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
KIMBERLY M STONE FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANEDOT, INC 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112 (225) 570-7777		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 65.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
V4KMS	DRAFT	O	03/23/2022	$38.20	ACCOUNT FEES
V4KMS	DRAFT	O	03/24/2022	$4.30	ACCOUNT FEES

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANEDOT, INC 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112 (255) 570-7777		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 65.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
V4KMS	DRAFT	O	03/28/2022	$4.30	ACCOUNT FEES
V4KMS	DRAFT	O	04/04/2022	$4.30	ACCOUNT FEES

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANEDOT, INC 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112 (225) 570-7777		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 65.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
V4KMS	DRAFT	O	04/16/2022	$1.30	ACCOUNT FEES
V4KMS	DRAFT	O	04/22/2022	$12.60	ACCOUNT FEES

5. Total only this Page $ 65.00

6. Total of ALL CRO-1310 Pages $ 891.57

(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)

Amended

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

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
KIMBERLY M STONE FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VISTAPRINT 275 WYMAN STREET WALTHAM, MA 02451 (866) 207-4955		
	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 826.57

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
V4KMS	DEBITCARD	B	04/06/2022	$864.55	SIGN PRINTING
V4KMS	REFUND	B	04/12/2022	$-37.98	REFUND FOR PRINTING

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Amended	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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 $ 826.57

6. Total of ALL CRO-1310 Pages $ 891.57

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
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7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
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