

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 <u>LYNN McDOWELL FOR OKI</u> | | | c. ID Number | |
| b. Mailing Address (Include City, State and Zip Code) <u>PO Box 133 OAK ISLAND, NC 28465</u> | | | d. Date Filed <u>9-28-21</u> | |
| | | | e. Phone Number <u>(910) 278-7252</u> | |
| 2. Report Year <u>2021</u> | 3. Period Start Date (mm/dd/yy) <u>7/24/21</u> | 4. Period End Date (mm/dd/yy) <u>9/21/21</u> | 5. Treasurer Full Name <u>LYNN H. McDOWELL</u> | |
| 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 checked="" 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 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) | | State/County <input type="checkbox"/> Organizational 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 | | |
| <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name <u>BB & T</u> | | a. Financial Institution Full Name | | |
| b. Purpose <u>CAMPAIGN TRANSACTIONS</u> | c. Account Code <u>LHM 2021</u> | b. Purpose | c. Account Code | |
| | d. Period Begin Balance <u>\$ 75.00</u> | | 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. | | | | |
| <u>LYNN H. McDOWELL</u> | | <u>Lynn H McDowell</u> | | <u>9-28-21</u> |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | RECEIVED | Employee: | <u>PL</u> | |
| Date Postmarked: | SEP 28 2021 | 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 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 | |
|--|-------------------|-----------------------------|---------------------------|
| LYNN McDowell for OKI | 35-DA-1 | | |
| Start of Election Cycle: January 1, <u>2018</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 75.00 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | \$ |
| 6) Contributions from Individuals (CRO-1210) | | \$ 4363.86 | \$ 4713.33 |
| 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) | | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | \$ |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | \$ |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ | \$ |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 4363.86 | \$ 4713.33 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 774.56 | \$ 799.56 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | \$ |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | \$ |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ | \$ |
| 15) Loan Repayments (CRO-1420) | | \$ | \$ |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ | \$ |
| 17) In-Kind Contributions (CRO-1510) | | \$ 363.86 | \$ 613.33 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1138.42 | \$ 1412.89 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 3200.44 | \$ 3200.44 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | \$ |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ | \$ |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ | \$ |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ | \$ |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ | \$ |
| 25) Administrative Support (CRO-1710) | | \$ | \$ |
| 26) Forgiven Loans (CRO-1440) | | \$ | \$ |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ | \$ |
| 28) Contributions to be Refunded (CRO-1215) | | \$ | \$ |

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| LYNN McDOWELL FOR OK1 | | | | | | | |
| 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 | |
| R. KENNETH ROGERS 4109 GLEN LAUREL DR. RALEIGH, NC 27612-3716 (919) 787-5134 | | | | NO JOB TITLE OR PROFESSION | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | NOT EMPLOYED | | \$ 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"/> | LHM2021 | CHECK | | 07/28/2021 | \$ 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 | |
| BETTIE WILSON THORNE 5092 GLEN COVE DR. SOUTHPORT, NC 28461-7444 (919) 413-3585 | | | | NO JOB TITLE OR PROFESSION | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | NOT EMPLOYED | | \$ 535.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | LHM2021 | CHECK | | 08/16/2021 | \$ 500.00 | | |
| <input type="checkbox"/> | | | MEET & GREET | 09/19/2021 | \$ 35.00 | | |
| <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 | |
| MICHAEL A. DEFEO 902 W. YACHT DR. OAK ISLAND, NC 28465 (704) 678-2022 | | | | NO JOB TITLE OR PROFESSION | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | NOT EMPLOYED | | \$ 1000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | LHM2021 | CHECK | | 09/07/2021 | \$ 1000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 2035.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 4363.86 | |

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) LYNN McDOWELL FOR OKI | 2. ID Number |
|---|---------------------|

3. Contributor Information Add Remove

| | | |
|--|--|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID Z. BODENHEIMER 5119 MINNESOTA DR. SE SOUTHPORT, NC 28461 (703) 376-1973 | b. Job Title/Profession ATTORNEY | d. Comments |
| | c. Employer's Name/Specific Field NICHOLS LIU, LLP | |
| | | e. Election Sum to Date \$ 1500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|------------|
| <input type="checkbox"/> | LHM2021 | CHECK | | 09/15/2021 | \$ 1500.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BEATRICE R D HAIR 106 SELLERS ST. OAK ISLAND, NC 28465 (704) 642-8687 | b. Job Title/Profession SCHOOL DIRECTOR | d. Comments |
| | c. Employer's Name/Specific Field SALISBURY TUTORING ACADEMY | |
| | | 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"/> | LHM2021 | CHECK | | 09/15/2021 | \$ 300.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) PETRA FEY 5127 MINNESOTA DR. SOUTHPORT, NC 28461 (412) 427-5440 | b. Job Title/Profession NO JOB TITLE OR PROFESSION | d. Comments |
| | c. Employer's Name/Specific Field NOT EMPLOYED | |
| | | 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"/> | LHM2021 | CHECK | | 09/15/2021 | \$ 200.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|--------------------------------|------------|
| 4. Total only this Page | \$ 2000.00 |
|--------------------------------|------------|

| | |
|---|------------|
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | \$ 4363.86 |
|---|------------|

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 |
| LYNN McDowell for OKI | | | | | | |
| 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 | |
| LYNN H. McDowell PO BOX 133 OAK ISLAND, NC 28465 (910) 278-7252 | | | | NO JOB TITLE OR PROFESSION | | |
| | | | | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | | | | NOT EMPLOYED | \$ 324.82 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | LHM 2021 | CR CARD | PRINTING OF CAMPAIGN FLYERS | 07/24/2021 | \$ 74.73 | |
| <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 | |
| JT MARIOTTE 101 S2 78th ST. OAK ISLAND, NC 28465 (910) 363-4024 | | | | OWNER | ESTIMATE | |
| | | | | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | | | | INTERCOASTAL ROOFING | \$ 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"/> | | | MEET & GREET | 07/24/2021 | \$ 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 | |
| DIANE LARKIN 1808 W. YACHT DR OAK ISLAND, NC 28465 (910) 444-1542 | | | | REALTOR | | |
| | | | | c. Employer's Name/Specific Field | e. Election Sum to Date | |
| | | | | COLDWELL BANKER SEA COAST ADVANTAGE | \$ 4.71 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/11/2021 | \$ 4.71 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 179.44 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 4363.86 | |

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 |
| LYNN McDOWELL FOR D11 | | | | | | |
| 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 | |
| HELEN HUNT 167 NW 5th ST. OAK ISLAND, NC 28465 (704) 724-6758 | | | NO JOB TITLE OR PROFESSION | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | NOT EMPLOYED | | \$ 4.71 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/11/2021 | \$ 4.71 | |
| <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 | |
| WANDA MAGGART 2006 W. YACHT DR. OAK ISLAND, NC 28465 | | | NO JOB TITLE OR PROFESSION | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | NOT EMPLOYED | | \$ 4.71 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/11/2021 | \$ 4.71 | |
| <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 OSBORNE 4205 ZACHARY CT. SOUTHPORT, NC 28461 | | | NO JOB TITLE OR PROFESSION | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | NOT EMPLOYED | | \$ 35.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/19/2021 | \$ 35.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 44.42 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 4363.86 | |
| <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 |
| LYNN McDOWELL FOR OIC1 | | | | | | |
| 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 |
| ELIZABETH POLLOCK 5081 GLEN COVE DR SOUTHPORT, NC 28461 (910) 457-1121 | | | | NO JOB TITLE OR PROFESSION | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NOT EMPLOYED | | e. Election Sum to Date |
| | | | | | | \$ 35.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/19/2021 | \$ 35.00 | |
| <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 DR SOUTHPORT, NC 28461 (910) 713-8102 | | | | NO JOB TITLE OR PROFESSION | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NOT EMPLOYED | | e. Election Sum to Date |
| | | | | | | \$ 35.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/19/2021 | \$ 35.00 | |
| <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 |
| BARBARA VASSAR 5163 MINNESOTA DR SOUTHPORT, NC 28461 (804) 539-6608 | | | | NO JOB TITLE OR PROFESSION | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NOT EMPLOYED | | e. Election Sum to Date |
| | | | | | | \$ 35.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | MEET & GREET | 09/19/2021 | \$ 35.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 105.00 |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 4363.86 |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | |

Disbursements

Amendment
 Yes No

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>LYNN McDOWELL FOR OKI</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 (include city, state, & zip) <u>WALMART 1675 N. HOWE ST. SOUTHPORT, NC 28461 (910) 454-9909</u> | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date <u>\$ 6.38</u> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|----------------|---------------------|
| <u>LHM 2021</u> | <u>DEBIT CARD</u> | <u>K</u> | <u>08/05/2021</u> | <u>\$ 6.38</u> | <u>NOTE CARDS</u> |
| | | | | \$ | |

4. Payee Information Add Remove

| | | |
|--|--|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>BUS. PRODUCTS DELUXE BUS.SYS. - BB & T 8905 E. OAK ISLAND DR OAK ISLAND, NC 28465 (910) 201-2167</u> | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date <u>\$ 26.62</u> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------------|---------------------|
| <u>LHM 2021</u> | <u>BANK DEBIT</u> | <u>K</u> | <u>08/09/2021</u> | <u>\$ 26.62</u> | <u>CHECKS</u> |
| | | | | \$ | |

4. Payee Information Add Remove

| | | |
|--|--|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>UNITED STATES POSTAL SERVICE 206 E. NASH ST. SOUTHPORT, NC 28461-3987 (800) 275-8777</u> | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date <u>\$ 11.00</u> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------------|---------------------|
| <u>LHM 2021</u> | <u>DEBIT CARD</u> | <u>I</u> | <u>08/10/2021</u> | <u>\$ 11.00</u> | |
| | | | | \$ | |

5. Total only this Page \$ 44.00

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)
 \$ 774.56

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 |
| LYNN McDOWELL FOR OKI | | | | | | |
| 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 <small>(include city, state, & zip)</small> | | | b. Coordinated Committee Name | | d. Comments | |
| VERIZON WIRELESS 1095 AVE. OF THE AMERICAS NEW YORK, NY 10036 (212) 395-1000 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 86.70 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| LHM 2021 | DEBIT CARD | K | 08/19/2021 | \$ 43.35 | 1 MONTH WIRELESS SERVICE | |
| LHM 2021 | DEBIT CARD | K | 09/18/2021 | \$ 43.35 | 1 MONTH WIRELESS SERVICE | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | b. Coordinated Committee Name | | d. Comments | |
| SEAWAY PRINTING 4180 LONG BEACH RD. SOUTHPORT, NC 28461 (910) 457-6158 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 219.91 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| LHM 2021 | DEBIT CARD | B | 08/25/2021 | \$ 83.27 | 200 1-PAGE HANDOUTS | |
| LHM 2021 | DEBIT CARD | B | 09/03/2021 | \$ 136.64 | 500 PASS-OUT CARDS | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | b. Coordinated Committee Name | | d. Comments | |
| A SIGN OF DISTINCTION 1625 N. HOWE ST. SOUTHPORT, NC 28461 (910) 457-5303 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 400.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| LHM 2021 | DEBIT CARD | B | 09/07/2021 | \$ 400.00 | 50% DEPOSIT - 100 YARD SIGNS | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 706.61 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 774.56 |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> | | | | | | |
| <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> | | | | | | |
| <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | |
| 7. Purpose Codes <small>(List detailed expenditure code in (h.) above)</small> | | | | | | |
| 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 |
| LYNN McDOWELL FOR OKI | | | | | | |
| 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 | |
| WORDPRESS.COM 60 29TH ST. #343 SAN FRANCISCO, CA 94110 (877)273-3049 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 23.95 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| LHM2021 | DEBIT CARD | K | 09/12/2021 | \$ 23.95 | WEB DOMAIN REGISTRATION + 1 MO. SUBSCRIPTION | |
| | | | | \$ | | |
| 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 | | | | | | \$ 23.95 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 774.56 |
| <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) | | | | | | |

In-Kind Contributions

Amendment
 Yes 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) | | 2. ID Number |
| LYNN McDOWELL FOR OKI | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| JT MARIOTTE 101 SE 78th ST OAK ISLAND, NC 28465 (910)363-4026 | <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 | ESTIMATE |
| | | d. Election Sum to Date \$ 100.00 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| MEET & GREET FOR GROUP OF CANDIDATES | 07/24/2021 | \$ 100.00 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| DIANE LARKIN 1808 W. YACHT DR. OAK ISLAND, NC 28465 (910) 444-1542 | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date \$ 4.71 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET FOR GROUP OF CANDIDATES | 09/11/2021 | \$ 4.71 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| HELEN HUNT 167 NW 5th St. OAK ISLAND, NC 28465 (704) 724-6758 | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date \$ 4.71 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET FOR GROUP OF CANDIDATES | 09/11/2021 | \$ 4.71 |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 109.42 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 363.86 |

In-Kind Contributions

Amendment
 Yes 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) | | 2. ID Number |
| LYNN McDOWELL FOR OKI | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor |
| WANDA MAGGART 2006 W. YACHT DR. OAK ISLAND, NC 28465 | | <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 \$ 4.71 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET FOR GROUP OF CANDIDATES | 09/11/2021 | \$ 4.71 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor |
| JUDY OSBORNE 4205 ZACHARY CT. SOUTHPORT, NC 28461 | | <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 \$ 35.00 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET | 09/19/2021 | \$ 35.00 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor |
| ELIZABETH POLLOCK 5081 GLEN COVE DR SOUTHPORT, NC 28461 (910) 457-1121 | | <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 \$ 35.00 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET | 09/19/2021 | \$ 35.00 |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 74.71 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 363.84 |

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 | |
| LYNN McDOWELL FOR OKI | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| MAXINE McCOLLAR 5066 GLEN COVE DR. SOUTHPORT, NC 28461 (910) 713-8102 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date \$35.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET | | 09/19/2021 | \$ 35.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| BARBARA VASSAR 5163 MINNESOTA DR SOUTHPORT, NC 28461 (804) 539-6608 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date \$ 35.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET | | 09/19/2021 | \$ 35.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| BETTIE WILSON THORNE 5092 GLEN COVE DR SOUTHPORT, NC 28461 (919) 413-3585 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date \$ 35.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CO-HOST MEET & GREET | | 09/19/2021 | \$ 35.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 105.00 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 363.86 | |

In-Kind Contributions

Amendment
 Yes 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) | | 2. ID Number | |
| LYNN McDowell for OKI | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| LYNN H. McDowell PO Box 133 OAK ISLAND, NC 28465 (910) 278-7252 | | <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 | |
| | | \$ 324.82 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| PRINTING OF CAMPAIGN FLYERS | | 07/24/2021 | \$ 74.73 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 74.73 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 363.86 | |