Amendment
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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.

1. Committee Information									
a. Full Name			c. ID Number						
Gloria D Whisenhunt	for County Con	missioner							
b. Mailing Address (include City, State and Zi	d. Date Filed								
456 N. Hawt			7-8-2024						
Winston-Salem	e. Phone Number								
336-725									
2. Report Year 3. Period Start Date (			5. Treasurer Full Name						
2024 02/18/202			Timothy Flinchum						
6. Type of Committee (Check One)			type of report from one category)						
Candidate Campaign Party	Municipal Organization	al <b>State/County</b>	Referendum						
Independent Expenditure Joint Fundra			onal Organizational Pre-referendum						
Legal Expense Fund	Pre-primary	First	Final						
	Pre-election	X Secon	fined .						
7. Type of Fund (if applicable, check on	ne) 🔲 Pre-runoff	Third	Annual						
Booster Fund	Semi-annual	Fourt	n Special						
Building Fund	Mid Yea	r Semi-annu	al						
_	Year En	d 🔲 Mid Y	Tear 10. Special Report Name						
Other:	Final	Year Year	End						
8. Number of Fundraisers this Repor	t Special	Final							
0		Special							
11. Account Information		11. Account Inform							
a. Financial Institution Full Name		a. Financial Institution I	full Name						
First Citizens Bank	<		0.0						
	unt Code	b. Purpose	c. Account Code						
checking	1		7.5						
	od Begin Balance	1	d. Period Begin Balance						
\$ 4	130.81		\$						
CERTIFICATION	11000	2							
I certify that the Committee or Fund is in o of the NC General Statutes and that no fur report is complete, true and correct and the Timothy Flinchum	nds are commingled with at I have been trained by	prohibited or other non	-disclosed funds. I further certify that this Elections.						
		y Flink	7-8-24						
Printed Name of Signer FOR OFFICE USE ONLY	Sig	nature of Appointed Treasu	irer Date						
FOR OFFICE USE ONLY									
Date Received:	Employ	yee:	Delivery Method     Image: Delivery Method						
Date Postmarked:	Employ	yee:	<ul> <li>Registered Mail</li> <li>Hand Delivered</li> </ul>						
Date Scanned:	Employ	yee:	Electronically Filed						
Date Data Entered:	Employ	yee:	<ul> <li>Signer has not received mandatory training</li> </ul>						
Please Note: This form cannot be	used to amend comm	ittee information such	as the committee address, treasurer,						
assistant treasu	er, custodian of book	s information, or accou	unt information.						
			nake committee changes.						
CRO-1000		rd of Elections	August 2008						

# **Detailed Summary**

Amendment Yes No.

Use this form to summarize all disabature reporting forms and to total mass		Yes X No
Use this form to summarize all disclosure reporting forms and to total more <b>1. Committee Full Name (and Fund if applicable) 2. Type of</b>		ID Number
Gloria D Whisenhunt For County Commissioner Second		
Start of Election Cycle: January 1, <u>2021</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,130.81	\$ 2,979.84
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 500.00	\$ 5,250.00
7) Contributions from Political Party Committees (CR0-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ 500.00	\$ 524.87
9) Loan Proceeds (CR0-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 3.00	\$ 6.00
11) Other Receipt Sources	the product of the	
11a) Interest on Bank Accounts       (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income       (CR0-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales   (CR0-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1,003.00	\$5,780.87
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures   (CRO-1310)	\$ 3.00	\$3,605.03
13b) Contributions to Candidates/Political Committees (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)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$ 24,87
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3.00	\$3,629.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$5,130.81	\$5,130.81
ADDITIONAL INFORMATION		
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 (CR0-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CR0-1710)	\$	\$
26) Forgiven Loans (CR0-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CR0-1215)	\$	\$
CRO-1100 NC State Board of Elections		August 2008

# **Contributions from Individuals**

	1		1
Pg		of	- E

Amendment Yes Yes

X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nar	2. ID Number						
Gloria D Whisenhunt For County Commissioner								
3. Contributor Information 🔲 Add 🛄 Remove								
	ame, Mailing Addr			b. Job Title	/Profession	d. Comments		
	le city, state, & zip)			Pres	ident			
l D	erek	Duggins Springs Cou NC Z7040			r's Name/Specific Field			
1	61 wells	prings Cou	$\uparrow$					
	C. P.C.	NC JOUD		Mudd	y Creek	e. Election Sum to Date		
				Moto	rsports	· 500 00		
	36-345-				7	\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy)	yy) k. Amount		
	1	Check			06/07/20	\$ 500.00		
						\$		
						\$		
3. Cont	ributor Inform	ation		Add [	Remove			
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title	/Profession	d. Comments		
(includ	le city, state, & zip)							
				c. Employe	r's Name/Specific Field			
						e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount		
						\$		
						\$		
						\$		
3. Cont	ributor Inform	ation		Add	Remove			
	ame, Mailing Addro			b. Job Title	/Profession	d. Comments		
(includ	e city, state, & zip)							
				. English	1. N			
				c. Employe	r's Name/Specific Field			
					e. Election Sum to Date			
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	v) k. Amount		
						\$		
						\$		
						\$		
4. Tot	al only this P	age			12.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	\$ 500.00		
5. Tot	al of ALL CF	\$ 500.00						
-		s of Detailed Summary P						
UKU-12	<b>RO-1210</b> NC State Board of Elections April 2007							

April 2007

## **Contributions from Other Political Committees**

Pg \_ĺ

Amendment Ves

No

1

of

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)						2. ID	2. ID Number	
Gloria Du	phisenhunt For County	Comm	ission	er				
3. Contributor In	formation		Add		Remove			
a. Full Name, Mailin	•		b. Type	of Committee		d. Cor	mments	
(include city, state	e, & zip)			Candidate	🖾 PAC			
Piedmont	Stone Center			Referendun				
plitical A	otion Committel		c. Level	Registered (S		1		
political A	75066			Federal	County:			
PO BOX	etion Committee 25866 Salenine 27114		X	State	Municipality:	e. Elec	ction Sum to Date	
winston-2	alemine 2111					\$	500.00	
f. Account Code	g. Form of Payment	h. In-Kin	d Descripti	on	i. Date (mm/dd/yyy	y)	j. Amount	
1	Check				03/14/20	124	\$ 500.00	
							\$	
							\$	
3. Contributor In			Add	a	Remove			
a. Full Name, Mailin			b. Type o	of Committee		d. Con	nments	
(include city, state	, & zip)			Candidate	PAC			
				Referendum				
			c. Level	Registered (Sp Federal	And a second sec			
				State	County: Municipality:	o Flor	tion Sum to Date	
				State	interpanty.	e. Liec	tion sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. In-Kino	d Descriptio	on	i. Date (mm/dd/yyy)	y)	j. Amount	
							\$	
							\$	
							\$	
3. Contributor In			Add		Remove			
a. Full Name, Mailin			b. Type o	of Committee		d. Con	nments	
(include city, state	, & zip)			Candidate	D PAC			
				Referendum				
			c. Level I	Registered (Sp Federal	County:			
			l d	State	Municipality:	a Flag	tion Sum to Date	
				() as to	Co Municipany.	\$	ton oum to part	
f. Account Code	g. Form of Payment	h. In-Kind	Descriptio	)n	i. Date (mm/dd/yyy	r)	j. Amount	
							\$	
							\$	
							\$	
4. Total only this						\$	500.00	
5. Total of ALL C (This line must be o	RO-1230 Pages In line 8 of Detailed Summary Page C	RO-1100)				\$	500.00	

#### **Refunds/Reimbursements To the Committee**

		1	Amendment
1	of		<b>Yes</b>

No No

Pg

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

1. Committee Full	Name (a	nd Fund if app	licable)	-			2.1	ID Number
Gloria DW	Gloria D Whisenhunt For County Commissioner							
3. Contributor Inf	ormation	1		Add	Ren	move		
a. Full Name, Mailing		Phone		And and	of Comm	V	g. C	Comments
(include city, state, &					ndidate	PAC	12	PIP. IT.
First	Citi	zens Ban	k		ferendum Registere	Party     d (Specify)	_	Fund Bank Fee Driginal Expenditure Date
PO BO	XZ	7 131		and the second second	deral	County:		2 4
Raleigh	N	c z1611		Sta	te	Municipality:	<u> </u>	3/05/2024
							-	riginal Expenditure Amt
							\$	3,00
b. Job Title/Profession		c. Employer's Nar	ne/Specific Field	f. Purpo	ise		j. El	lection Sum to Date
				Bank	Fee /S	ervice Charge	\$	6.00
k. Account Code	-	of Payment	m. In-Kind Descr	iption		n. Date (mm/dd/yy	yy)	o. Amount
1	Dr	raft				04/03/2024	4	\$ 3.00
3. Contributor Info	ormation			Add	Rei	nove		
a. Full Name, Mailing A		Phone		statut statut	of Commi	and the second se	g. C	omments
(include city, state, &	zip)							
					ferendum Registere	d (Specify)	h 0	riginal Expenditure Date
				I Fed	-	County:	H. U	rigiual Expenditule Date
				🗖 Sta	te	Municipality:		
							i. Original Expenditure Amt	
							\$	
b. Job Title/Profession		c. Employer's Nan	ne/Specific Field	f. Purpose		J. El	ection Sum to Date	
							\$	
k. Account Code	l. Form o	f Payment	m. In-Kind Descr	iption		n. Date (mm/dd/yy)	yy)	o. Amount
								\$
3. Contributor Info	ormation	L		Add	Rer	nove		
a. Full Name, Mailing A		Phone		and the second s	of Commi	and the second sec	g. C	omments
(include city, state, &	zip)							
					erendum Registered	Party d (Specify)	h ()	riginal Expenditure Date
				and the second s	leral	County:		nghai napenditai e bate
				Stat	ie	Municipality:		
							i. Or	riginal Expenditure Amt
							\$	
b. Job Title/Profession c. Employer's Name/Specific Field				f. Purpo	f. Purpose		j. Election Sum to Date	
						\$		
k. Account Code	l. Form of	f Payment	m. In-Kind Descr	iption		n. Date (mm/dd/yy	yy)	o. Amount
								\$
4. Total only thi	4. Total only this Page							3.00
5. Total of ALL		0					\$	3,00 3,00
(This line must be on	une 10 of L	Detailed Summary 1	age CRO-1100)					

### **Disbursements**

			Amendment
Pg	Ĺ	of	Yes

No No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Gloria D WhiteAuwA For Courty Commitsion Control State Committee         3. Type of Disbursement (Rease as separate CR0-310 forms for each type of Disbursement.)         20 openating Expenses       Control Control Control Control Control Committee         4. Payse Information       Add       Remove         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       c. Comments         include dis, state, & sip)       Firs F Cirizens Bank       c. Level Registered (Specify)       e. Election Sum to Date         Firs F Cirizens       Bank       c. Level Registered (Specify)       e. Election Sum to Date         Faccomm Code       g. Form of Payment       h. Purpose Code       L Data (mm/ddyryy)       J. Amount       k. Required Remarks         1       Draft       O       Offs/2024       S. O       Ginth Feel (Security)       e. Election Sum to Date         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments       d. Comments         (Include city, state, & stp)       b. Purpose Code       L Data (Inm/ddyryy)       J. Amount       k. Required Remarks         s       State       S       S       S       S         4. Paysee Information       A Add       Remove       s       S         a. Full Name, Mailing Address & Phone       b. Durpose Code		Committee Full Name (and Fund if applicable)     2. ID Number									
3. Type of Disbursement       (Please use separate CRO-330 forms for each type of Disbursement.)         20 Openating Expenses       Controlinate Countines       Coordinated Pary Expenditures         4. Payse Information       A dd       Remove         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       c. Connents         include city, state, & stp)       b. Coordinated Committee Name       c. Connents         include city, state, & stp)       b. Coordinated Committee Name       c. Connents         include city, state, & stp)       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connents         include city, state, & stp)       b. Coordinated Committee Name       d. Connenet											
22       Contributions to Candidates/Political Committees       Coordinated Party Expenditures         4. Payce Information       Add       Remove         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments         b. Coordinated Committee Name       b. Coordinated Committee Name       d. Comments         c. Level Registered (Specify)       Exection Sum to Date       \$ 9, 00         f. Account Code       g. Form of Payment       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       b. Required Remarks         d. Nume, Mailing Address & Phone       b. Corrdinated Committee Name       d. Comments       6. Comments         a. Payce Information       Add       Remove       a. Election Sum to Date       \$ 9, 00         a. Paul Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments       6. Comments         c. Level Registered (Specify)       Februal       County:       s. Election Sum to Date       \$ 5         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         s       s       s       s       s       s       s         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount											
4. Payee Information       □ Add       Remove         a. Full Name, Mailing Address & Phone       □											
a. Full Name, Mailing Address & Phone Include city, state, & zp) Fir Cf. CipizEarS Back. POBoX 2 7 [3] Raleigh MC 276[1 Ederat Counsitive Name I Draft O 3/o5/2024 \$ 37.00 Same Election Sum to Date S Q, OC EAccount Code g. Form of Payment h. Parpose Code I Draft O 3/o5/2024 \$ 37.00 Bank F&L/Serwice Clarge Level Registered (Specify) Federat Counsitive Name County: Sume Counsitive Name Add Remove A Comments County: Sume Counts: Eaccount Code g. Form of Payment h. Parpose Code I Draft O 03/o5/2024 \$ 37.00 Bank F&L/Serwice Clarge County: Sume County: Sume County:	Contraction of the local division of the loc	the second se	ntributions to Candid	and the second			ordinated Party Expenditures				
include city, state, & zip) Firsf C (Fi 26/15 Back, PO Bo X 2 7 [13] Raleigh MC 2 76[] C. Level Registered (Specify) C. Level Registered (Specify) County: State County: State C. Level Registered (Specify) C. Level Registered (Specify) C. Level Registered (Specify) South FEE / Server CE (Large) South FEE / Server CE / Server CE (Large) South FEE / Server CE / Serv	0.00,01										
First Cifizens Back       c. Level Registered (Specify)       Election Sum to Date         Raleigh NC 276(1       State       County:       Election Sum to Date         I Draft       03/05/2024       S.00       Realized Remarks         I Draft       03/05/2024       S.00       Realized Remarks         A Payce Information       Add       Remove       Realized Remarks         A. Payce Information       Add       Remove       Realized Remarks         S. Dordinated Committee Name       County:       State       Municipality:       Election Sum to Date         Include city, state, & zip)       D. Coordinated Committee Name       Convents       County:       State       Municipality:       Election Sum to Date         S       S       S       S       S       S       S         I Payce Information       Add       Remove       S       S       S         A Payce Information       Add       Remove       S       S       S         A Payce Information       Add       Remove       S       S       S         A count Code       g. Form of Payment       b. Purpose Code       b. Coordinated County:       S       S       S         S Total only this Page       S       S			ione		b. Coordinat	ed Committee Nam	d. Comments				
POBox 27131       C. Level Registered (Specify)         Raleigh NC 276(1       Bine       Municipality:         E. Account Code       p. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)         J. Draft       O       3/05/Za24       S.       Comments         4. Payee Information       Add       Remove       Remove         a. Vul Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         f. Account Code       p. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         s. Vul Name, Mailing Address & Phone (include city, state, & zip)       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         f. Account Code       p. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         a. Vul Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         f. Account Code       p. Form of Payment       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         s.       S.       S.       S.       S.       S.       S.         f. Account Code       p. Form of Payment       b. Purpose Cod											
POBOX 2 ] [3]       Federal       County:       Election Sum to Date         Raleigh NC 276[1       State       Municipality:       Election Sum to Date         I Draft       03/05/2024       5.00       Bink Feel/SecurceCharge         I Draft       03/05/2024       5.00       Bink Feel/SecurceCharge         A Payce Information       Add       Remove       A Feel/SecurceCharge         A Pulk Ame, Multing Address & Phone (include city, state, & zip)       b. Coordinated Comulities Name (scale city, state, & zip)       c. Level Registered (Specify)         C. Level Registered (Specify)       Bink of Municipality:       e. Election Sum to Date         State       Municipality:       e. Election Sum to Date         Resource       S       -         Account Code       Form of Payment       b. Purpose Code       i. Date (mm/ddyryy)         State       Municipality:       e. Election Sum to Date         State       S	c. Level Registered (Specify)										
Raleigh NC 2.76[1       Sate       Municipality:       c. Election Sum to Date         6. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         1       Draft       03/05/C24       \$ 3.00       Bank Fell/ServiceUsage         4. Payce Information       Add       Remove       d. Comments         a Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         (include city, state, & zip)       b. Porpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         5       Cocount Code       g. Form of Payment       b. Purpose Code       j. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         6. Account Code       g. Form of Payment       b. Purpose Code       j. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         7. Account Code       g. Form of Payment       b. Purpose Code       j. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         6. Account Code       g. Form of Payment       b. Purpose Code       j. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         6. Account Code       g. Form of Payment       h. Purpose Code       j. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks <td colspan="10"></td>											
S       G. Serm of Payment       b. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         I       Draft       O       3/05/2024       \$ 3.00       Bgnk Fet[Serv]cetCharge         A       Payee Information       Add       Remove       Bgnk Fet[Serv]cetCharge         a Pull Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         -       Level Registered (Specify)       -       Election Sum to Date         State       Municipality:       e. Election Sum to Date         S       S       -         4. Payee Information       Add       Remove         a. Four of Payment       b. Purpose Code       b. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         S       -       -       S       -       -         A. Payee Information       Add       Remove       -       -         a. Full Name, Mailing Address & Phone (include city, state, & rip)       b. Coordinated Committee Name (include city, state, & rip)       b. Coordinated Committee Name (include city, state, & rip)       c. Level Registered (Specify) (a. Election Sum to Date       s         S. Account Code       g. Form of Payment       b. Purpose Code       b. Coordinated Committee Name (include city, state, & rip)	Dalein	ality: e. Election Sum to Date									
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1       Draft       0       03/05/2074       \$ 3.00       Back Fee/ServiceCharge         4. Payee Information       Add       Remove         a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name (include city, state, & zip)       c. Level Registered (Specify) Back       c. Level Registered (Specify)         5. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         4. Payee Information       Add       Remove       s       s         4. Payee Information       Add       Remove       s         a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name (include city, state, & zip)       b. Coordinated Committee Name (include city, state, & zip)       c. Level Registered (Specify) Ederal       c. Level Registered (Specify)         5. Total only this Page       S       s       s       s         5. Total only this Page       S       3.00       s       3.00         6. Total of ALL CRO-1310 Pages       S       S       3.00       s       3.00         7. Purpose Codes       List detailed summary Page (CRO-1100 if Operating Expenses) (This line goes in line 13.6 of Detailed Summary Page (CRO-1100 if Coordinated Park Page-Page       s       3.00         7. Purpose Codes </td <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (</td> <td>mm/dd/vvvv)</td> <td>i. Amount</td> <td></td>	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/vvvv)	i. Amount					
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