

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	
Dunlap for Leland Council			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO Box 1062 Leland, NC 28451		7/29/22	
		e. Phone Number	
		910-459-9852	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	1/1/22	6/30/22	Melissa McCallon
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 <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <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		a. Financial Institution Full Name	
State Employees Credit Union			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	008		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1767.30		\$
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.			
<u>Melissa McCallon</u> Printed Name of Signer		<u>Melissa McCallon</u> Signature of Appointed Treasurer	
		<u>7/29/22</u> <u>8/26/22</u> Date	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
RECEIVED	CN	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Postmarked:	Employee:		
SEP 02 2022			
Date Submitted:	Employee:		
BRUNSWICK COUNTY BOARD OF ELECTIONS			
Date Data Entered:	Employee:		
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	
Dunlap for Leland Council		Mid Year			
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1767.30		\$ 1767.30	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0		
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 0		
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)	\$ 127.97	\$ 127.97		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$.39	\$.39		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 128.36	\$ 128.36		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 0		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1000	\$ 1000		
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)		\$ 1000.00	\$ 1000.00		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 889.66	\$ 889.66		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$	\$		
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Refunds/Reimbursements To the Committee

Pg 1

of

2

Amendment

Yes

No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable) Dunlap for Leland Council				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) State Employees Credit Union P.O Box 1957 Leland, NC 28451 888-732-8562			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments Reimbursement of fraud
b. Job Title/Profession Bank			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 10/26/21
c. Employer's Name/Specific Field State Employees Credit Union			f. Purpose		i. Original Expenditure Amt \$.34
j. Election Sum to Date \$ 128.36					
k. Account Code 008	l. Form of Payment credit	m. In-Kind Description	n. Date (mm/dd/yyyy) 1/31/22	o. Amount \$.34	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) State Employees Credit Union P.O Box 1957 Leland, NC 28451 888-732-8562			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments Reimbursement of fraud
b. Job Title/Profession Bank			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 10/25/21
c. Employer's Name/Specific Field State Employees Credit Union			f. Purpose		i. Original Expenditure Amt \$.93
j. Election Sum to Date \$ 128.36					
k. Account Code 008	l. Form of Payment Credit	m. In-Kind Description	n. Date (mm/dd/yyyy) 1/31/22	o. Amount \$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) State Employees Credit Union P.O Box 1957 Leland, NC 28451 888-732-8562			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments Reimbursement of fraud
b. Job Title/Profession Bank			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 10/26/21
c. Employer's Name/Specific Field State Employees Credit Union			f. Purpose		i. Original Expenditure Amt \$ 33.70
j. Election Sum to Date \$ 128.36					
k. Account Code 008	l. Form of Payment Credit	m. In-Kind Description	n. Date (mm/dd/yyyy) 1/31/22	o. Amount \$ 33.70	
4. Total only this Page				\$ 34.97	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 127.97	

Refunds/Reimbursements To the Committee

Page 2 of 2

Amendment Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Dunlap for Leland Council					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			d. Type of Committee		e. Comments
State Employees Credit Union P.O. Box 1957 Leland, NC 28451 888-732-8562			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		Reimbursement of fraud
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
Bank			State Employees Credit Union		
k. Account Code			l. Form of Payment		m. In-Kind Description
008			credit		
n. Date (mm/dd/yyyy)			o. Amount		
1/31/22			\$ 93.00		
h. Original Expenditure Date			i. Original Expenditure Amt		
10/25/21			\$ 93.00		
j. Election Sum to Date					\$ 128.36
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			d. Type of Committee		e. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
k. Account Code			l. Form of Payment		m. In-Kind Description
n. Date (mm/dd/yyyy)			o. Amount		
			\$		
h. Original Expenditure Date			i. Original Expenditure Amt		
			\$		
j. Election Sum to Date					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			d. Type of Committee		e. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
k. Account Code			l. Form of Payment		m. In-Kind Description
n. Date (mm/dd/yyyy)			o. Amount		
			\$		
h. Original Expenditure Date			i. Original Expenditure Amt		
			\$		
j. Election Sum to Date					\$
k. Account Code			l. Form of Payment		m. In-Kind Description
n. Date (mm/dd/yyyy)			o. Amount		
			\$		
h. Original Expenditure Date			i. Original Expenditure Amt		
			\$		
j. Election Sum to Date					\$
4. Total only this Page					\$ 93.00
5. Total of ALL CRO-1240 Pages (This line must be on the 10 of Detailed Summary Page CRO-1100)					\$ 127.97

Other Receipt Sources

Pg. 1 of 1

Amendment
 Yes | No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Dunlap for Leland Council					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
State Employees Credit Union PO. Box 1957 Leland, NC 28451 888-732-8562					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 128.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
008	Credit		1-20-22	\$.09	
008	Credit		2-17-22	\$.07	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
State Employees Credit Union PO. Box 1957 Leland, NC 28451 888-732-8562					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 128.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
008	Credit		3-17-22	\$.07	
008	Credit		4-21-22	\$.09	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
State Employees Credit Union PO. Box 1957 Leland, NC 28451 888-732-8562					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 128.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
008	Credit		5-17-22	\$.03	
008	Credit		6-20-22	\$.04	
5. Total only this Page				\$.39	
6. Total of ALL CRO-1250 Pages				\$.39	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

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
Dunlap for Leland Council						
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
State Employees Credit Union P.O. Box 1957 Leland, NC 28451 888-732-8562						
				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:		\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
008	draft	0	1-20-22	\$ 1.00	Bank fee	
008	draft	0	2-17-22	\$ 1.00	Bank 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
State employees Credit Union P.O. Box 1957 Leland, NC 28451 888-732-8562						
				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:		\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
008	draft	0	3-17-22	\$ 1.00	Bank fee	
008	draft	0	4-21-22	\$ 1.00	Bank 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
State Employees Credit Union P.O. Box 1957 Leland, NC 28451 888-732-8562						
				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:		\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
008	draft	0	5-17-22	\$ 1.00	Bank fee	
008	draft	0	10-20-22	\$ 1.00	Bank fee	
5. Total only this Page						\$ 0
6. Total of ALL CRO-1310 Pages						\$ 0
(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
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* Other	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) <u>Dunlap for Leland Council</u>	2. ID Number
--	---------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Committee to Elect Robin Moffitt</u> <u>806 Ocean Dr.</u> <u>Oak Island, NC 28465</u> <u>910-250-8600</u>	b. Coordinated Committee Name	d. Comments
	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 <u>\$ 250</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>008</u>	<u>CHECK</u>	<u>D</u>	<u>4-21-22</u>	<u>\$ 250</u>	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Committee to Elect Kathryn Adams</u> <u>701 Live Oak Drive</u> <u>Oak Island NC 28465</u> <u>910-294-2522</u>	b. Coordinated Committee Name	d. Comments
	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 <u>\$ 250</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>008</u>	<u>CHECK</u>	<u>D</u>	<u>4-21-22</u>	<u>\$ 250</u>	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Max Beckwith for Congress</u> <u>P.O. Box 141</u> <u>Currie, NC 28435</u> <u>910-262-4605</u>	b. Coordinated Committee Name	d. Comments
	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 <u>\$ 250</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>008</u>	<u>CHECK</u>	<u>D</u>	<u>4-21-22</u>	<u>\$ 250</u>	
				\$	

5. Total only this Page \$ 750

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)

\$ 1000.00

- 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)

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	
Dunlap for Leland Council							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input checked="" 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	
Kenneth J Harper Jr for NC 313 G-Trindale Rd suite 201 Archdale, NC 27203 336-912-3788							
				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	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
008	CHECK	D	4-21-22	\$ 250			
				\$			
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	
				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		
				\$			
				\$			
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	
				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						\$ 250	
6. Total of ALL CRO-1310 Pages						\$ 1000.00	
<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>							
7. Purpose Codes <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)							