b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments |
| | | d. Election Sum to Date \$ 1,432.68 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Breakfast for Committee Work Session | 08/02/2023 | \$ 56.05 |
| Breakfast for Committee Work Session | 08/13/2023 | \$ 16.52 |
| Lunch for Committee Work Session | 08/23/2023 | \$ 42.59 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Terri L. Cartner 101 SW 23 rd Street Oak Island, NC 28465 336-215-4318 | b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments |
| | | d. Election Sum to Date \$ 1,432.68 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Lunch for Committee Work Session | 08/29/2023 | \$ 42.89 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Ann Schading 2502 W. Yacht Drive Oak Island, NC 28465 828-302-6182 | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments |
| | | d. Election Sum to Date \$ 665.61 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Food and Beverages | 09/06/2023 | \$ 165.61 |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 323.66 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 773.19 |

In-Kind Contributions

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

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

| | | |
|--|---|---|
| 1. Committee Full Name (and Fund if applicable) Committee to Elect Terri L. Cartner | | 2. ID Number IDF3GR |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Kerri McCullough 108 NE 57 th Street Oak Island, NC 28465 828-217-1443 | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ 297.56 |
| e. Description Food and Beverages | f. Date (mm/dd/yyyy) 08/27/2023 | g. Fair Market Amount \$ 197.56 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Steve Wright 2308 W. Yacht Drive Oak Island, NC 28465 843-395-6172 | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ 78.04 |
| e. Description | f. Date (mm/dd/yyyy) 08/20/2023 | g. Fair Market Amount \$ 78.04 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Max McCullar 5066 Glen Cove Drive Southport, NC 28461 910-200-8203 | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ 373.93 |
| e. Description Food and Beverages | f. Date (mm/dd/yyyy) 08/22/2023 | g. Fair Market Amount \$ 173.93 |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 449.53 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 773.19 |

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 Terri L. Cartner | | | | | IDF3GR |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Sticker Mule, LLC 336 Forest Avenue Amsterdam, NY 12010 | | | | | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ 154.79 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 101 | Debit | O | 07/18/2023 | \$154.79 | Bumper Stickers |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| USPS 5703 E. Oak Island Drive Oak Island, NC 28465 | | | | | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ 131.32 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 101 | Debit | I | 07/20/2023 | \$34.32 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Square Space 225 Varick Street, 12 th Floor New York, NY 10014 | | | | | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ 403.20 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 101 | Debit | A | 07/24/2023 | \$259.20 | Web Hosting |
| 101 | Debit | A | 07/24/2023 | \$144.00 | Web Hosting |
| 5. Total only this Page | | | | | \$ 592.31 |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 1,537.40 |
| 7. Purpose Codes <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

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 Terri L. Cartner | | | | | IDF3GR |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Vista Print 275 Wyman Street Waltham, MA 02451 866-207-4955 | | | | | |
| | | 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: | | | |
| | | | | \$ 297.90 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 101 | Debit | B | 07/26/2023 | \$258.42 | Flyers |
| | | | | \$ | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| AEM Creative Photography 701 N. Howe Street Southport, NC 28461 910-833-4002 | | | | | |
| | | 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: | | | |
| | | | | \$ 250.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 101 | Debit | O | 07/26/2023 | \$250.00 | Website Design |
| | | | | \$ | |
| 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 | |
| Totally Promotional 450 S 2 nd Street Coldwater, OH 45828 866-795-4657 | | | | | |
| | | 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: | | | |
| | | | | \$ 73.12 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 101 | Debit | O | 08/01/2023 | \$73.12 | Coozies |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 581.54 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,537.40 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| 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

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 Terri L. Cartner | | | | | 1DF3GR | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Imprint 14550 Beechnut Street Houston, TX 77083 281-786-3764 | | | | | | |
| | | | 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: | | \$ 595.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 101 | Debit | A | 08/04/2023 | \$42.10 | | |
| | | | | \$ | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Twisted Fish Productions 112 Deer Path Lane Mebane, NC 27302 919-632-0824 | | | | | | |
| | | | 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: | | \$ 321.45 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 101 | Debit | 0 | 08/04/2023 | \$120.07 | Logo Creation | |
| 101 | Check | 0 | 07/27/2023 | \$201.38 | T-Shirts | |
| 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 | | | | | \$ 363.55 | |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 1,537.40 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |