

# Disclosure Report Cover

Amendment

☐ Yes☒ No

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.

## 1. Committee Information

a. Full Name

Ralf Walters for County Commissioner

c. ID Number

960755

b. Mailing Address (include City, State and Zip Code)

5185 Ashlyn Dr  
Winston Salem NC 27106

d. Date Filed

7-8-2024

e. Phone Number

336-528-3880

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

2-18-2024

4. Period End Date (mm/dd/yy)

6/30/2024

5. Treasurer Full Name

Ralf Eugene Walters

6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund

☒ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational  
☐ Thirty-five day  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☒ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Trust

b. Purpose

Campaign

c. Account Code

1

d. Period Begin Balance

\$ 413.82

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.

Ralf Eugene Walters  
Ralf Eugene Walters

Printed Name of Signer

Ralf Eugene Walters

Signature of Appointed Treasurer

7/8/2024

## FOR OFFICE USE ONLY

Date Received:

Employee:

Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☐ Hand Delivered  
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Ralf Walters for Commissioner		2nd Quarter	9CQ75 S
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 413.82	\$ 1,150.04
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 700	\$ 2,934.70
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)		\$ 378.26	\$ 3,312.96
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,078.26	\$ 3,312.96
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 322.50	\$ 2,143.38
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 75.00	\$ 75.00
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 464.76	\$ 464.76
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 862.26	\$ 2,683.44
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 629.82	\$ 629.82
<b>ADDITIONAL INFORMATION</b>			
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-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

# Contributions from Individuals

Pg 1 of 2

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Ralf Walters for County Commissioner					9CQ75S	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Edward Mahoney 31524 Gooseberry Lewes, DE 19958			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$100	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	check		02/21/2024		\$100
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Scott Bowen 4104 Ryan Way South Winston Salem, NC 27106			President			
			<b>c. Employer's Name/Specific Field</b>			
			Bowen Town & Country Furniture			
					<b>e. Election Sum to Date</b>	
					\$50	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	EFT		02/28/2024		\$50
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Nick Dell'Aquila 786 Rea Ford Road Winston Salem, NC 27104			Self-Employed			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$50	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	EFT		02/29/2024		\$50
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$200	
<b>5. Total of ALL CRO-1210 Pages</b>					\$700	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



# Contributions from Individuals

Pg 2 of 2 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Ralf Walters for County Commissioner					9CQ755	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Salim Andraos 3136 Kinnamon Rd Winston Salem, NC 27104			Officer			
			<b>c. Employer's Name/Specific Field</b>			
			Interstate Gulf Co			
					<b>e. Election Sum to Date</b>	
					\$500	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	EFT		03/21/2024	\$500	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$500	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$700	

# 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)				2. ID Number	
Ralf Walters for County Commissioner				9CQ755	
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		g. Comments
North Carolina Republican Party 1506 Hillsborough St. Raleigh, NC 27603 919-828-6423			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Party		Did not attend
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		05/24/2024
					i. Original Expenditure Amt
					\$79.50
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$79.50	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
1	Check			05/29/2024	\$75.00
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		g. Comments
Ralf Walters 5185 Ashlyn Dr Winston Salem, NC 27106 336-528-3880			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		Gas Expenses Reimbursed
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		3/15, 3/26, 4/8, 3/8 4/25, 5/14, 5/22
					i. Original Expenditure Amt
					\$303.26
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$303.26	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
1	check			06/26/2024	\$303.26
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		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					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					\$ 378.26
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 378.26

# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) <u>Ralf Walters for Commissioner</u>	2. ID Number <u>9CQ75 S</u>
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3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>B</u>	<u>02/26/24</u>	<u>\$ 41.73</u>	<u>Biz Cards (500)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>B</u>	<u>02/04/24</u>	<u>\$ 41.73</u>	<u>Biz Cards (500)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>03/08/24</u>	<u>\$ 49.02</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>I</u>	<u>03/07/24</u>	<u>\$ 3.21</u>	<u>Postage</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>03/15/24</u>	<u>\$ 48.34</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>03/26/24</u>	<u>\$ 46.28</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>04/08/24</u>	<u>\$ 25.09</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>04/15/24</u>	<u>\$ 2.50</u>	<u>Web Hosting</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>04/17/24</u>	<u>\$ 27.00</u>	<u>Web Hosting</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>04/25/24</u>	<u>\$ 48.27</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>05/14/24</u>	<u>\$ 11.33</u>	<u>Lunch meeting</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>05/14/24</u>	<u>\$ 48.57</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>05/15/24</u>	<u>\$ 2.50</u>	<u>Web Hosting</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>05/17/24</u>	<u>\$ 27.00</u>	<u>Web Hosting</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>05/22/24</u>	<u>\$ 37.69</u>	<u>Transportation (GAS)</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	<u>1</u>	<u>Debit</u>	<u>O</u>	<u>05/24/24</u>	<u>\$ 4.50</u>	<u>Service Fee</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						

4. Total only this Page	\$ <u>464.76</u>
5. Total of ALL CRO-1315 Pages	\$ <u>464.76</u>
<small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>	

6. Purpose Codes (List detailed expenditure code in (d) above)			
<u>B* - Printing</u>	<u>C* - Fundraising</u>	<u>D - To Another Candidate</u>	
<u>E - Salaries</u>	<u>F* - Equipment</u>	<u>H* - Holding Public Office Expenses</u>	
<u>I - Postage</u>	<u>J - Penalties</u>	<u>K* - Office Expenses</u>	
<u>O* - Other</u>		<u>Q* - Donations to Legal Expense Fund</u>	

\* Codes require detailed explanation in required remarks field (g)



# 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.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>		
Ralf Walters for County Commissioner					9CQ759		
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>		
Carter Publishing Company 300 East Mountain St. Kernersville, NC 27284 336-993-2161			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 180		
			<b>f. Account Code</b>			<b>g. Form of Payment</b>	
1			Debit		A		
<b>i. Date (mm/dd/yyyy)</b>			<b>j. Amount</b>		<b>k. Required Remarks</b>		
03/08/24			\$ 180		Advertising		
			\$				
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>		
IONOS Inc. 100 N. 18th St. Philadelphia, PA 19103 484-254-5555			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 67.50		
			<b>f. Account Code</b>			<b>g. Form of Payment</b>	
1			Debit		0		
<b>i. Date (mm/dd/yyyy)</b>			<b>j. Amount</b>		<b>k. Required Remarks</b>		
03/18/24			\$ 67.50		web hosting		
			\$				
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$		
			<b>f. Account Code</b>			<b>g. Form of Payment</b>	
<b>i. Date (mm/dd/yyyy)</b>			<b>j. Amount</b>		<b>k. Required Remarks</b>		
			\$				
			\$				
<b>5. Total only this Page</b>					\$ 247.50		
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 322.50		
<b>7. Purpose Codes</b> (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	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input checked="" 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)			b. Coordinated Committee Name		d. Comments	
North Carolina Republican Party 1506 Hillsborough St. Raleigh, NC 27605 919-828-6423			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
1	Debit	0	05/24/2024	\$ 79.50	State Convention	
				\$		
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)		e. Election Sum to Date	
			<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	
				\$		
				\$		
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)		e. Election Sum to Date	
			<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						
6. Total of ALL CRO-1310 Pages					\$ 75.00 \$ 322.50	
(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)						