Use this form for general report	over	ASYTH COUNTY	☐ Yes ☐ No				
Use this form for general report Do not use this form to update in	and committee information, r	must be signed and submitted al	ong with other detailed forms.				
1. Committee Information	nformation.						
a. Full Name.	20133	EP 26 AM 11: U1	c. ID Number				
JAMES IR b. Mailing Address (include City, Stat	VING NEAL	FOFIVED	C. ID Number				
b. Mailing Address (include City, Sta	te and Zip Code)		d. Date Filed				
484 Buckl	hurst Dr		07-15-19				
Kernersville	nc 27284		e. Phone Number 336 4163437				
2. Report Year 3. Period Start		End Date (mm/dd/yy) 5. Treasu	rer Full Name				
	221	214 22 1174 (1111 412 )	The statement of the st				
6. Type of Committee (Check C	One) 9. Type of Rep	oort (check only one type of rep	port from one category)				
Candidate Campaign Part	ty Municipal	State/County	Referendum				
	erendum Organizationa		☐ Organizational				
Independent Expenditure I Join			Pre-referendum				
Legal Expense Fund	Pre-primary	First	Final				
7. Type of Fund (if applicable,	check one) Pre-election	Second	Supplemental Final				
Booster Fund	Semi-annual	Third Fourth	Annual Special				
Building Fund	Mid Yea		☐ Special				
	Year End		10. Special Report Name				
Other:	Final	Year End	10. Special Report Paule				
8. Number of Fundraisers this		Final					
		Special					
11. Account Information		11. Account Information					
11. Account Information a. Financial Institution Full Name							
		11. Account Information					
	c. Account Code	11. Account Information	c. Account Code				
a. Financial Institution Full Name b. Purpose	c. Account Code  IN 2019	11. Account Information a. Financial Institution Full Name	c. Account Code				
a. Financial Institution Full Name		11. Account Information a. Financial Institution Full Name					
a. Financial Institution Full Name b. Purpose	TN 2019 d. Period Begin Balance	11. Account Information a. Financial Institution Full Name	d. Period Begin Balance				
a. Financial Institution Full Name  b. Purpose  Committee	IN 2019	11. Account Information a. Financial Institution Full Name					
a. Financial Institution Full Name  b. Purpose  Committee  CERTIFICATION	TN 2019 d. Period Begin Balance \$ 120.00	11. Account Information a. Financial Institution Full Name b. Purpose	d. Period Begin Balance				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur	d. Period Begin Balance \$ 120.00	11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 22	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur	d. Period Begin Balance \$ 120.00  Ind is in compliance with all appliant no funds are commingled with	11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 22 prohibited or other non-disclosed	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that	d. Period Begin Balance  \$ 120.00  and is in compliance with all appliant no funds are commingled with at and that I have been trained by	11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 22 prohibited or other non-disclosed	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct the second se	d. Period Begin Balance \$ 120.00  and is in compliance with all applied to ano funds are commingled with the trand that I have been trained by NEAR	11. Account Information a. Financial Institution Full Name b. Purpose  icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct TMGS TRVING	d. Period Begin Balance \$ 120.00  and is in compliance with all applied to ano funds are commingled with the trand that I have been trained by NEAR	b. Purpose  icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this $9-26-19$				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct TMGS TRVING Printed Name of Sign	d. Period Begin Balance \$ 120.00  and is in compliance with all applied to ano funds are commingled with the trand that I have been trained by NEAR	b. Purpose  icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.  Multiple of Appointed Treasurer	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \begin{align*}				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete.	d. Period Begin Balance \$ 120.00  Ind is in compliance with all applicat no funds are commingled with and that I have been trained by NEAR  Item Sign	b. Purpose  icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.  Multiple of Appointed Treasurer  yee:  Description:	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \frac{9-26-19}{Date} \] \[ \text{Date} \]  Plivery Method \[ \text{Normal Mail} \] \[ \text{Registered Mail} \] \[ \text{Hand Delivered} \]				
a. Financial Institution Full Name  b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete.  The Committee of Full Name of Sign For OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 120.00  Ind is in compliance with all applies at no funds are commingled with at and that I have been trained by NEAR  Inter Sign  Employ	icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.  Manual Ma	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \frac{9-2C-19}{Date} \]  Elivery Method \[ \text{Normal Mail} \] Registered Mail Hand Delivered \[ \text{Electronically Filed} \]				
b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct Surport Sur	d. Period Begin Balance \$ 120.00  Ind is in compliance with all appliant no funds are commingled with all that I have been trained by the stand that I have been trained by the standard property of the standa	icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.  Manual Ma	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \frac{9-26-19}{Date} \]  Elivery Method \[ \text{Normal Mail} \] Registered Mail Hand Delivered \[ \text{Electronically Filed} \]  Signer has not received mandatory training				
b. Purpose  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct of the NC General Statutes and the report is complete, true and correct of the NC General Statutes and the report is complete, true and correct of the NC General Statutes and the report is complete, true and correct of the NC General Statutes and the report is complete, true and correct of the NC General Statutes and the report is complete, true and correct of the NC General Statutes and the report is complete.  Date Postmarked:  Date Postmarked:  Date Data Entered:  Please Note: This form ca	d. Period Begin Balance \$ 120.00  Ind is in compliance with all appliant no funds are commingled with at and that I have been trained by NEAR  Ber Sign  Employ  Employ  Employ  Employ  Employ  Employ  Employ  Employ  Employ	b. Purpose  icable provisions of Article 22A, 22 prohibited or other non-disclosed the NC State Board of Elections.  Multiple of Appointed Treasurer  yee:  yee:  yee:	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  \[ \frac{9-26-19}{Date} \]  Pate  Pate  Pate And The Pate of the Patency Method  Normal Mail Registered Mail Hand Delivered  Electronically Filed  Signer has not received mandatory training mmittee address, treasurer,				

Disclosure Report Cover

Amendment

Amendment

Yes □ No

Detailed Summary	Amendment  Yes No	
Use this form to summarize all disclosure reporting forms and to total		
1. Committee Full Name (and Fund if applicable) 2. Typ		ID Number
-RVING IVEAL POR MAYOR 3:	an report	
TRVING NEAL FOR MAYOR 3: Start of Election Cycle: January 1, 2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 120.00	\$ 0
RECEIPTS	ation delicates and the second	y propriet
5) Aggregated Contributions from Individuals (CRO-	(205) \$	\$
6) Contributions from Individuals (CRO-	(210) \$ 1820.00	\$ /20.00
7) Contributions from Political Party Committees (CRO-	(220) \$ 1000:00	\$
8) Contributions from Other Political Committees (CRO-	(230) \$	\$
9) Loan Proceeds (CRO-	(410) \$	\$
10) Refunds/Reimbursements to the Committee (CRO-	240) \$	\$
11) Other Receipt Sources	E participation of the control of th	AND CHARLEST AND COME
11a) Interest on Bank Accounts (CRO-	250) \$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-	250) \$	\$
11c) Outside Sources of Income (CRO-I	250) \$	\$
11d) Legal Expense Fund - Other Sources (CRO-1	··········	\$
11e) Exempt Purchase Price Sales (CRO-)		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EXPENDITURES		
13) Disbursements		15 TO 15 TO 16
13a) Operating Expenditures (CRO-1	310) \$ 2/40,88	\$
13b) Contributions to Candidates/Political Committees (CRO-1	310) \$	\$
13c) Coordinated Party Expenditures (CRO-1	310) \$	\$
14) Aggregated Non-Media Expenditures (CRO-1	315) \$	\$
15) Loan Repayments (CRO-1	420) \$	\$
16) Refunds/Reimbursements from the Committee (CRO-1	320) \$	\$
17) In-Kind Contributions (CRO-1	510) \$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	117) \$ 2140.88	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	e 18) \$ 799.12	\$
ADDITIONAL INFORMATION		, 3
20) Non-Monetary Gifts Given to Other Committees (CRO-I	330) \$	(4.44) - 1.44 (4.44) ·
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1	430) \$	Single Section 1
22) Debts and Obligations owed by the Committee (CRO-1	610) \$	
23) Debts and Obligations owed to the Committee (CRO-1	620) \$	
24) Account Transfers Within the Committee (CRO-I	720) \$	
25) Administrative Support (CRO-1	710) \$	\$
26) Forgiven Loans (CRO-1	440) \$	\$
27) 48-Hour Notice Reports Sum (CRO-22	20) \$	\$
28) Contributions to be Refunded (CRO-12	15) \$	\$

		om Individua					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   1.   2.   3.   3.   3.   3.   3.   3.   3							
		1	. 4.4			2. I	D Number
-112V140	$\int_{1}^{1}$	EAL SOR	10440	R			
3. Contributor			法學的數學		move	W S	THE PARTY OF SHIP AND A SHIP
a. Full Name, Mail (include city, sta		ss & Phone		b. Job Title/Profe	ssion	d. C	omments
		,		-			
Cheyi	/ Ho	2915		c. Employer's Nai			
930	Foot	hills the		Refined	(	a Fi	ection Sum to Date
Kenn	US VI	hnc 272	.84		_	\$	100.00
	nt Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount
D 1/2	019	Check			8.9-19		\$ 100.00
							\$
							\$
3. Contributor	Actual Control of the				move		A THE PARTY OF THE
a. Full Name, Mail		ss & Phone		b. Job Title/Profe	ssion	d. C	omments
(include city, sta		1	- p 10/50 - c 10 1	_			
Naun K				c. Employer's Nat	ne/Specific Field	]	
470 8	laff	School Rd		12 Good		0 17)	ection Sum to Date
Kenne	5416	inc 276	184	recipied		\$ 100.00	
		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	/y)	k. Amount
		Check			8.9.19		\$ 100,00
	,						\$
							\$
3. Contributor	Informa	ntion		Add Rei	nove	TO THE	相談等的無知為
a. Full Name, Mail	•	ss & Phone		b. Job Title/Profe	ssion	d. C	oniments
(include city, sta		100		ande.	dite		
IRV 11 Kenn	19 1	VEAL		c. Employer's Na	ne/Specific Field		
1/2		d no				e. El	ection Sum to Date
Kenn	eas vi	ilu re				\$	
f. Prior g. Accou	nt Code	h. Form of Payment	i. In-Kind Descrip	otion	J. Date (mm/dd/yy)	ry)	k. Amount
- Tara	019	C15 H			9.18.19		\$ 1120.00
					829.19		\$
							\$
4. Total only	this P	age				\$	1320.00
79 2 5 7 7 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7		O-1210 Pages of Detailed Summary P	age CRO-1100)			\$	1320.00

Contributions from Individuals	Pg 0	f Z Amendment No
Use this form to report individual contributions over \$50 o	contributions under \$50 if for	
1. Committee Full Name (and Fund if applicable)		2. ID Number
IRVING NEAL for MAYOR	_	
	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
- A	- 6	
John Payne	c. Employer's Name/Specific Fi	eld
1262 Scenic Way	Consul hard	
Thomasull , nc 27360	5x (I euplouse	e. Election Sum to Date
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc		
□ II2019 Chech		7.19 \$ 200.00
		\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
JAne Page	c. Employer's Name/Specific Fie	eld
153-B Fuelong Ind Ponk	Owner	
,	The same of the sa	e. Election Sum to Date
Kernensville nc 27284	Com/Ren 1/4	\$ 200.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc	iption j. Date (mm/c	dd/yyyy) k. Amount
□ Iw2019 Clack	Anti	\$ 200.00
	00-23	\$
		\$
3. Contributor Information	Add Remove	Car may the boar to
a. Full Name, Mailing Address & Phone (include_city, state, & zip)	b. Job Title/Profession	d. Comments
1	012	
NellA Mean	c. Employer's Name/Specific Fie	eld
Della Mean 3740 Oak HILL Dr Walkerform NC 27051	Rehnell	e. Election Sum to Date
6/4/6.1 100 325-1	14/114	
		\$ 160.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri		
□ Jo2019 Chech	8.18.	19 \$ 100.00
		\$
		\$
4. Total only this Page	<b>有种的</b> 是是一个	\$ 500,00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		\$ 1820.00

Contributi	ons from Politica	ll Party Committees Pg	; of	Amendment Yes  No
_	to report contributions			
15 Committee F	ull Name (and Fund if	ipplicable)	THE RESERVE OF	. ID Number
JAME	IRVING	NEAL		
3. Contributor		Add Re	move	
The second secon	ing Address & Phone		<u> </u>	. Comments
(include city, sta	te, & zip)	Ides Association		
100 10	ine <del>purco</del> s su. Ros Alaba	Ildus Association		
7.00	WX 17010		<u>.</u>	. Election Sum to Date
	Rox 99090 fr NC 276			\$
	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	
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	Information	Add Re	move was a second	
a. Full Name, Mail	ing Address & Phone te, & zip)		þ	. Comments
(menue eny, sta	ics oc sup).	fa≱ tu di undi undi undi undi undi undi undi	<u></u>	
				Election Sum to Date
			=	\$
	LT⊒ 1.2 Mir ook •	Land Samuel Land Annual Control		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	· · · · · · · · · · · · · · · · · · ·
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	ing Address & Phone		<u>b</u>	. Comments
(include city, sta	ie, & zip)	The state of the s		
			<u>-</u>	Election Sum to Date
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d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	) li. Amount
				\$
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				\$
	this Page			\$ 1000-00
5: Total of A	LL CRO-1220 Rage	3 DRive(GROMOO).		\$ 1000-00
CRO-1220		NC State Board of Elections		April 2007

committees and	report expenditures coordinated party ex	xpenditures					
1. Committee I	full Name (and Fun	d if applicable)	radik 6		enikata ituliaktikai i	2.	D Number
IRVII	ng NEAR	for M	4401	2			
3. Type of Dist	ursement ( <u>Pleas</u>	e use separate CI	RO-131	) forms for e	each type of Dist	ursemei	nt.) 🐫 - 5 10-
Operating Exp	enses Co	ntributions to Candid			Cod	rdinated P	arty Expenditures
4. Payee Infort		Alebah, Maji, 22. An		Add 🔻 🔲	Remove.	Min dir derin	
a. Full Name, M (include city, state,	failing Address & Pl . & zip)	iòne		b. Coordinate	ed Committee Nam		Comments
Kenne	ersnile New		<del>- '</del>	c. Level Regi	stered (Specify)		
<b>l</b> ,	ensalle Mc			☐ Federal	County:		
Konn	enally Mr			State	Municipa	lity: e. E	lection Sum to Date
1/01/16		_				\$	
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount	k. Requi	red Remarks
20209	Chech	A	"	7'-18-:9	\$ 69.00	/4	de
				<del></del>	\$		
4. Payee Inforn	nation	mis cur of the		Add 🗆 🔲	Remove		
a. Full Name, Mail	ing Address & Phone		./:·!EP92300 /AU	b. Coordinate	ed Committee Name	d. C	omments
(include city, star	te, & zip)						
Phia V	ida ersulline				stered (Specify)		
Kenn	neullable			Federal State	County:  Municipa	lity: e. El	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Requir	ed Remarks
JUDOK;	Check	R	90	1819	\$ 1385.14	. S	lans
	,		,		\$		<u></u>
4. Pavee Inform	nation (	L		Add⊕∵d□	Remoye		Elegis de la maior de la companya d
	ing Address & Phone	eys Daries• De Jerneer 2016			d Committee Name	(3.75) Q. 10(	omments
(include city, stat	· ·					- 14.70	
				c. Level Regis	tered (Specify)	:	
				Federal	County:		
				State	Municipa	lity: e. El	ection Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	mm/dd/yyyy)	j. Amount	k. Requir	ed Remarks
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					\$		
5. Total only th	is Page					* S	1454.14
	CRO-1310 Pages						/ 13 / 1 <del>T</del>
and the second second second second	line 13a of Detailed Sun	amoni Paga CPO II	00 if O= a				
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-11	00 if Con	trib to Candida	tes/Political Comm)	'   \$ ,	1454.14 2140.88
(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* - Printi			andraising	<b>D</b> _ TA	Another	Candidate
E - Salaries	F* - Equip			litical Party			ublic Office Expenses
I - Postage	J - Penalti			ffice Expens			o Legal Expense Fund
O* Other				_	·· –		
* Codes requir	e detailed explanati	on in required r	emarks	field (k)		TO SERVICE STATE	

Disbursen Use this form to committees and	nents o report expenditures coordinated party ex	from the commit	tee for o	operating exp	Pg Z of penses, contribution		<b>-</b>
	Full Name (and Fun		11.5		5 - 5 - 7 - 7 - 7	. x g 2	2. ID Number
Terna	NEAR FOR	MAYOR	-		<u> </u>		
3. Type of Dist	oursement (Please	use separate Ck	0-131	forms for e	each type of Dist	ursen	nent.)
Operating Exp	enses 🔲 Cor	tributions to Candida	tes/Politi	cal Committees	3 C00	rdinate	d Party Expenditures
4. Payee Inform	nation .			Add 🔲	Remove		Na 11
a. Full Name, N	lailing Address & Ph	one		b. Coordinat	ed Committee Name	2 0	l. Comments
(include city, state			•	-			
Facri Pambay WAlkerton M			c. Level Registered (Specify)    Federal   County:   State   Municipality:		ılity: e	e. Election Sum to Date	
0°27(1~0	CION IC						\$ 283.76
f. Account Code	g. Form of Payment	<del></del>		mm/dd/yyyy)		k. Rec	quired Remarks
IN2019	Chedi	& B	0	.5.19	\$ 283.76	1	
					\$		<del>.</del>
4. Payee Inform	nation	in a sign from the s	<u> </u>	Add 🔲	Remove "	. '3	· · · · · · · · · · · · · · · · · · ·
	ling Address & Phone	The second secon	,		ed Committee Name		I. Comments
(include city, sta							<u> </u>
Bonne Hannon				c. Level Registered (Specify)  Federal County:			
Kerne	revile no	271016		State Municipality:			. Election Sum to Date
l ' ' ' ' ' '		4/284					s 247.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	l mm/dd/yyyy)	j. Amount	k. Reo	quired Remarks
In 2019	Check	<i>[3</i>		-	\$247.03		1
70017	CHECK	~ <del>_</del>		744 17	* A 11.03		<del></del> -
					\$		
4. Payee Inform	nation			Add 🔲	Remove	, <b>*</b> 1 3 1	
a. Full Name, Mailing Address & Phone				b. Coordinate	ed Committee Name	d	l. Comments
(include city, sta	te, & zip)	<del></del>					
Spead	ky Aprens Mfn No	es (		Federal	stered (Specify)  County:		
Dile	ML no	2		☐ State	Municipa	lity: e.	. Election Sum to Date
1900	arink Little						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. Rea	quired Remarks
12019	Check	0		1219	\$155.15		Shints
901-(	CVECIC	<del>                                     </del>			*/30/j	<u> </u>	37177243
Francia de Livera			1 316		<b>D</b> Final and a market action		* / P/- 110
5. Total only th			3417	10 1 10			\$ 68674
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)						s2140,88	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing			undraising	<b>D</b> - To	Anoth	er Candidate
E - Salaries I - Postage O* Other	F* - Equip J - Penalti	ment	G - Pol	litical Party ffice Expen	H* - He	olding	Public Office Expenses on to Legal Expense Fund