Disclosure Re	eport Cover					Yes No
Use this form for go	eneral report and committee	informa	tion, must ł	e signed and su	bmitted along with	h other detailed forms.
Do not use this form	n to update information					
1. Committee Info	rmation	caoc	VTU pare	UTV_		
a. Full Name		një e në		firing		c. ID Number
METCALF FOR R		J.J J	10 111	1. 11.		fcq5gm
b. Mailing Address (inc	lude City, State and Zip Code)			· · · · · · · · · · · · · · · · · · ·		d. Date Filed
·		file.	· · · · · · · · · · · · · · · · · · ·	Ü		1-12-2014
						e. Phone Number
					•	336-293-3929
2. Report Year	3. Period Start Date (mm/s	dd/yy)	4. Period (mm/dd/yy)		5. Treasurer Fu	ll Name
2014	10-19-2014			31-2014	Ralph Burrough	s
6. Type of Commit	tee (Check One)	9. Typ	e of Report	t (check on	ly one type of repo	ort from one category)
Candidate Campa	aign Party	Municip	al	State/Co		Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Expenditure Legal Expense Fu				, (Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary	ln.	First	Final
"Booster Fund"			Pre-election		Second	Supplemental Final
Building Fund		ļ 🔲 ː	Pre-runoff	. 🗖	Third	Annual
	,		Semi-annual		Fourth	Special
			Mid Year	<u> </u>	emi-annual	
Other:			Year End		Mid Year	10. Special Report Name
8. Number of Fund	raisars this Danart	1 =	Final	<u> </u>	Year End	CODY
o. Hamber of Fund	raisers this Report	, <u> </u>	Special		inal pecial	COPY
11. Account Inform				11. Account Ir	nformation	- · · · · · · · · · · · · · · · · · · ·
a. Financial Institution F	ull Name			a. Financial Institu	ution Full Name	
WELLS-FARGO						
b. Purpose	c. Account Code			b. Purpose		c. Account Code
Checking						
	d. Period Begin Balance					d. Period Begin Balance
	\$ 1387,91					\$
CERTIFICATION				· · · · · · · · · · · · · · · · · · ·		
I certify that the Com	unittee or Fund is in compli	ance witl	all applica	able provisions o	of Article 22A, 22I	B, & 22D-22M of Chapter 163 of
me Ne deneral platfi	nes and mai no innds are co	mmingle	ed with prof	libited or other i	non-disclosed fund	ls. I further certify that this report
is complete, true and	correct and that I have been	trained	by the NGS	State Board of E	lections.	
Ralph Burro			Kae		reglis_	1-09-2014
FOR OFFICE USE O	Printed Name of Signer		Sign	gnature of Appointed	Treasurer	Date
	ILLI		÷		•	Dolivory Mothed
Date Received:	,	E	mployee:			Delivery Method Normal Mail
Date Postmarked		77	1		•	Registered Mail
Dave I communica	•	E	mployee:			Hand Delivered
Date Scanned:		E	mployee:		* .	Electronically Filed
•				- ,,	<u>.</u>	Signer has not received

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.

Employee:

Date Data Entered:

mandatory training

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

No

 \boxtimes

Detailed Summary
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

1. Committee run Name (and rund it apparable)	2. Type of Report		3. ID Number
METCALF FOR REELECTION	4th Quarter		FCQ5GM
Start of Election Cycle: January 1,	2014	Total Reporting	
4) Cash on Hand at Start		\$ 1387.9	
RECEIPTS	- 140 (-15, 15, 15, 15, 15, 15, 15, 15, 15, 15,		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 862.24	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 404.08	\$
9) Loan Proceeds	(CRO-1410)	\$ 1500.0	0 \$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	and the second	and the second s	
11a) Interest on Bank Accounts	(CRO-1250)	<u> </u>	\$
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250</i>)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 2766.32	2 \$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4075.00	\$
13b) Contributions to Candidates/Political Commi	ttees (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		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$ 4075.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 79.23	\$
ADDITIONAL INFORMATION		. The surface of the	
20) Non-Monetary Gifts Given to Other Committees		\$	
21) Outstanding Loans (incl. ones from other campaign	is) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	<u> </u>	
4) Account Transfers Within the Committee	(CRO-1720)	5	
5) Administrative Support	(CRO-1710)	<u> </u>	\$
6) Forgiven Loans	(CRO-1440)	3 .	\$
7) 48-Hour Notice Reports Sum	(CRO-2200) \$	}	\$
8) Contributions to be Refunded	(CRO-1215) \$		\$

		idividual contribution		50 or contributions u	nder \$50 if form (CRO 1205 i	s not used	
1. Com	mittee Full Name	e (and Fund if applic	able)			2. ID N	umber	
Metcalf	for Reelection				2		FCQ5GM	1
3. Cont	ributor Informat	tion		Add 🗌 Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comm	ents	
	e city, state, & zip)	·		Aosic. Minister				
Robert L								
	aterford Village I	Drive		c. Employer's Name/S				
Clemmo	ns, NC 27012			Agape Faith Chui	rch			
				Clemmons, NC	e. Election	Sum to Date	·	
		· · ·				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Check			11-26	5-14	\$	154.08
	-						\$	
							\$	
3. Contr	ibutor Informati	ion		Add 🔲 Re	move			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Homemaker		1 332		
Dana C.								
	nna Court			c. Employer's Name/Sp	pecific Field	7		
Kernersv	ille, NC 27284					7		
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
		Check			11-21-2	2014	\$	154.08
			<u> </u>	·			\$	
							\$	
3. Contri	butor Informatio	on		Add Ren	nove			<u> </u>
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
	ity, state, & zip)	·						
Lori Goin								
	v Leaf Drive s, NC 27023		}	c. Employer's Name/Spo	ecific Field			
	, 110 27023		j			e. Election S	Sum to Date	
			ľ			\$	Addition Date	
. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy		k. Amount	
		Check			12-04-20		\$	154.08
			-				\$	
							\$	
. Total	only this Page	;			<u> </u>	\$		462.24
	of ALL CRO-							
		etailed Summary Page CR	O-1100)			\$		

Contributions from Individuals

USC title	101HI to report Hit	dividual contributions	s over 3:	30 or contributions i	under \$50 if form (JRO 1205 is	s not used	
1. Com	mittee Full Name	e (and Fund if applica	able)			2. ID Nu	ımber	
METCA	ALF FOR REELE(CTION					FCQ5GM	í
ļ	ributor Informati	<u> </u>		Add R	Remove		<u> </u>	
	ime, Malling Address	& Phone		b. Job Title/Professio		d. Commer	nts	
	e city, state, & zip)			Homemaker		W	113	
	A. Whitener							
	ennington Place Ro			c. Employer's Name/S	Snecific Field	-		
Winston	n-Salem, NC 27104	4 .			7	-		
-						e. Election	Sum to Date	
							Dun to Dute	
						\$		+
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	 -
		Check		<u> </u>	11-02-2	2014	\$	100.00
							\$	-
						<u></u>	\$	• .
3. Contr	ibutor Informatio	on		Add 🔲 Re	emove			·
a. Full Nan	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	40	<u> </u>
	city, state, & zip)			Retired		u. Commen	ts	
John P. F				-		1		
	verton Court			c. Employer's Name/S	Pacific Rield	-		
	-Salem, NC 27104	Į.	ı	v. zampauju	pecine ricie	-		
	•		!			e. Election S	Cum to Data	
			!			-	ium to Date	
			,			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy)	/vv)	k. Amount	
	'	Check			10-31-20		\$	200.00
			 				\$	
			-		+		-	
3. Contri	butor Information	en .		Add □ Rea	emove		\$	Г
	e, Mailing Address &		-	b. Job Title/Profession		1 . C	-	<u> </u>
	city, state, & zip)	Anvare	ţ	Homemaker		d. Comments	<u>s</u>	
Nancy Cre				Пошенако	. 1	1		
-	mrock Glen Lane		 	c. Employer's Name/Sp	- aifa Fiald	Í		
	e, NC 27023		F	c. maholor primar	ecinc Field	1		
				i	}	e. Election Su	40 Data	
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Prior	g. Account Code	h. Form of Payment	i. In-Kir	ind Description	j. Date (mm/dd/yyyy		k. Amount	
		Check	<u> </u>		11-4-201	14	\$	100.00
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			l				\$	
	only this Page					\$		400.00
	of ALL CRO-1			•		Φ.	MIA	nil
(This line n	nust be on line 6 of De	etailed Summary Page CR(0-1100)			\$.4	862,	LH.

Contributions from Individuals

Amendment
Yes

Yes 🔀

No

Contributions	from	Other	Political	Committees	ъ.
Contiluations	TI VIII	Omer	1 Unitical	Communices	Pg

Contributio	ons from Other Politic	al Comr	nittees		n-	/of	2	Amendment Ves	No
	report contributions from other			or PAC co	Pg ommi		<u>~</u>	L res	No
1. Committee F	ull Name (and Fund if applicat						2. m	Number	
METCALF FOR	R REELECTION							FCQ5GM	
3. Contributor l	information		Add		Rem	nove	1		一
a. Full Name, Mailin	ig Address & Phone		b. Type o	f Committee			d. Con	nments	
(include city, state				Candidate		PAC			
	lect John Davenport		Referendum						
2441 Kingsgate Drive			c. Level Registered (Specify)						
Winston-Salem, NC 27101			Federal		County:				
			State		Municipality:	e. Elec	tion Sum to Date		
						\$			
f. Account Code	g. Form of Payment	h. In-Kin	d Description	n_		i. Date (mm/dd/yyyy))	j. Amount	
	Check				1	12-04-2014	ļ	\$ 154.08	Ì
								\$	
								\$	
3. Contributor I	nformation		Add		Rem	ove			
a. Full Name, Mailin	g Address & Phone		b. Type of	Committee			d. Comments		
(include city, state	, & zip)			Candidate		PAC			
			Referendum						
			c. Level R	egistered (Sp	ecify)				
				Federal		County:			
	•			State		Municipality:	e. Elect	tion Sum to Date	
,							\$		
f. Account Code	g. Form of Payment	h. In-Kind	d Description	1	j	i. Date (mm/dd/yyyy)		j. Amount	$\overline{}$
								\$	
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-				<u> </u>		······································		\$	
3. Contributor In	formation	<u>, </u>	Add		Remo	ove		l	\neg
a. Full Name, Mailing	Address & Phone	b. Type of	Committee			d. Com	ments	\dashv	

				Federal		County:		
				State		Municipality:	e. Elec	tion Sum to Date
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f. Account Code	g. Form of Payment	h. In-Kind	d Description			te (mm/dd/yyyy)		j. Amount
								\$
		<u> </u>						\$
						<u>-</u>		\$
3. Contributor 1	Information		Add	☐ Rei	nove			
a. Full Name, Mailir		b. Type of	Committee			d. Com	ments	
(include city, state	(include city, state, & zip)			Candidate		PAC		
				Referendum				
			c. Level Re	gistered (Specify)			
				Federal		County:		
				State		Municipality:	e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description		i. Dat	e (mm/dd/yyyy)		j. Amount
								\$
								\$
<u> </u>								-\$
4. Total only this	s Page						\$	154.08
5. Total of ALL	CRO-1230 Pages		 -	· ·				
(This line must be o	on line 8 of Detailed Summary Page (CRO-1100)					\$	
CDA 1424		· · · · · · · · · · · · · · · · · · ·	N7.7 (L.	.a. 13a .emia:.		F		* TOOOT!

		that condidate	rafaran dun	0 OF DAC	mmittaan			
	report contributions from o		reierendun	I OF PAC CO	mmittees	la m		
	R REELECTION	oncable)			<u> </u>	2. ID	Number	
							FCQ5GM	
3. Contributor	Information		Add		Remove			
	ng Address & Phone		b. Type o	of Committee		d. Con	uments	
(include city, stat			- □	Candidate		·· -		
NC Realtors PA			<u> </u>	Referendum	_			
4511 Weybridge			c. Level	Registered (Sp		4		
Greensboro, NC	. 21401			Federal	County:	ļ	 	
			State Municipality			e. Elec	tion Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. In-Ki	nd Descriptio	n	i. Date (mm/dd/yyy	7)	j. Amount	
	Check				10-06-201	4	\$ 250.00	
							\$	
							\$	
. Contributor Information			Add		Remove		·	
Full Name, Mailing Address & Phone			b. Type o	f Committee		d. Com	ments	
(include city, state, & zip)				Candidate	PAC		,	
		-		Referendum	İ			
			c. Level R	Registered (Spe]			
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Account Code	g. Form of Payment	h. In-Kin	d Description	1	i. Date (mm/dd/yyyy)	j. Amount	
						i	\$	
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. Contributor L			Add		Remove			
. Full Name, Mailing	•		b. Type of	Committee		d. Com	nents	
(include city, state,	& zip)		1 📙	Candidate	PAC]		
				Referendum				
		c. Level R	egistered (Spe		i			
				Federal State	County: Municipality:	n IPlanti	on Court to Date	
			_ 	Just	млишегранцу:	e. Electi	on Sum to Date	
		·				\$,	
Account Code	g. Form of Payment	h. In-Kin	l Description		i. Date (mm/dd/yyyy)		j. Amount	

(This line must be on line 8 of Detailed Summary Page CRO-1100)

4. Total only this Page

5. Total of ALL CRO-1230 Pages

NO OLLA DILLI PERMITA

- . ..

\$

\$

250.00

4. Endorsers/Makers (The people who guarantee the toon.) a. Pull Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 4. Percentage c. Amount 5/6 \$ a. Pull Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 6. Percentage c. Amount 6. Percentage c. Amount 7/6 \$ 5. Full Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 7/6 \$ Full Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 7/6 \$ Full Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 7/6 \$ Full Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 7/6 \$ Full Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 7/6 \$ Full Name, Mailing Address & Phone (include city, state, & zip) d. Percentage c. Amount 7/7 \$ 8. 1500.00	A loan proceeds state	ort proceeds from a loan a tement must accompany e	each loan t				
3. Lender Information Add Remove a. Full Name, Mailing Address & Phone (Include city, state, & stp) Winston-Salem, NC 27106 E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account Code L. Form of Phyment E. Rate h. Security Pledged L. Account E. Rate h. Security Pledged L.			icable)			2. ID N	· · · · · · · · · · · · · · · · · · ·
B. Fall Name, Mailing Address & Phone (include city, state, & stp) S. Pall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp) Fall Name, Mailing Address & Phone (include city, state, & stp)	METCALF FUK KE	ÆLECTION					FCQ5GM
B. Fell Name, Mailing Address & Phone (Include city, state, & stp) A. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Fell Name, Mailing Address & Phone (Include city, state, & stp) B. Job Title/Profession C. Employer's Name/Specific Field C. Employe				Add		<u></u>	Remove
(Include city, state, & zip) Mescalf Family 504 Knob View Drive Winston-Salem, NC 27106 C. Employer's Name/Specific Field E. End Date (mm/dd/yyyy) E. Rate A. Security Fledged L. Account Code J. Form of Pryment E. Amount	-			b. Job Title/Prof	ession		
Winston-Salem, NC 27106 C. Employer's Name/Specific Field C.		ip)					
Employer's Name/Specific Field End Date (nam/dd/yyyy) E Rate A. Security Fieldged 1. Account Code ConlineTransf S 1500.00 L Full Name of Lending Institution In Loan Number 4. Endorsers/Makers (The people who guarantee the loan) a. Full Name, Mailing Address & Phone (include city, state, & zip) A. Percentage C. Employer's Name/Specific Field d. Percentage C. Amount C. Employer's Name/Specific Field d. Percentage C. Amount S. 1/500.00				7			
E. End Date (mm/td/yyyy) g. Rate h. Security Fledged L. Account Code J. Form of Payment E. Amount %							e. Start Date (mm/dd/yyyy)
g. Rate h. Security Piedged 1. Account Code j. Form of Payment L. Amount % -O	Winston-Salem, NC	27106		c. Employer's Na	me/Specific Field	·	
g. Rate h. Security Piedged 1. Account Code j. Form of Payment L. Amount % -O							
Solution							f. End Date (mm/dd/yyyy)
Solution	·						
Contine Transf S 1500,00	g. Rate			i. Account Code	j. Form of Pa	yment	k. Amount
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Loan Proceeds

	to report expenditure d coordinated party e		itee	for; operating expens	ises,	contributions to	candidate/political
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A* - Media	B* - Printing	C* - Fund				D - To Anothe	r Candidate
E - Salaries	F* - Equipment	G - Politica	al Pa	arty		H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	е Ех	rpenses		Q* - Donation	to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment
Yes

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(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 E - Salaries

 F^* - Equipment J - Penalties

C* - Fundraising G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$ 4075,00

I - Postage O* - Other

* Codes require detailed explanation in required remarks field (k)