

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

2018 JUL 24 PM 4:30 RECEIVED				
1. Committee Information				
a. Full Name		c. ID Number		
E. Leyba for Sheriff				
b. Mailing Address (include City, State and Zip Code)		d. Date Filed		
2631 Crosland Hill Dr Winston Salem, NC 27106				
		e. Phone Number		
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2018	04/22/18	06/30/18	Shannon Blotzer	
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"/> 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		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 type="checkbox"/> Final <input type="checkbox"/> Special State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Suntrust				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
for all campaign expenses	leyba 2018			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 742.85		\$	
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.				
Shannon Blotzer		Shannon Blotzer		7/24/18
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	7/24/18	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:	<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) <i>Eleyba for Sheriff</i>		2. Type of Report <i>2nd Quarter</i>		3. ID Number	
Start of Election Cycle: January 1, <i>2018</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>742.85</i>		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <i>—</i>		\$ <i>60.00</i>	
6) Contributions from Individuals (CRO-1210)		\$ <i>800.00</i>		\$ <i>3387.27</i>	
7) Contributions from Political Party Committees (CRO-1220)		\$ <i>—</i>		\$ <i>—</i>	
8) Contributions from Other Political Committees (CRO-1230)		\$ <i>—</i>		\$ <i>—</i>	
9) Loan Proceeds (CRO-1410)		\$ <i>—</i>		\$ <i>—</i>	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ <i>61.00</i>		\$ <i>—</i>	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ <i>—</i>		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ <i>—</i>		\$	
11c) Outside Sources of Income (CRO-1250)		\$ <i>—</i>		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ <i>—</i>		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ <i>—</i>		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <i>861.00</i>		\$ <i>3447.27</i>	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <i>1,564.85</i>		\$ <i>1,397.83</i>	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ <i>—</i>		\$ <i>—</i>	
13c) Coordinated Party Expenditures (CRO-1310)		\$ <i>—</i>		\$ <i>—</i>	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ <i>—</i>		\$ <i>—</i>	
15) Loan Repayments (CRO-1420)		\$ <i>—</i>		\$ <i>—</i>	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ <i>—</i>		\$ <i>61.00</i>	
17) In-Kind Contributions (CRO-1510)		\$ <i>—</i>		\$ <i>1,245.59</i>	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>1,564.85</i>		\$ <i>2,704.42</i>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>39.00</i>		\$ <i>742.50</i>	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ <i>—</i>			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ <i>—</i>			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ <i>—</i>			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ <i>—</i>			
24) Account Transfers Within the Committee (CRO-1720)		\$ <i>—</i>			
25) Administrative Support (CRO-1710)		\$ <i>—</i>		\$ <i>—</i>	
26) Forgiven Loans (CRO-1440)		\$ <i>—</i>		\$ <i>—</i>	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ <i>—</i>		\$ <i>—</i>	
28) Contributions to be Refunded (CRO-1215)		\$ <i>—</i>		\$ <i>—</i>	

Contributions from Individuals

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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) <u>E Leyba for Sheriff</u>						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Ernie Leyba</u> <u>2631 Crosland Hill Dr</u> <u>Winston Salem, NC 27106</u>				b. Job Title/Profession <u>transporter</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Harris Teeter</u>		e. Election Sum to Date \$ <u>100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>Leyba</u> <u>2018</u>	<u>cash</u>	<u>deposit</u>		\$ <u>100.00</u>		
<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) <u>Sandra Scarlett</u> <u>5720 Country Club Rd</u> <u>W/S, NC 27104</u>				b. Job Title/Profession <u>GEO</u> <u>car restoration</u>		d. Comments	
				c. Employer's Name/Specific Field <u>self employed</u>		e. Election Sum to Date \$ <u>500.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>Sheriff</u> <u>2018</u>	<u>check</u>	<u>donation</u>	<u>04-23-2018</u>	\$ <u>500.00</u>		
<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) <u>Marci Gallman</u> <u>8313 Tuscan Dr</u> <u>Lewisville, NC 27023</u>				b. Job Title/Profession <u>stay at home mom</u>		d. Comments	
				c. Employer's Name/Specific Field <u>N/A</u>		e. Election Sum to Date \$ <u>200.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>Sheriff</u> <u>2018</u>	<u>check</u>	<u>donation</u>	<u>04/28/2018</u>	\$ <u>200.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ <u>800.00</u>		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <u>800.00</u>		

Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☐ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable) <u>E Leyba for Sheriff</u>				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Shon Blotzer</u> <u>2411 Circle St.</u> <u>Wilmington, NC</u>			d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date <u>3/13/18</u>
					i. Original Expenditure Amt \$ <u>61.00</u>
b. Job Title/Profession <u>web designer</u>	c. Employer's Name/Specific Field <u>Self-employed</u>	f. Purpose <u>web design</u>		j. Election Sum to Date \$	
k. Account Code <u>Sheriff 2018</u>	l. Form of Payment <u>check</u>	m. In-Kind Description	n. Date (mm/dd/yyyy) <u>03/12/2018</u>	o. Amount \$ <u>61.00</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt \$
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt \$
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
4. Total only this Page				\$ <u>61.00</u>	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ <u>61.00</u>	

Disbursements

Pg 1 of 3 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>E Leyba for Sheriff</u>						2. ID Number	
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) <u>Suntrust</u> <u>2801 Reynolds Rd</u> <u>W-S, NC 27106</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>3.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>Sheriff 2018</u>	<u>Cash</u>	<u>K</u>	<u>04/30/2018</u>	<u>\$ 3.00</u>	<u>Paper statement fee</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Poster my wall.com</u> <u>250 Mills LLC</u> <u>969-G Edgewater Blvd #860</u> <u>Forest City, CA 94404</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>7.99</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>Sheriff 2018</u>	<u>card</u>	<u>K</u>	<u>05/01/2018</u>	<u>\$ 7.99</u>	<u>Flyer template</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Office Max</u> <u>146 Stratford Commons Ct</u> <u>W-S, NC 27103 (336)-774-</u> <u>0171</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>153.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<u>Sheriff 2018</u>	<u>card</u>	<u>K</u>	<u>05/02/2018</u>	<u>\$ 153.00</u>	<u>flyers</u>		
5. Total only this Page						\$ <u>163.99</u>	
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)							
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 3 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>E Leysa for Sheriff</u>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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) <u>Al Van's Advertising Co.</u> <u>3290 Vans Dr</u> <u>Burlington, NC 27215</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <u>\$ 1,137.91</u>	
f. Account Code <u>Sheriff 2018</u>	g. Form of Payment <u>card</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>05/02/2018</u>	j. Amount <u>\$ 1,137.91</u>	k. Required Remarks <u>yard signs</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Creative Signs Solutions Inc</u> <u>3320 Silas Creek Pkwy</u> <u>Suite 100 (336) 774-7977</u> <u>W/5 NC 27103</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <u>\$ 160.13</u>	
f. Account Code <u>Sheriff 2018</u>	g. Form of Payment <u>card</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>05/03/2018</u>	j. Amount <u>\$ 160.13</u>	k. Required Remarks <u>+ - shirts</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Mac & Nellis</u> <u>4926 Country Club Rd</u> <u>W/5, NC 27104 (336) 529-6230</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <u>\$ 35.82</u>	
f. Account Code <u>Sheriff 2018</u>	g. Form of Payment <u>card</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>05/08/2018</u>	j. Amount <u>\$ 35.82</u>	k. Required Remarks <u>volunteer expense</u>		
5. Total only this Page						<u>\$ 1,333.86</u>	
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)						\$	
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 3 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>E Layba for Sheriff</u>						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input 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) <u>Shan Blotzer (919) 469-4390</u> <u>2411 Circle St</u> <u>Wilmington, NC 28403</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ <u>61.00</u>	
f. Account Code <u>Layba 2018</u>	g. Form of Payment <u>check</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>07/23/2018</u>	j. Amount \$ <u>61.00</u>	k. Required Remarks <u>web design</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Suntrust</u> <u>2801 Reynolda Rd</u> <u>W/S, NC 27106</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ <u>9.00</u>	
f. Account Code <u>Sheriff 2018</u>	g. Form of Payment <u>cash</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>02/28/2018</u>	j. Amount \$ <u>3.00</u>	k. Required Remarks <u>paper statement fee</u>		
f. Account Code <u>Sheriff 2018</u>	g. Form of Payment <u>cash</u>	h. Purpose Code <u>K</u>	i. Date (mm/dd/yyyy) <u>03/30/2018</u>	j. Amount \$ <u>3.00</u>	k. Required Remarks <u>paper statement fee</u>		
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						\$ <u>67.00</u>	
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>						\$ <u>1,564.85</u>	
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)							