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

 \boxtimes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number		
Kevin Mundy for City Council	Second Quarter		n/a		
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 4935.02	\$		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 449.16	\$ 4558.57		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 1000.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ Amended	\$		
9) Loan Proceeds	(CRO-1410)	\$ (4111011000	\$ 1000.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	SAECEIVE		
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$	\$ 1		
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 2020		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$ gv-		
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)	\$ 449.16	\$ 6558.57		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 3154.54	\$ 4328.93		
13b) Contributions to Candidates/Political Commi	ittees (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)	\$ 149.16	\$ 149.16		
17) In-Kind Contributions	(CRO-1510)	\$ 149.16	\$ 149.16		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14.	15, 16 and 17)	\$ 3452.86	\$ 4627.25		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	htruci line 18)	\$ 1931.32	\$ 1931.32		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$			
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)	\$	\$		

Con	trib	ution	s from	In	dix	rids:	عاما
CUH			` 		1111		INIX.

Amendment

Yes No

		ividual contributions	over \$5	P. Or contributions un	g <u>l</u> of	0 1205 is n	∑ Ye	s No
		(and Fund if applica		o or contributions an	der \$30 if form CR	2. ID Nu		
Kevin M	undy for City Cou	incil	-				n/a	
3. Contr	ibutor Informati	on	X	Add □ Re	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include John Ben	city, state, & zip)			Retired				
1	dgins Hill Ct.			c. Employer's Name/S	Specific Field	- (A	mende	ed)
Winston-	Salem, NC			Not employed				
27103						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-1	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	KMFCC-CHK	cash			3/2/2	0	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio)n		Add Re	emove			
	e, Mailing Address &			b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Retired				
Dani Ben						ı		
	lgins Hill Ct. Salem, NC			c. Employer's Name/S Not employed	pecific Field	-		
27103	Satem, NC			Not employed		e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	God Description	j. Date (mm/dd/yy	уу)	k. Amount	
	KMFCC-CHK	cash			3/2/2	0	\$	50.00
							\$	
							\$	
HATCH CHECKS PROPERTY.	butor Informatio			Add 🗌 Re	move			
	ic, Mailing Address d	& Phone		b. Job Title/Profession		d. Comment	ts	
April Pea	city, state, & zip)			Interior designer				
	an Ridge Drive			c. Employer's Name/S	pecific Field	_		
Wilmingt	-			Payne & Pearson	Design			
28405						e. Election S	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	KMFCC-CHK	donor chec			3/10/2	20	\$	200.00
							\$	_
							\$	
4. Total	only this Pag	e				\$		300.00
	of ALL CRO	-1210 Pages Detailed Summary Page (CRO-1100)		\$		449.16

		m Individuals	over \$5	O or contribution	Pg	of	Q 1205 in		<u> </u>
		(and Fund if applica		o or conditional	is unde	7 350 II TOLIII CK	2. ID N		
	undy for Ciity Co			<u></u>		. 23-107. Mg-08-07 <u>0-</u> 000.		n/a	
3. Contr	ibutor Informati	on		Add 🗌	Rem	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Prof	fession		d. Comm	ents	
	city, state, & zip)			Retired					
Nancy S								/	1
	dgins Hill Ct.			c. Employer's N		ecific Field	-1	Ame	nded
	-Salem, NC			Not employed	d				
27103							e. Electio	n Sum to Date	
							\$	99.16	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y)	уу)	k. Amoun	ı
	KMFCC-CHK		Foo	Food & beverage		02/29/	20	\$	99.16
				_				\$	
								\$	
3. Contr	ibuter Informatio	n	×	Add 🗌	Rem	ove			Samuel Con
a. Full Nar	ne, Mailing Address o	& Phone		b. Job Title/Prof	ession		d. Comments		
	city, state, & zip)			Distribution					
Richard I									
529 Weis				c. Employer's Na	-	cific Field	_		
winston- 27127	Salem, NC			RH Barringer 1015 Ziglar R			- Frankin	n Sum to Date	
21121				Winston-Sale			S S	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-i	27105 Gnd Description		j. Date (mm/dd/yy	уу)	k. Amount	
	KMFCC-CHK		worl	k polls		02/29/2	20/	\$	50.00
								\$	
								\$	
3. Contri	butor Informatio)n		Add 🔲	Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession	e tra de distribuidades	d. Comme	ents	

			ŀ	c. Employer's Name/Specific Field		1		
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yy	ryy)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Pag	e				\$		149.16

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

(include city, state, & zip)

449.16

\$

In-	Kind	Cont	ributions	
111-	THILL !	COILL	LIDBILIOHS	

In-Kind Contributions			D		Amendment	
Use this form to report non-monetary contributions, donations, go	nde or	cervi	Pg 1 of	<u>1</u>	Yes No	
Use CRO-1215 if In-Kind Contributions were or will be refunded	within	octvi 7 da:	ces provided to til	е сопп	nutlee or rund.	
1. Committee Full Name (and Fund if applicable)		7 00	y 5.	2 10	Number	
Kevin Mundy for City Council				2. 10	n/a	
					ID a	
3. Contributor Information	Remove					
a. Full Name, Mailing Address & Phone	b. Typ	e of C	Contributor	c. Cor	uments	
(include city, state, & zip)		Indi	vidual			
Nancy Sutton] 🗆	Can	didate		(Amended)	
1100 Hudgins Hill Ct.		Part	у		(" "inchided)	
Winston-Salem, NC		PAC	2			
27103		Refe	erendum	d. Ele	ction Sum to Date	
		Otho	er Receipt Source	\$ 99.16		
e. Description						
Food & beverages		-	f. Date (mm/dd/yy)	/y)	g. Fair Market Amount	
1 ood & beverages			2/29/20		\$ 99.16	
					\$	
					\$	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone	1		ontributor	c. Con	nments	
(include city, state, & zip)	\boxtimes		ridual			
Richard Holland	Ī	Cano	fidate			
529 Weisner St.		Party	,			
Winston-Salem, NC		PAC				
27127		Refe	rendum	d. Elec	ction Sum to Date	
		Othe	r Receipt Source	\$ 50.00		
e. Description			f. Date (mm/dd/yyy	ry)	g. Fair Market Amount	
Work polls			02/29/20		\$ 50.00	
					\$	
					\$	
3. Contributor Information Add F	temove					
a. Full Name, Mailing Address & Phone	ъ. Тур	e of C	ontributor	c. Con	iments	
(include city, state, & zip)		lndiv	ridual			
		Cand	lidate			
		Party				
		PAC	-			
			rendum	d. Elec	tion Sum to Date	
	Oth		r Receipt Source	\$		
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
					\$	
					\$	

CRO-1510

4. Total only this Page
5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

NC State Board of Elections

December 2007

\$

\$ \$ 149.16

149.16

Dis	h	11	rs	em	en	ts
JUL 10	v	ч		~		1.3

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of 6

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 Kevin Mundy for City Council n/a 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees \boxtimes Operating Expenses Coordinated Party Expenditures × Add 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Amended Michaels 1050 Hanes Mall Blvd. c. Level Registered (Specify) Winston-Salem, NC Federal County: 27103 State Municipality. e. Election Sum to Date 10.63 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount T shirt blanks KMFCC-CHK Debit card O 2/18/20 \$10.63 \$ M 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Excalibur 4820 Bethania Station Rd. c. Level Registered (Specify) Winston-Salem, NC Federal County. 27105 State Municipality: e. Election Sum to Date 1436.43 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Check Postage pd. by KMFCC=CHK ĭ 2/18/20 \$1436.43 1001 Excalibur \$ 冈 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) BHM*NC Newspapers 418 N. Marshall St. c. Level Registered (Specify) Winston-Salem, NC Federal County 27101WS J State Municipality: e. Election Sum to Date 384.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount WS Journal ads KMFCC-CHK Debit card 2/18/20 \$384.00 Α \$ 5. Total only this Page 1831,06 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 3154.54 (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 K* - Office Expenses I - Postage J - Penalties Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)

committees and	report expenditures coordinated party ex	cpenditures.	Pg ee for; operating expenses.	2 of contributions to	Amendment 6 Ves No candidate/political		
1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number		
Kevin Mundy fo	CHECK TO SECURITION OF THE PARTY OF THE PART				n/a		
3. Type of Disb	AND THE RESIDENCE OF THE PARTY	ase use separate (CRO-1310 forms for each	type of Disburse	ment.)		
Operating E			andidates/Political Committees		Coordinated Party Expenditures		
4. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee ?	Vame	d. Comments		
(include city, state,					/		
BHM*NC News					(Amended)		
418 N. Marshall			c. Level Registered (Specify)				
Winston-Salem,	NC		Federal	County:			
27101			State	Municipality:	e. Election Sum to Date		
					\$ 512.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KMFCC=CHK	Debit card	A	2/19/20	\$128	Print ads		
	2000			\$			
4. Payee Informs	ation		Add \square	Remove			
a. Full Name, Mailin	ig Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state, & zip) OfficeMax 140 Stratford Commons Ct. Winston-Salem, NC 27103		c. Level Registered (Specify) Foderal State	County: Municipality:	e. Election Sum to Date			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	\$ 23.04 k. Required Remarks		
		-		J. Amount	2 Auto signs		
KMFCC-CHK	debit card	A	2/21/20	\$23.04	2 Auto signs		
	*****			\$			
4. Payee Informa			Add	Remove			
			b. Coordinated Committee N	ame	d. Comments		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michaels 1050 Hanes Mall Blvd. Winston-Salem, NC 27103			c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date		
					\$ 5.31		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KMFCC-CHK	debit card	0	2/24/20	\$(5.32)	Returm 2 tshirt		
		_		\$			
5. Total only this	Page				F 145.70		
6 Total of ALL C					\$ 145.72		

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media B* - Printing C* - Fundraising

D - To Another Candidate

E - Salaries I - Postage

F* - Equipment J - Penalties

G - Political Party K* - Office Expenses

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

\$

3154.54

O* - Other

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

(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)

Dis	hu	rse	m	en	te
WI3	vu	130		СII	LO.

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of <u>6</u>

Amendment Yes

No

	ull Name (and Fun	d if applicable)					2. ID Number	
Kevin Mundy for	or City Council						n/a	
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms	for each t	ype of Disburse	ment.)		
Operating E	xpenses	Contributions to Car	ndidates/Political Cor	nmittees		coordinates	d Party Expenditures	
4. Payee Inform	ation		Add		Remove	E Com		
	ng Address & Phone		b. Coordinated Co	ommittee N	ашс	d. Co	mments /	
(include city, state,	=					_	Amended	
USPS	ш.ар/		1				(and add	
3331 Healy Driv	N/A		c. Level Registered (Specify)					
Winston-Salem,			Federal		County:			
27103	, NC		State Municipality:			e. Election Sum to Date		
2/103			Jane		winnerpanty.	C. EIC	CHOM SUM to DATE	
						\$ 7	7.50	
Fore to the subsection of the		1 n C. 1				+		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	l/yyyy)	j. Amount	_	quired Remarks	
KMFCC-	Debit card	1	2/27/20		\$7.50	1	age paid w/	
CHK	Ocon card	<u>'</u>				camp	paign dr. cd	
			Ì		\$			
4. Payee Inform	ation		Add		Remove			
	ng Address & Phone		b. Coordinated Co	ommittee N	япте	d. Co	mments	
(include city, state,	7.							
Adams Outdoor			1					
2299 Scott Futre	•		c. Level Registere	d (Specify)		⊢ w		
	CII DI.		Federal	а (орссиу)	County.	⊣ "		
Charlotte, NC				님	-0-6%	o Flo	ction Sum to Date	
28208			State		Municipality:	C. EIC	Ethon Sum to Date	
						\$ 5	500.00	
		17.	7 U	N/10 50				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/de	l/yyyy)	j. Amount		quired Remarks	
KMFCC-	check #1002	Α	2/27/20		\$500.00	Digit	tal bill-	
CHK	CHECK #1002	Α.	2/2//20		Ψ300.00	board	d	
					\$			
					D			
4. Payee Inform	ation	X	Add		Remove			
	ng Address & Phone		b. Coordinated Co	ommittee N	ате	d. Co	mments	
(include city, state,								
Act Blue	ос дру		1					
www.actblue.co	270		c. Level Registere	d (Snecify)				
www.actorue.co)111		Federal		County:	-		
				片	•	121.	adian Come to Date	
			State		Municipality.	e. Ele	ection Sum to Date	
						\$ 9	91.91	
		I. n			T			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/do	l/y <u>yyy</u>)	j. Amount	_	quired Remarks	
KMFCC-	acct debiti	С	3/4/20		\$1.10	Act	Blue fee	
CHK	acci deoiti	C	314/20		\$7.10			
					0			
					\$			
5. Total only th	is Page					\$	508.60	
	CRO-1310 Pages							
	line 13a of Detailed Sur	nmary Page CRO-110	0 if Operating Exper	ises)			2154.54	
	line 13b of Detailed Sui				cal Comm)	\$	3154.54	
	line 13c of Detailed Sur							
	es (List detailed ex			AND SHEAR SHEE		= 50×1/h		
A* - Media	B* - Printing	C* - Fun		Wall Sales	D - To Ano	ther Cano	lidate	
A* - Media E - Salaries	F* - Equipment						o Office Expenses	
I - Postage	J - Penalties		ce Expenses				egal Expense Fund	
O* - Other	y j chartes	. 011					•	
and the second state of th	e detailed explana	tion in required r	emarks field (k)					

Disbursements	D	is	b	u	r	SE	en	ıe	n	ts	
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Pg 4

of <u>6</u>

Amendment

Yes

No

Vevin Mundy for City Council								
Kevin Mundy for City Council n/a 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
3. Type of Disb	COLUMN TO SECURE A COLUMN TO SEC				A STATE OF THE PARTY OF THE PAR			
Operating E	Included Control	Contributions to Ca	ndidates/Political Commit	tees		oordinated Party Expenditures		
			Add		Remove	· / /		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Comm	iittee Na		d. Comments		
(include city, state,	& zip)					Amended		
Excalibur								
4820 Bethnia St	ation Rd.		c. Level Registered (S	pecify)				
Winston-Salem,	, NC		Federal County:					
27105			State		Municipality.	c. Election Sum to Date		
						6 2050.22		
						\$ 2058.23		
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks		
KMFCC-	1 RIOO	**	2 (5 (6)		0.00	Postcard		
CHK	ck. #1004	Н	3/7/20		\$621.80	Printing		
					\$			
4. Payee Inform	ation		Add	M	Remove			
	ng Address & Phone		b. Coordinated Comm	-	THE RESIDENCE OF THE PARTY OF T	d. Comments		
	-		b. cool dinaced Comm	TOUCE IVE	ime	G. Commens		
(include city, state, Nancy Sutton	& 21p)		-					
-	en o			16.3		\dashv		
1100 Hudgins H			c. Level Registered (Sp	pecify)	-	4		
Winston-Salem,	NC		Federal	닏	County:			
27103			State		Municipality:	e. Election Sum to Date		
						\$ 99.16		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	v)	j. Amount	k. Required Remarks		
KMFCC-						reimb for food		
CHK	ck. #1005	C	3/7/20		\$99.16	and beverages		
OTTE			-			and beverages		
					\$			
4. Payee Inform	ation		Add	Ø	Remove			
			b. Coordinated Committee Name			d. Comments		
	ng Address & Phone		b. Coordinated Control	ILLEC INA	101	u. Comuscous		
(include city, state,	& 21p)							
K. Mundy	::II		a V aval Decistored (Curville)			_		
1100 Hudgins H			c. Level Registered (Specify)					
Winston-Salem,	NC		Federal County:					
27103			State Municipality			c. Election Sum to Date		
						\$ 50.00		
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyy	у)	j. Amount	k. Required Remarks		
KMFCC-		-	3/12/20		20022100 17 10	To reimb KM		
СНК	Cash	О	0		\$50.00	for cash pd. to		
-						poll worker		
					\$	pon worker		
5. Total only thi	s Page					\$ 621.80		
6. Total of ALL	CRO-1310 Pages							
	line 13a of Detailed Sun	\$ 2154.54						
(This line goes in	linc 13b of Detailed Sur	\$ 3154.54						
(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						ner Candidate		
E - Salaries	F* - Equipment					g Public Office Expenses		
I - Postage	J - Penaltics	J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund						
O* - Other				1900 (chakupunin				
* Codes require detailed explanation in required remarks field (k)								

n	• -	L						4
v	IS	Ð	u	LS	er	п	en	ts

'g <u>5</u>

of <u>6</u>

Amendment
Yes

No

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Keving Mundy	for City Council				Kev		
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each t	pe of Disbursem	ient.)		
Operating E			ndidates/Political Committees		ordinated Party Expenditures		
4. Payee Inform			Add 🗍	Remove			
			b. Coordinated Committee Na		d. Comments		
	ng Address & Phone		b. Coordinated Committee 142	виіс	Control of the contro		
(include city, state,			-		Amended		
Hewlett Packard	1						
on line			c. Level Registered (Specify)				
hp@email.hpco:	nnected.com		Federal	County:			
			State	Municipality:	c. Election Sum to Date		
					6 21.22		
					\$ 21.32		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KMFCC-	6	<u>'</u>		-	Ink		
CHK	Debit card	H	3/10/20	\$10.66	шк		
Crix							
				\$			
* ***	On Party of the Pa						
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments		
(include city, state,	& zio)						
Act Blue							
www.actblue.co	m		c. Level Registered (Specify)		_		
www.actorac.co	•••		☐ Federal ☐	County:	-		
			State	Municipality:	e. Election Sum to Date		
			State	- Within Cipanty	e. Election Sum to Date		
					\$ 96.13		
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KMFCC-	8	-			Act Blue fees		
CHK	acct debit	C	3/10/20	\$4.22	7.00 5,00 1005		
СПК			_				
				\$			
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4. Payee Inform			Add	Remove	1 - 2		
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Hewlett Packard	I						
hp@email.hpco	nnected.com		c. Level Registered (Specify)				
			Federal	County:			
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					21.09		
			1		\$ 31.98		
		1 Dumage Code	1.5.2.44		L D		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
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5. Total only th	is Page				\$ 25.54		
	CRO-1310 Pages						
	line 13a of Detailed Sun	m 2154.54					
	line 13b of Detailed Sun	\$ 3154.54					
(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				g Public Office Expenses		
E - Salaries I - Postage	F* - Equipment J - Penaltics		ce Expenses	•	on to Legal Expense Fund		
O* - Other	J - remantes	K OIII	er expenses	2 20man	The section of the se		
* Codes require detailed explanation in required remarks field (k)							

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v	15	v	u	13	U	ш	c	п	LS	

e 6

of 6

Amendment
Yes

No

1. Committee Full Name (and Fund if applicable) 2. ID Number								
Kevin Mundy I	n/a							
3. Type of Dish		ase use separate (CRO-1310 forms for each	type of Disburse	ment.)			
Operating I			andidates/Political Committees	Coordinated Party Expenditures				
4. Payee Inform			Add	Remove	Section and Section 1			
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments			
(include city, state,	, & zip)		_		Amendad			
Act Blue					Amended			
www.actblue.c	om		c. Level Registered (Specify		_ \ /			
				Municipality	e. Election Sum to Date			
					\$ 96.63			
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks			
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4. Payee Inform	nation		Add	Remove				
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(include city, state,	, & zip)							
Hewlett Packar	ď							
hp@email.hpco	onnected.com		c. Level Registered (Specify)				
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 42.64			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
KMFCC-					Ink			
CHK	debit card	В	5/15/20	\$10.66	,			
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4. Payee Inform			Add	Remove	_			
	ing Address & Phone		b. Coordinated Committee ?	√ame	d. Comments			
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Hewlett Packard								
hp@email.hoco	innected.com		c. Level Registered (Specify)		_			
			Federal County:					
			State	Municipality:	e. Election Sum to Date			
					\$ 53.30			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
KMFCC-	debit card	р	6/9/20	\$10.66	lnk			
СНК	debit card	В	6/8/20	\$10.66				
				\$				
5. Total only thi	is Page				\$ 21.82			
6. Total of ALL	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 3154 54								
(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 Code	es (List detailed exp	penditure code in ((h.) above)					
A* - Media	B* - Printing	C* - Fund			her Candidate			
E - Salaries F* - Equipment G - Politic			-		g Public Office Expenses			
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund			
COMMUNICATION OF THE PROPERTY	e detailed explanati	on in required re	emarks field (k)					

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number Kevin Mundy for City Council n/a 3. Payee Information Add Remove d. Type of Committee h. Original Receipt Date a. Full Name, Mailing Address & Phone PAC Candidate (include city, state, & zip) 02/29/20 Referendum Party Nancy Sutton e. Level Registered (Specify) i. Original Receipt Amount 1100 Hudgins Hill Ct. Amended Federal County: Winston-Salem, NC \$ 99.16 Municipality: 27103 State j. Election Sum to Date f. Purpose Code 99.16 k. Account Code c. Employer's Name/Specific Field g. Comments b. Job Title/Profession Not employed KMFCC-CHK Retired I. Form of Payment o. Amount m. Required Remarks n. Date (mm/dd/yyyy) Check #1005 Reimbursement of In-Kind \$ 99.16 03/07/20 M Add Remove 3. Payee Information d. Type of Committee b. Original Receipt Date a. Full Name, Mailing Address & Phone PAC Candidate 02/29/20 (include city, state, & zip) Richard Holland Referendum Party i. Original Receipt Amount e. Level Registered (Specify) 529 Weisner St. Federal County: Winston-Salem, NC 50.00 Municipality: State 27127 j. Election Sum to Date f. Purpose Code 50.00 k. Account Code c. Employer's Name/Specific Field g. Comments b. Job Title/Profession KMFCC-CHK RH Barringer Distribution m. Required Remarks I. Form of Payment n. Date (mm/dd/yyyy) o. Amount Reimbursement of In-Kind cash 03/12/20 50.00 Add Remove 3. Payee Information d. Type of Committee h. Original Receipt Date a. Full Name, Mailing Address & Phone PAC Candidate (include city, state, & zip) Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: \$ Municipality: State j. Election Sum to Date f. Purpose Code k. Account Code c. Employer's Name/Specific Field g. Comments b. Job Title/Profession o. Amount n. Date (mm/dd/yyyy) I. Form of Payment m. Required Remarks \$ \$ 149.16 4. Total only this Page 149.16 \$ 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) N - Exceeded Contribution Limit L - Returned to Contributor M - Overpayment for Service

P* - Reimbursement of In-Kind

O* Other