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	c. ID Number
Jeff French For Commissioner	8CDWEC
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
6505 NC Hwy 55 W Cove City, NC 28523	4-26-10
	e. Phone Number
	252-638-6956

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	02-19-2010	04-17-10	Steven Centore

6. Type of Committee (Check One)

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

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	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
BB&T		Campaign Funds & Expenses	1
			d. Period Begin Balance
			$ 151.00

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.

Steven M. Centore	S.M.C.	4/26/10
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ 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 ☒ Yes ☐ 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
Jeff French for Commiss.	1st Quarter	9CDWEG

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 151.00	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 931.00	$ 1082.00
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 Committee	(CRO-1240)	$	$
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)		$ 931.00	$ 1082.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 878.04	$ 878.04
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)	$ 56.00	$ 56.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 934.04	$ 934.04
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 147.96	$ 147.96
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	(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 6 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commissioner	8CDWEG

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ray Ramsden 637-5947 302 Emmen Rd New Bern, NC 28562	retired	n/a		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03-24-10	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Hazel Speciale 633-5326 803 Stately Pines Rd New Bern, NC 28562	Civil Servant	USMC		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03-24-2010	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jonny Jackson 341-1262 2820 Prestonwood Dr Grimesland, NC 27837	Sales	APPC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03-24-2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 875.00

Contributions from Individuals

Pg 2 of 6 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commissioner	8CDWEG

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Nancy Ritchie 633-2316 324 Plantation Dr New Bern, NC 28562	Retired	n/a		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03-17-10	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Pattie Smith 637-3508 2416 Asbury Rd Cove City, NC 28523	Production	moen		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		03-01-10	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Len Long 633-4235 1104 Longview Dr New Bern, NC 28562	retired	n/a		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		03-10-10	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 975.00

Contributions from Individuals

Pg 3 of 6 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commissioner	86DWEG

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Frank Palombo 633-5798 1502 Tryon Rd New Bern, NC 28560	Chief of Police	City of New Bern		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02-27-10	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Matthew C. French 919-975-6433 6515 Hwy 55W Cove City, NC 28523	Student	n/a		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03-01-10	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bernie Teubert 636-6918 1906 Harbourside Dr New Bern, NC 28560	retired	n/a		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02-22-10	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 875.00

Contributions from Individuals

Pg 4 of 6 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commissioner	8CDWEG

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Rick Layton 633-1093 103 Horgen Ct New Bern, NC 28562	retired	n/a		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		03-1-2010	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Charles Mitchell 633-0161 114 Geneva Rd New Bern, NC 28562	retired	n/a		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		03-1-2010	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ralph Bitely 514-4089 802 Bluebird Ln New Bern, NC 28562	retired	n/a		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		03-1-2010	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 75.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 8.75.00

Contributions from Individuals

Pg 5 of 6 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commissioner	6CDWEG

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Peter Swank 638-9297 14116 Caracara Dr New Bern, NC 28560	retired	n/a		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		03-1-2010	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Vitaly Zarauba 1892 Jack Rabbit Ln New Bern, NC 28560	retired	na		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		02-22-10	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeff French 638-6956 6505 Hwy 55W Cove City NC 28523	Purchasing	moen		$ 225.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		2-22-10	$ 225.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 875.00

Contributions from Individuals

Pg 6 of 6 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commisioner	8CDWEG

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Crystal French 6505 NC Hwy 55W Cove City, NC 28523	Customer Service	Craven County Water		$ 56.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		inkind	postcard stamps	03-15-2010	$ 56.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 56.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 56.00

In-Kind Contributions

Pg 1 of 1 Amendment ☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jeff French for Commissioner	8CDUEG

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Crystal French 638-6956 6505 Hwy 55W Cove City, NC 28523	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 56.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
200 PostCard Stamps	3-15-10	$ 56.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 56.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 56.00

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
Jeff French for	8CDWFG

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): USPS 633-0783, 201 E Sunset Blvd, Cove City NC 28523

b. Coordinated Committee Name:

c. Level Registered (Specify): ☒ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 568.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	I	03-29-10	$ 44.80	stamps
1	debit	I	04-01-10	$ 280.00	stamps

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): USPS continued

b. Coordinated Committee Name:

c. Level Registered (Specify): ☒ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ Same

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	I	4-03-10	$ 84.00	stamps
1	debit	I	4-03-10	$ 84.00	stamps

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): USPS continued

b. Coordinated Committee Name:

c. Level Registered (Specify): ☒ Federal ☐ State ☐ County: ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ Same

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	I	04-02-10	$ 60.80	stamps
1	debit	I	04-07-10	$ 14.40	stamps

5. Total only this Page $ 568.00

6. Total of ALL CRO-1310 Pages $ 878.04

(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)

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
Jeff French for Commissioner	8CDW66

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
Advantage Printing 523-8133 2425 N Herritage St Kinston, NC 28501		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 140.08

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	02-16-2010	$ 86.20	flyers
1	debit	B	03-22-2010	$ 53.88	Poll cards

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
www.vistaprint.com		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 169.96

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	B	03-18-2010	$ 169.96	Postcards
				$	

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
		☐ Federal ☐ County: ☐ State ☐ 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 $ 310.04

6. Total of ALL CRO-1310 Pages $ 878.04

(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)