

COPY

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund <i>Campaign to Elect CC Mcbee Sheriff</i>			6. Date <i>10/13/02</i>	
2. Address <i>330 CONRAD RD (10 Box 344)</i>			7. ID Number	
3. City <i>LEWISVILLE</i>	4. State <i>NC</i>	5. Zip <i>27023</i>	8. Phone <i>945-5588</i>	
9. Type of Report <i>FINAL REPORT</i>			10. Period Covered Start <i>8/25/02</i> End <i>10/3/02</i>	11. Amendment ☐ Yes ☒ No
12. Type of Committee or Fund (Check one)				
☒ Candidate Campaign				
☐ PAC				
☐ Other Fund:				
☐ Party				
☐ Referendum				
☐ Joint Fundraiser				
☐ Soft Money Account				
☐ "Booster Fund"				
☐ Building Fund				
13. Treasurer Name <i>Michael W Throver</i>				
14. Assistant Treasurer Name(s)				
15. Custodian of Books Name <i>Michael W Throver</i>				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
<i>BB&T, Lewisville, NC</i>	<i>Campaign Acct.</i>		\$ <i>1786.49</i>	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

M W Throver
Signature of Appointed Treasurer or Candidate

10/13/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Campaign to Elect CC McGehee Sheriff		FINAL REPORT			
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$9205 ⁰⁰		
5) Cash on Hand at Start of Present Reporting Period		\$1786.49			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$2630 ⁰⁰	\$2630 ⁰⁰		
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 Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS		\$2630 ⁰⁰	\$11,835 ⁰⁰		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$4416.49	\$11,335 ⁰⁰		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$500 ⁰⁰		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES		\$4416.49	\$11,835 ⁰⁰		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$0	\$0		
(For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)					
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	EUGENE McGEE 4951 KENNERVILLE RD K'VILLE, NC 27284 788-9293						[REDACTED]	Check	9/3/02	☐	☐	\$ 200.00
	b. Job Title/Profession											
	c. Employer's Name/Specific Field											
						j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
						☐ Add ☐ Delete			\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JIM SPEASE 6030 NINA CT WINSTON-SALEM NC 27106 924-0068						[REDACTED]	Check	9/3/02	☐	☐	\$ 25.00
	b. Job Title/Profession											
	c. Employer's Name/Specific Field											
						j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
						☐ Add ☐ Delete			\$ 25.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JAMES JONES 1641 JONESFORD RD WINSTON-SALEM NC 27102 765-4001						[REDACTED]	Check	8/30/02	☐	☐	\$ 50.00
	b. Job Title/Profession											
	c. Employer's Name/Specific Field											
						j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
						☐ Add ☐ Delete			\$ 50.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JOHN H. O'BRIEN 6474 Hwy 163 WEST JEFFERSON NC 28694 877-1410						[REDACTED]	Check	8/30/02	☐	☐	\$ 265.00
	b. Job Title/Profession											
	c. Employer's Name/Specific Field											
						j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
						☐ Add ☐ Delete			\$ 265.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JOHN G. PALMER 315 GATEWOOD DR WINSTON-SALEM, NC 2704 659-8227						[REDACTED]	Check	9/3/02	☐	☐	\$ 20.00
	b. Job Title/Profession											
	c. Employer's Name/Specific Field											
						j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
						☐ Add ☐ Delete			\$ 20.00			
4. Total only this Page												\$ 560.00
5. Total of ALL CRO-1210 Pages (only show on last page)												\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)												

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number						
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	CANDICE DAVIS 3656 CASH DR. WINSTON-SALEM, NC 27107 788-0767						[REDACTED]	CHECK	8/13/02	☐	☐	\$ 50.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
☐ Add ☐ Delete						\$ 50.00						
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	CHARLES T. LONG 104 SHEPARD GROVE RD KIDWELL, NC 27214						[REDACTED]	CHECK	9/3/02	☐	☐	\$ 50.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
☐ Add ☐ Delete						\$ 50.00						
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	DAVID F. HOBBS 601 BRIGHTS FIELD CT DURHAM, NC 27045 969-2941						[REDACTED]	CHECK	8/25/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
☐ Add ☐ Delete						\$ 2100.00						
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	GEORGE L. TROXER 404 PENNSYLVANIA AVE WINSTON-SALEM, NC 27106 788-0588						[REDACTED]	CHECK	8/25/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
☐ Add ☐ Delete						\$ 100.00						
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	CAROL TUCKER 4345 HIGH POINT RD KIDWELL, NC 27284 719-2839						[REDACTED]	CHECK	8/25/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
☐ Add ☐ Delete						\$ 100.00						
4. Total only this Page												\$ 400.00
5. Total of ALL CRO-1210 Pages (only show on last page)												\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)												

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	J.B. LACEY 7507 WATKINS BRO RD Kville, NC 27284						[REDACTED]	Check	8/29/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
						Add ☐ Delete ☐			\$ 100.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	JAMES F. SELLS 7484 WATKINS FARM RD Kville, NC 27284 769-2845						[REDACTED]	check	8/29/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
						Add ☐ Delete ☐			\$ 100.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Anthony D. Paschal 699 Lumbville RD DESTE KOTHE, NC 27284 784 4849						[REDACTED]	check	8/29/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
						Add ☐ Delete ☐			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	LEWIS H. WARNER 5220 YADKNOVILLE RD PAFFLOW, NC 27040 924-9406						[REDACTED]	check	8/29/02	☐	☐	\$ 100.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
						Add ☐ Delete ☐			\$ 100.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Douglas Custer 9859 Moore Farm Rd Kville, NC 27284 869-2244						[REDACTED]	Check	8/29/02	☐	☐	\$ 50.00
	b. Job Title/Profession									☐	☐	\$
	c. Employer's Name/Specific Field									☐	☐	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date						
						Add ☐ Delete ☐			\$ 50.00			
4. Total only this Page												\$ 350.00
5. Total of ALL CRO-1210 Pages (only show on last page)												\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)												

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Campaign to Elect CC McGee Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	JOAN W. SPENCER 88 Ash Forest St K'ville, NC 27285	[REDACTED]	check	8/29/02	☐	☐	\$ 50.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 50.00			
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	JAMES M. EATON 1540 BUNKER HILL - JAYON Lodge K'ville, NC 27284 993-3066	[REDACTED]	check	8/29/02	☐	☐	\$ 40.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 40.00			
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	ALICE E. SMITH 870 Old Winston Rd. K'ville, NC 27284	[REDACTED]	check	8/29/02	☐	☐	\$ 25.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 25.00			
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	MR. NORRIS HUTCHINS 1020 E. Sprague St Winston-Salem, NC 788-5374	[REDACTED]	check	8/29/02	☐	☐	\$ 25.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 25.00			
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	NANCY B. BYRUM 1836 Flatrock St Winston-Salem, NC 27107 788-2212	[REDACTED]	check	8/29/02	☐	☐	\$ 20.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:					k. Election Cycle Sum to Date			
☐ Add ☐ Delete					\$ 20.00			
4. Total only this Page							\$ 160.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Campaign to Elect CC McGee Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Cathy H. McCall 1847 Ellison Creek Rd Clemmons, NC 27012 945-4620	[REDACTED]	Check	8/23/02	☐	☐	\$ 10.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
☐ Add ☐ Delete						\$ 10.00		
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	William Moore III 4105 Chatham Hill Rd Winston-Salem, NC 27104 659-8513	[REDACTED]	Check	9/3/02	☐	☐	\$ 1000.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
☐ Add ☐ Delete						\$ 1000.00		
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Thomas J. Keith 3450 Fraternity Ch. Rd Winston-Salem, NC 27127 769-5129	[REDACTED]	Check	9/3/02	☐	☐	\$ 100.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
☐ Add ☐ Delete						\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Kay H. Lowry 4841 Spilby Ln Winston-Salem, NC 27104 760-0369	[REDACTED]	Check	9/18/02	☐	☐	\$ 50.00	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
☐ Add ☐ Delete						\$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (Include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
					☐	☐	\$	
	b. Job Title/Profession				☐	☐	\$	
	c. Employer's Name/Specific Field				☐	☐	\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
☐ Add ☐ Delete						\$		
4. Total only this Page						\$ 1160.00		
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 2630.00		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Disbursements

1. Name of Committee or Fund						2. ID Number	
Campan & Elect CC McGee Shuff							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
☒ Operating Expenses				☐ Contributions to Candidates/Political Committees		☐ Coordinated Party Expenditures	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
4. Payee TIME WARNER PO Box 580121 Charlotte NC 28258 785-3290	WEB SITE		check	9/3/02	\$ 50.00		
	"	"	"	9/30/02	\$ 300.00		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				☐ Add ☐ Delete		\$ 651.67	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
4. Payee K. I. C. 275 S. MAIN ST. KING NC 27041 983-5171	SIGNS		check	8/24/02	\$ 692.25		
					\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				☐ Add ☐ Delete		\$ 2889.38	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
4. Payee JERRY HOBBS 601 BRIDGEMAN CT RURAL HALL, NC 27045 919-2941	BUS CARDS		check	9/3/02	\$ 409.95		
	SIGN STATES				\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				☐ Add ☐ Delete		\$ 2202.43	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
4. Payee M. T. D. INC 390 CASSELL ST CONSTON-SALEM, NC 27107 722-2886	Mailing		check	9/3/02	\$ 2539.35		
	last CHAPS				\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				☐ Add ☐ Delete		\$ 2539.35	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
4. Payee BB & T BANK LEWNVILLE NC 27022 945-3795	SECURE		-	9/5/02	\$ 5.00		
	CHARGE				\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				☐ Add ☐ Delete		\$ 5.00	
5. Total only this Page						\$ 3996.55	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							