

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 LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL		c. ID Number 1CQK1A	
b. Mailing Address (Include City, State and Zip Code) 3467 TANGLEBROOK TRAIL CLEMMONS NC 27012		d. Date Filed 1/28/2016	
		c. Phone Number 336-813-1845	
2. Report Year 2016	3. Period Start Date (mm/dd/yy) 10/19/2015	4. Period End Date (mm/dd/yy) 01/28/2016	5. Treasurer Full Name THOMAS J KENNY
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special 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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report			
11. Account Information a. Financial Institution Full Name ALLEGACY FEDERAL CREDIT UNION b. Purpose CAMPAIGN FIN c. Account Code 1967 d. Period Begin Balance \$ 729.38		11. Account Information a. Financial Institution Full Name b. Purpose c. Account Code 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. <div><div>THOMAS J. KENNY Printed Name of Signer</div><div> Signature of Appointed Treasurer</div><div>1-29-16 Date</div></div>			
FOR OFFICE USE ONLY Date Received: 1/29/16 Date Postmarked: Date Scanned: Date Data Entered: Employee: Employee: Employee: Employee: Delivery Method: <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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) LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL		2. Type of Report FINAL		3. ID Number 1CQK1A	
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 729.38		\$ 729.38	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 153.24		\$ 153.24	
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)		\$ 0.08		\$ 0.08	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
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, 11c, 11d and 11e)		\$ 0.08		\$ 0.08	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 483.81		\$ 483.81	
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)		\$ 153.24		\$ 153.24	
17) In-Kind Contributions (CRO-1510)		\$ 153.24		\$ 153.24	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 92.41		\$ 92.41	
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals

1 of 1

☒ Yes ☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL	1CQK1A

3. Contributor Information

[illegible]**4. Total only this Page**

\$ 0.08

5. Total of ALL CRO-1205 Pages

\$ 0.08

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Disbursements

Pg 1 of 2 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	
LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL					1CQK1A	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CLEMMONS COURIER PO BOX 765 CLIMMONS NC 27012 336-766-4126			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	
				\$ 422.76		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1967	DEBIT	A	10/19/2015	\$211.38	NEWSPAPER AD	
1967	DEBIT	A	10/27/2015	\$211.38	NEWSPAPER AD	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 2509A LEWISVILLE CLEMMONS RD CLEMMONS NC 27012 336.766.1601			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	
				\$ 18.41		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1967	DEBIT	O	11/03/2015	\$18.41	BROCHURES PRINTING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
				\$		
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					\$ 441.17	
6. Total of ALL CRO-1310 Pages						
<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>					\$ 483.81	
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 2

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	
LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL					1CQK1A	
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 (Include city, state, & zip) KRISPY KREME 2442 LEWISVILLE CLEMMONS RD CLEMMONS NC 27012 366-766-2059			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:			
				\$ 34.10		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1967	DEBIT	O	11/04/2015	\$19.34	REFRESHMENTS FOR VOLUNTEERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip) DOLLAR TREE 2507 LEWISVILLE CLEMMONS ROAD CLEMMONS NC 27012 336-712-0435			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:			
				\$ 8.54		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1967	DEBIT	O	11/04/2015	\$8.54	ELECTION CELEB FOR VOLUNTEERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<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					\$ 42.64	
6. Total of ALL CRO-1310 Pages						
<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>					\$ 483.81	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">A* - Media</div> <div style="width: 33%;">B* - Printing</div> <div style="width: 33%;">C* - Fundraising</div> <div style="width: 33%;">D - To Another Candidate</div> <div style="width: 33%;">E - Salaries</div> <div style="width: 33%;">F* - Equipment</div> <div style="width: 33%;">G - Political Party</div> <div style="width: 33%;">H* - Holding Public Office Expenses</div> <div style="width: 33%;">I - Postage</div> <div style="width: 33%;">J - Penalties</div> <div style="width: 33%;">K* - Office Expenses</div> <div style="width: 33%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 33%;">O* - Other</div> </div>						
* 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	
LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL				1CQK1A	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
LANNY L FARMER 3467 TANGLEBROOK TRAIL CLEMMONS NC 27012 336-813-1845		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		01/27/2015	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 153.24	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 153.24	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
RETIRED SALES MGR	PHARMACEUTICALS			1967	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	REIMBURSEMENT OF GIFTS IN KIND FOR CAMPAIGN EXPENSES		01/27/2015	\$ 153.24	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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					
				\$ 153.24	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					
				\$ 153.24	
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)					

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.

Pg ____ of ____ Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL		2. ID Number ICQK1A					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(Include city, state, & zip)</small> LANNY L FARMER 3467 TANGLEBROOK TRAIL CLEMMONS NC 27012 336-813-1845		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td style="padding: 5px; vertical-align: top;"> c. Comments REFRESHMENTS </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> d. Election Sum to Date \$ </td> </tr> </table>		b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments REFRESHMENTS	d. Election Sum to Date \$	
b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments REFRESHMENTS						
d. Election Sum to Date \$							
e. Description REFRESHMENTS FOR ELECTIONS CELEBRATIONS SAMS CLUB, WINSTON SALEM NC		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> f. Date (mm/dd/yyyy) 10/30/2015 </td> <td style="padding: 5px; vertical-align: top;"> g. Fair Market Amount \$ 68.03 </td> </tr> </table>		f. Date (mm/dd/yyyy) 10/30/2015	g. Fair Market Amount \$ 68.03		
f. Date (mm/dd/yyyy) 10/30/2015	g. Fair Market Amount \$ 68.03						
REFRESHMENTS FOR ELECTIONS CELEBRATIONS COSTCO, WINSTON SALEM NC		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> f. Date (mm/dd/yyyy) 11/02/2015 </td> <td style="padding: 5px; vertical-align: top;"> g. Fair Market Amount \$ 19.34 </td> </tr> </table>		f. Date (mm/dd/yyyy) 11/02/2015	g. Fair Market Amount \$ 19.34		
f. Date (mm/dd/yyyy) 11/02/2015	g. Fair Market Amount \$ 19.34						
REFRESHMENTS FOR ELECTIONS CELEBRATIONS WAL*MART, CLEMMONS NC		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> f. Date (mm/dd/yyyy) 11/02/2015 </td> <td style="padding: 5px; vertical-align: top;"> g. Fair Market Amount \$ 14.87 </td> </tr> </table>		f. Date (mm/dd/yyyy) 11/02/2015	g. Fair Market Amount \$ 14.87		
f. Date (mm/dd/yyyy) 11/02/2015	g. Fair Market Amount \$ 14.87						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(Include city, state, & zip)</small> LANNY L FARMER		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td style="padding: 5px; vertical-align: top;"> c. Comments </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> d. Election Sum to Date \$ </td> </tr> </table>		b. Type of Contributor <input type="checkbox"/> Individual <input checked="" 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 \$	
b. Type of Contributor <input type="checkbox"/> Individual <input checked="" 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 FUEL FOR VEHICLE KANGAROO EXPRESS CLEMMONS NC		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> f. Date (mm/dd/yyyy) 11/052015 </td> <td style="padding: 5px; vertical-align: top;"> g. Fair Market Amount \$ 51.00 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> g. Fair Market Amount \$ </td> </tr> </table>		f. Date (mm/dd/yyyy) 11/052015	g. Fair Market Amount \$ 51.00	g. Fair Market Amount \$	
f. Date (mm/dd/yyyy) 11/052015	g. Fair Market Amount \$ 51.00						
g. Fair Market Amount \$							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(Include city, state, & zip)</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> 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 </td> <td style="padding: 5px; vertical-align: top;"> c. Comments </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> d. Election Sum to Date \$ </td> </tr> </table>		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 \$	
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> f. Date (mm/dd/yyyy) </td> <td style="padding: 5px; vertical-align: top;"> g. Fair Market Amount \$ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> g. Fair Market Amount \$ </td> </tr> </table>		f. Date (mm/dd/yyyy)	g. Fair Market Amount \$	g. Fair Market Amount \$	
f. Date (mm/dd/yyyy)	g. Fair Market Amount \$						
g. Fair Market Amount \$							
4. Total only this Page \$ 153.24							
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> \$ 153.24							