

Disclosure Report Cover

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.

Amendment
☐ Yes ☒ No

1. Committee Information	
a. Full Name <u>Jimmie Lee Bonham</u>	c. ID Number <u>262024</u>
b. Mailing Address (include City, State and Zip Code) <u>3325 Parish Rd</u> <u>W-S, H-C 2716</u>	d. Date Filed <u>10/25/10</u>
	e. Phone Number <u>575-3638</u>

2. Report Year <u>2010</u>	3. Period Start Date (mm/dd/yy) <u>7/1/10</u>	4. Period End Date (mm/dd/yy) <u>10/25/10</u>	5. Treasurer Full Name <u>Jimmie Lee Bonham</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign	☐ Party	Municipal	State/County	Referendum
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Legal Expense Fund		☐ Pre-primary	☐ First	☐ Final
		☐ Pre-election	☐ Second	☐ Supplemental Final
		☐ Pre-runoff	☒ Third	☐ Annual
		☐ Semi-annual	☐ Fourth	☐ Special
7. Type of Fund (if applicable, check one)		☐ Mid Year	☐ Semi-annual	
☐ Booster Fund		☐ Year End	☐ Mid Year	
☐ Building Fund			☐ Year End	
☐ Other:		☐ Final	☐ Final	
		☐ Special	☐ Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Wachovia Bank</u>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance	d. Period Begin Balance
	<u>1</u>		
	d. Period Begin Balance		
	\$ <u>6</u>		

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.

Jimmie Lee Bonham [Signature] 10/25/10
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10/25/10 Employee: Judy Spears

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

☐ 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

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

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
FRIENDS TO ELECT Simmons		3rd Qtr	209024
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 10	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 175.00	\$ 1210
7) Contributions from Political Party Committees (CRO-1220)		\$ 2800	\$ 3900
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)		\$ 2975	\$ 5110
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 963.74	\$ 2613.74
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$ 100
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)		\$ 150.00	\$ 290.00
17) In-Kind Contributions (CRO-1510)		\$	\$ 235.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1113.74	\$ 3238.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1871.26	\$ 1871.26
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

Pg 1 of 1

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	
FRIENDS TO ELECT JIMMIE LEE BOHLEN					2C8124	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Johnnie Collins 2528 DEPANI CT Charlotte NC 28216			Relined Teacher			
			c. Employer's Name/Specific Field		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	
☐	1	Check		Sept 9/10	\$ 100. ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joyce Waddell PO Box 251 Newell, N.C. 28126			Teacher			
			c. Employer's Name/Specific Field		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	
☐	1	Check		Sept 9/10	\$ 25. ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LYNDIA LAKE 2810 WASHY LN CT Charlotte, NC 28216			Convention Planner			
			c. Employer's Name/Specific Field		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	
☐	1	Check		Sept 9/10	\$ 50. ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 175. ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 175. ⁰⁰	

Contributions from Other Political Committees

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS TO Elect JIMMIE LEE BOWMAN				2CQ124	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
BEVERLY MEADLE Campaign Comm 312 S Clarkson Street Charlotte, NC 28202			☐ Candidate ☐ PAC		
			☐ Referendum		
			c. Level Registered (Specify)		
			☐ Federal ☐ County:		e. Election Sum to Date
			☐ State ☐ Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		8/16/10	\$ 800	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
BEVERLY MEADLE Campaign Comm 312 S Clarkson St Charlotte, NC 28202			☒ Candidate ☐ PAC		
			☐ Referendum		
			c. Level Registered (Specify)		
			☐ Federal ☐ County:		e. Election Sum to Date
			☐ State ☐ Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/13/10	\$ 2,000	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			☐ Candidate ☐ PAC		
			☐ Referendum		
			c. Level Registered (Specify)		
			☐ Federal ☐ County:		e. Election Sum to Date
			☐ State ☐ Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 2800	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 2800	

Disbursements

Pg 1 of 4 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)						2. ID Number	
Friends to Elect Jimmie Bynum						20002H	
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)				b. Coordinated Committee Name		d. Comments	
Wicked Graphics 4250 North Patterson Ave Winston-Salem, NC 27100						Tree Street Drum	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$ 14.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	B	8/25/10	\$ 14.00	Print material		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TRENN Rawley 1600 Burke St Winston-Salem, NC 27101						Office Rental	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	B	8/26/10	\$ 260.00	Print material		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HBS Service 1617 E 14th St WS, NC 27105						Rental equipment	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	K	9/8/10	\$ 150	Rental, supplies, Equip		
				\$			
5. Total only this Page						\$ 364.00	
6. Total of ALL CRO-1310 Pages						\$ 963.24	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 4 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) Friends TO ELECT Jimmie B. Smith						2. ID Number 2CQ024	
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) Four Brothers Store 21 NEWBOLD KATHAN RD Winston-Salem, N.C.				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code 1	g. Form of Payment Debit	h. Purpose Code 0	i. Date (mm/dd/yyyy) 9/6/11	j. Amount \$ 37.01	k. Required Remarks GAS to CAMPUSS		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marshall's 3256 Silas Creek Pkwy Winston-Salem, N.C. 27103				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code 1	g. Form of Payment Debit	h. Purpose Code F	i. Date (mm/dd/yyyy) 9/6/10	j. Amount \$ 20.00	k. Required Remarks equipment		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pladman & Club 200 West Second St Winston-Salem, N.C. 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code 1	g. Form of Payment Debit	h. Purpose Code 0	i. Date (mm/dd/yyyy) 9/13/10	j. Amount \$ 19.99	k. Required Remarks Community Luncheon		
				\$			
5. Total only this Page						\$ 77.00	
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)						\$ 943.24	
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

Pg 3 of 4

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)						2. ID Number	
FRIENDS TO ELCT JIMMIE LEE BOLT						2C Q024	
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)				b. Coordinated Committee Name		d. Comments	
AC Phoenix Newspapers 2523 Patterson Ave W-S, H.C 27105							
				c. Level Registered (Specify)			
				☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	A	10/18/10	\$ 325.00	media		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
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						\$ 325.00	
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)							
						\$ 325.00	
						943.24	
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

Pg 4 of 4 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)						2. ID Number	
Friends to Elect Jimmie Bingham						206024	
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)				b. Coordinated Committee Name		d. Comments	
Sprint 206 South Stratford RD W-S, H.C. 27103							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	K	8/26/10	\$ 135.25	Phone/off. exp		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Citico 1250 N. Liberty St Winston Salem, H.C.							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	Q	8/31/10	\$ 30.4	Gas to transport		
				\$	Company vol. 1 mty		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sears Center 1500 Hanes Mall Blvd W-S, H.C. 27103							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	F	8/31	\$ 32.09	Convo		
				\$			
5. Total only this Page						\$ 197.24	
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)						\$ 963.24	
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)							

Refunds/Reimbursements From the Committee Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
FRIENDS TO ELect JIMMIE LEE BUNHAM			2490214	
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jimmie Bunham 3325 Parrish RD Winston-Salem, N.C. 27105		☒ Candidate ☐ PAC		8/25/2010
		☐ Referendum ☐ Party		
		e. Level Registered		i. Original Receipt Amount
☐ Federal ☒ County:		\$ 150.00		
☐ State ☐ Municipality:				
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
HAIR Stylist	HARBY JIMM			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
CHECK	Food for Volunteer Reception	8/25/10	\$ 150.00	
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		☐ Candidate ☐ PAC		
		☐ Referendum ☐ Party		
		e. Level Registered		i. Original Receipt Amount
☐ Federal ☐ County:		\$		
☐ State ☐ Municipality:				
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		☐ Candidate ☐ PAC		
		☐ Referendum ☐ Party		
		e. Level Registered		i. Original Receipt Amount
☐ Federal ☐ County:		\$		
☐ State ☐ Municipality:				
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 150.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 150.00
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit				
P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				