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

| a. Full Name | | CERTIFICATION AND A COMP | State State State | | c. ID Number |
|---|---|--|---|--|---|
| Committee to Elect | Brady Allen | | | 1 APRIL 1 APRIL 1 | 01 |
| h. Mailing Address (incl | nde City, State and Zip Code) | | Venices of the same | | |
| 2065 Glenn Ferry C | Bi and a second s | All and the second second | | | d. Date Filed |
| Pfafftown, NC 2704 | | | | | 7/9/2025 |
| | | | | | e. Phone Number |
| | | | | | 336-830-3606 |
| | | | | | 第14年後年後、1年6年 |
| 2025 | | | a share a nasari i a sa | Brady Wayne Aller | |
| 2025 | 12/19/2024 | 06/ | 30/2025 | Brudy Wayne Amer | 1 |
| Candidate Campai | | | | 动脉的影响。高层空 | |
| PAC | ign Party Referendum | Municipal Organization | State/Co | ounty Organizational | Referendum Organizational |
| Independent Expenditure | Joint Fundraiser | Thirty-five da | | Quarterly | Pre-referendum |
| Legal Expense Fu | nd | | · · · · | and toring | |
| | 山市、地方、高市、高市、高市 | Pre-primary | | First | Final |
| Booster Fund" Building Fund | | Pre-election Pre-runoff | | Second | Supplemental Final |
| | | Semi-annual | | Third Fourth | Annual Special 😂 🔛 |
| | | Mid Yea | | emi-annual | |
| Other: | | Year En | d L | Mid Year | |
| | | Special | Fi | Year End | |
| | 0 | | | pecial | |
| | | the second se | the second se | | |
| a Discould for the start | | | | | |
| a. Financial Institution Fi Truist Bank | ill Name | | a. Financial Institu | ution Full Name | |
| a. Financial Institution Fi Truist Bank b. Purpose | e. Account Code | | | ution Full Name | |
| Truist Bank | c. Account Code 2 | A MARKEN AND | a. Financial Institu b. Purpose | ution Full Name | c. Account Code |
| Truist Bank b. Purpose | c. Account Code | | | ution Full Name | c. Account Code |
| Truist Bank b. Purpose | c. Account Code | | | ution Full Name | |
| Truist Bank b. Purpose Campaign Exp | c. Account Code | | | ution Full Name. | c. Account Code |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION | c. Account Code | | b. Purpose | | c. Account Code d. Period Begin Balance \$ |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comr | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia | unce with all applica | b. Purpose | Article 22A 22B & | c. Account Code d. Period Begin Balance \$ |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comr the NC General Statut is complete, true and c | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia | ince with all applica | b. Purpose | Article 22A, 22B, & | c. Account Code d. Period Begin Balance \$ |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comr the NC General Statut | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been | unce with all applica nmingled with proh trained by the NC | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I pections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comm the NC General Statut is complete, true and c Brady Allen | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | unce with all applica nmingled with proh trained by the NC | b. Purpose | Article 22A, 22B, & on-disclosed funds. I pections. | c. Account Code d. Period Begin Balance \$ |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comm the NC General Statut is complete, true and c Brady Allen | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ance with all applica nmingled with proh trained by the NC | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 Date |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comm the NC General Statut is complete, true and c Brady Allen FOR OFFICE USE ON Date Received: | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ance with all applica nmingled with proh trained by the NC | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 Date Date |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Common the NC General Statut is complete, true and complete, true and complete Brady Allen FOR OFFICE USE ON | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ance with all applica nmingled with proh trained by the NC | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 Date livery Method Normal Mail Registered Mail |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comm the NC General Statut is complete, true and c Brady Allen FOR OFFICE USE ON Date Received: | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ance with all applica nmingled with proh trained by the NC | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 Date Date Livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Common the NC General Statut is complete, true and common Brady Allen FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | unce with all applica nmingled with proh trained by the NC Si Employee: Employee: Employee: | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 Date Livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received |
| Truist Bank b. Purpose Campaign Exp CERTIFICATION I certify that the Comm the NC General Statut is complete, true and complete, true and complete, true and complete, true and complete. Brady Allen FOR OFFICE USE ON Date Received: Date Postmarked: | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ince with all applica nmingled with proh trained by the NC Si Employee: Employee: | b. Purpose ble provisions of ibited or other no tate Board of Ele | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/9/2025 Date Livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed |
| Truist Bank b. Purpose Campaign Exp Certify that the Common I certify that the Common the NC General Statut is complete, true and common Brady Allen FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ince with all applica nmingled with proh trained by the NC Employee: Employee: Employee: Employee: Employee: Employee: | b. Purpose | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 27A2225 Date Date Date Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training |
| Truist Bank b. Purpose Campaign Exp Certify that the Common I certify that the Common the NC General Statut is complete, true and common Brady Allen FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered Please Note: This | c. Account Code 01 d. Period Begin Balance \$ 17.00 nittee or Fund is in complia es and that no funds are cor correct and that I have been Printed Name of Signer | ance with all applica nmingled with proh trained by the NC Employee: Employee: Employee: Employee: end committee infor a of books informat | b. Purpose | Article 22A, 22B, & on-disclosed funds. I f ections. | c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of further certify that this report 7/20205 Date Date Date Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training |



Detailed Summary

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

| Amer | ıdment | | |
|------|--------|-------------|----|
| | Yes | \boxtimes | No |

| Committee to Elect Brady Allen | Mid-Year | | 01 |
|---|---------------|--------------------------------|------------------------------|
| Start of Election Cycle: January 1, _ | 2025 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0 | \$ 0 |
| | | 特立的。这种结晶 | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 102.00 | \$ 102.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 1,345.00 | \$ 1,345.00 |
| 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 Committee11) Other Receipt Sources | (CRO-1240) | \$ | \$ |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organization | | \$ | \$ |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1 | Id and IIe) | \$ \$1,447.00 | \$ \$1,447.00 |
| | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 1,427.15 | \$ 1,427.15 |
| 13b) Contributions to Candidates/Political Committee | es (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 4) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 6) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 7) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1 | | \$ 1,427.15 | \$ 1,427.15 |
| (9) Cash on Hand at End (Add lines 4 and 12 together, then subtract | ct line 18) | \$ 19.85 | \$ 19.85 |
| 20) Non-Monetary Gifts Given to Other Committees | (CBO 1000) | | |
| Outstanding Loans (incl. ones from other campaigns) | (CRO-1330) | \$ | |
| Debts and Obligations owed By the Committee | | \$ | |
| | (CRO-1610) | \$ | |
| | (CRO-1620) | \$ | |
| Account Transfers Within the Committee 4) Administrative Surgest | (CRO-1720) | \$ | |
| 5) Administrative Support | (CRO-1710) | \$ | \$ |
| 6) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 7) 48-Hour Notice Reports Sum | (CRO-2220) | \$ | \$ |
| 8) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

CRO-1100

NC State Board of Elections

Aggregated Contributions from Individuals

<u>1</u>

of <u>1</u>

 \boxtimes

Amendment Yes No

Page Optional form used to report NC Contributions From Individuals of \$50 or less

| Com | mittee to Elect | Brady Allen | | | | 01 |
|--------------|-----------------|-------------|--------------------|---------------------------------------|--------------|----------|
| . Am | and | b. Account | | d. In-Kind | e. Date | |
| - ALLI | | Code | c. Form of Payment | Description | (mm/dd/yyyy) | £ Amount |
| 4 | Add Remove | 01 | Cash | | 03/30/2025 | \$ 20.00 |
| - | Add | | | | | |
| 1 | Remove | - 01 | Cash | | 03/31/2025 | \$ 40.00 |
|] | Add | 0.1 | | | | |
| | Remove | 01 | Check | | 04/21/2025 | \$ 20.00 |
| | Add | 01 | Cash | | 10/10/2024 | |
|] | Remove | 01 | Cash | | 12/19/2024 | \$ 17.00 |
| 4 | Add | 01 | Cash | | 12/24/2024 | \$ 5.00 |
| <u>_</u> | Remove | | | | 12/24/2024 | \$ 5.00 |
| - | Add | | | | | \$ |
| | Add Remove | | | | | Ψ |
| - | Remove | - | | | | \$ |
| 1 | Add | | | | | |
| 1 | Remove | - | | | | \$ |
| 1 | Add | | | | | |
| 1 | Remove | | | | | \$ |
| | Add | | | | | |
| | Remove | | | | | \$ |
| | Add | | | | - | |
| | Remove | | | | | \$ |
| | Add | | | | | |
| | Remove | | | | | \$ |
| | Add | | | | | |
| - | Remove | | | | | \$ |
| _ | Add | | | | | ¢ |
| | Remove | | | | | \$ |
| | Add | _ | | | | ¢ |
| | Remove | | | | | \$ |
| _ | Add | - | | | | \$ |
| | Remove | | | | | φ |
| | Add Remove | - | | | | \$ |
| | Add | | | | | Ψ |
| | Remove | - | | | | \$ |
| | Add | | | | | |
| | Remove | | | | | \$ |
| | Add | | | | | |
| | Remove | | | | | \$ |
| | Add | | | | | |
| | Remove | | | | | \$ |
| | Add | | | | | |
| | Remove | | | | | \$ |
| Fot | tal only this | Page | M My Part of the | the state of the second second second | \$ | 80.00 |
| | tal of ALL C | | ges | | \$ | 102.00 |

Contributions from Individuals

Pg 1

of

| Amer | odment | | |
|------|--------|-------------|----|
| | Yes | \boxtimes | No |

2

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

| Committee to Elect Brady Allen | | | | | | 01 | -711 U.S. <u>83</u> | |
|---|---|--------------------|--|--|---|-------------------------------|---------------------|----------|
| (include city, state, & zip) F Brady Wayne Allen 2065 Glenn Ferry Court 2065 Glenn Ferry Court c. | | | b. Job Title/Profession Financial Reporting Manager c. Employer's Name/Specific Field Truist Bank | | d. Comment | um to Date | | |
| f. Prior | g. Account Code | h. Form of Payment | 1 X 1. W | Alter Hillion - And | | \$ | 620.00 | |
| | 01 | Check | L IN-N | and Description | j. Date (mm/dd/yy | سر می معنی روم دهند. مراجع | k. Amount | 400.00 |
| | 01 | Check | | | 03/10/20 | | \$ | 400.00 |
| | | | | | 05/05/2 | | \$ | 120.00 |
| | 01 | Check | | | 05/14/2 | 026 | \$ | 100.00 |
| (include Scott Bilt 7225 Cou | ae, Mailing Address & city, state, & zip) on urtney Glen Lane e, NC 27023 | & Phone | | b. Job Title/Profession Financial Advisor c. Employer's Name/Spe Edward Jones | xific Field | d. Comments | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Ki | ind Description | j. Date (mm/dd/yyy | | k. Amount | |
| | 01 | Check | the trans | | 01/09/20 | | \$ | 75.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | 19 X. | | all he he he | | | |
| (include of Melissa H 1809 Ellis Lewisvillo | son Creek Road e, NC 27023 | ٤ Phone ، | | b. Job Title/Profession President e. Employer's Name/Spec Hunt Insurance Solu | and the second se | d. Comments | m to Date 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Ki | nd Description | j. Date (mm/dd/yyy | y) | k. Amount | |
| | 01 | Check | | | 03/20/20 | 25 | \$ | 100 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | \$ | | 795.00 |
| CDO 141 | | | | | | \$ | | 1,325.00 |

Contributions from Individuals

Pg 2

of

| Amer | dment | | |
|------|-------|-------------|----|
| | Yes | \boxtimes | No |

2

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

| Committ | Committee to Elect Brady Allen | | | | | | 01 | |
|---|--------------------------------|--------------------|--|--|--|-------------------------------------|--------------|-----------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Carolyn Fulton 905 SEQUOIA DR Lewisville, NC 27023 | | | b. Job Title/Profession Retired/Healthcare c. Employer's Name/Specific Field Wake Forest Medical Center 1 Medical Center Blvd Winston-Salem, NC 27157 | | d. Comments c. Election Sum to Date \$ 200.00 | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | and Description | j. Date (mm/dd/yy | yy) | k. Amount | |
| | 01 | Check | | | 03/31/2 | 025 | \$ | 200.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| (include Norman I PO Box 1 | | & Phone | | b. Job Title/Profession Chaplain c. Employer's Name/Spec Lewisville Fire Depa | and the second sec | d. Comments e. Election Si \$ | - Marganeton | |
| f. Prior | g. Account Code | h. Form of Payment | I. In-K | ind Description | j. Date (mm/dd/yy) | (y) | k. Amount | TH WERE STR |
| | 01 | Check | | | 05/07/20 | 25 | \$ | 250.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| (include of Thomas F PO Box 3 | | Phone | | b. Job Title/Profession Retired/Property Mar c. Employer's Name/Spec | | d. Comments c. Election Su \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Ki | nd Description | j. Date (mm/dd/yyy | | k. Amount | 11 C. 4 C. Mald |
| | 01 | Check | | | 05/19/20 | | \$ | 100.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | \$ | | 550.00 |
| | | | | | | \$ | | 1,345.00 |

Disbursements

Amendment Yes \boxtimes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| Committee to I | Committee to Elect Brady Allen 01 | | | | | | |
|--|--|---|--|---------------------------------|--|--|--|
| Operating I | Expenses | Contributions to Can | ndidates/Political Committees | Co | ordinated Party Expenditures | | |
| a. Full Name, Mail (include city, state, Visa Print 100 Hayden Ay Lexington, MA | /enue | | b. Coordinated Committee c. Level Registered (Specify Federal | | d. Comments c. Election Sum to Date \$ 377.25 | | |
| L Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | В | 03/11/2025 | \$45.99 | Business Cards | | |
| 01 | Debit Card | В | 05/14/2025 | \$331.26 | Rack Cards | | |
| a. Full Name, Maili (include city, state, Wooten Graphi 172 Hinkle Lar Welcome, NC 2 | cs ne | | b. Coordinated Committee N c. Level Registered (Specify) Federal State | | d. Comments c. Election Sum to Date \$ 609.90 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | В | | \$300.00 | Yard Signs Down Payment | | |
| 01 | Debit Card | В | | \$309.90 | Yard Signs | | |
| a. Full Name, Maili (include city, state, Patricia Binkley 6025 HOLDER Clemmons, NC | RD | | b. Coordinated Committee N c. Level Registered (Specify) Federal State | ame County: Municipality: | d. Comments c. Election Sum to Date \$ 150.00 | | |
| L Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | 0 | 05/13/2025 | \$150.00 | Graphic Design | | |
| | | | | \$ | | | |
| (This line goes in l | | mary Page CRO-1100 | if Operating Expenses) if Contrib to Candidates/Politic if Coordinated Party Expenditi | | \$ 1,137.15 \$ 1,427.15 | | |
| A* - Media E - Salaries I - Postage O* - Other | B* - Printing F* - Equipment J - Penalties | C* - Fundr G - Politica K* - Office | l Party | | r Candidate Public Office Expenses 1 to Legal Expense Fund | | |
| CRO-1310 | 291223년 바카카 | NC Sta | ate Board of Elections | | December 2009 | | |

Disbursements

Pg <u>2</u>

Amendment \boxtimes Yes \square No

of <u>2</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| Committee to E | lect Brady Allen | | | | 01 |
|--|--|----------------------|--|--------------------------------|---|
| Operating E | xpenses | Contributions to Can | didates/Political Committees | Cod | ordinated Party Expenditures |
| a. Full Name, Maili (include city, state, Little Jo's Desig 2128 Presidentia Yadkinville, NC | ns al Drive | | b. Coordinated Committee No c. Level Registered (Specify) | County: | d. Comments |
| | | - | State | Municipality: | c. Election Sum to Date\$ 240.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | the second second | j. Amount | k. Required Remarks Hats |
| 01 | Debit Card | 0 | 05/14/2025 | \$120.00 | Down Payment Hats |
| 01 | Debit Card | 0 | 05/30/2025 | \$120.00 | riais |
| a. Full Name, Mailin (include city, state, of Lydia Kissinger 102 WESTGAT Winston-Salem, | E CIR # A | | b. Coordinated Committee Na c. Level Registered (Specify) Federal State | County: Municipality: | d. Comments e. Election Sum to Date \$ 50.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 01 | Check | 0 | 04/05/2025 | \$50.00 | Photography |
| | | | | \$ | |
| a. Full Name, Mailir (include city, state, d | ž zip) | | b. Coordinated Committee Na c. Level Registered (Specify) Federal State | me County: Municipality: | d. Comments 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 |
| | | | | \$ | |
| | ine 13a of Detailed Sum ine 13b of Detailed Sum | | f Operating Expenses) f Contrib to Candidates/Politica | \$ I Commi | \$ 290.00 \$ 1,427.15 |
| | | | f Coordinated Party Expenditur aising | es) D - To Another | Candidate Public Office Expenses |
| 1 - Postage O* - Other | J - Penalties | K* - Office | | | to Legal Expense Fund |

CRO-1310