

# Disclosure Report Cover

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>1. Committee Information</b>	
a. Full Name <i>The People to Elect Audrey Sister Ray for City Council Dist. 3</i>	c. ID Number <i>SCF376</i>
b. Mailing Address (include City, State and Zip Code) <i>1816 Broadwell Drive Fay, NC, 28301 (910) 309-3461</i>	d. Date Filed <i>06-16-2014</i>
	e. Phone Number <i>910-309-3461</i>

2. Report Year <i>2013</i>	3. Period Start Date (mm/dd/yy) <i>07-30-13</i>	4. Period End Date (mm/dd/yy) <i>8-27-13</i>	5. Treasurer Full Name <i>Audrey Patricia Ray</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	
<b>8. Number of Fundraisers this Report</b> <i>0</i>		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Branch Mutual Federal Credit Union</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	b. Purpose
b. Purpose	c. Account Code	c. Account Code	c. Account Code
d. Period Begin Balance <i>\$ 100.00</i>	d. Period Begin Balance	d. Period Begin Balance	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.

*Audrey Ray*      *Audrey Patricia Ray*      *06-16-2014*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: *[Signature]* Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: *JUN 16 2014* Employee: \_\_\_\_\_  
 Signer has not received mandatory training

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**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	
The People to Elect Audrey (Sister) Ray for City Council District 3				SCE376	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 100.00		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 240.00		\$ 240.00	
6) Contributions from Individuals (CRO-1210)		\$ 927.00		\$ 1145.52	
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)		\$ 1167.00		\$ 1385.52	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 277.18		\$ 277.18	
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)		\$ 2.00		\$ 120.52	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 279.18		\$ 397.70	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 987.82		\$ 987.82	
<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

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>
<i>The People to Elect Audrey (Sole) Ray for City Council District 3</i>	<i>SCE 3TR</i>

<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>	
<i>Col. Willie F. Wright (RET) 196 Darrock Court Fay NC 28311 (910) 822-6415</i>		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ <i>100.00</i>	
		<i>Retired US Army</i>			
<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"/>	<i>01</i>	<i>check</i>		<i>08-01-2013</i>	\$ <i>100.00</i>
<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>	
<i>Alice Pearl Henson 733 Eccles Drive Fay NC 28301 (910) 488-1658</i>		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ <i>100.00</i>	
		<i>retired educator</i>			
<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"/>	<i>01</i>	<i>check</i>		<i>08/05/2013</i>	\$ <i>100.00</i>
<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>	
<i>Audrey Ray 1816 Broadell Drive Fay, N.C. 28301 (910) 309-3461</i>		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ <i>143.52</i>	
		<i>Publisher Rise Newspaper</i>			
<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"/>	<i>01</i>	<i>cash</i>		<i>08-06-2013</i>	\$ <i>25.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ <i>225.00</i>
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ <i>927.00</i>

# Contributions from Individuals

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) <i>The People to Elect Audrey (Sister) Kay for City Council District 3</i>	2. ID Number <i>SC0316</i>
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Wilson Lacy 1915 Eichelberger Dr Fay, N.C. 28303 (910) 488-3108</i>			b. Job Title/Profession <i>Dept. Supervisor</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Cumberland County School</i>		e. Election Sum to Date <i>\$100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>01</i>	<i>check</i>		<i>08-12-2013</i>	<i>\$100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Marshall B. Pitts Sr. 5245 Covenwood Dr Fay, NC 28303 (910) 808-1940</i>			b. Job Title/Profession <i>Retired teacher/educator</i>		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date <i>\$100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>01</i>	<i>check</i>		<i>08-21-2013</i>	<i>\$100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Michael G. Lallier 500 Willow Bend Lane Fay NC 28303 (910) 483-9577</i>			b. Job Title/Profession <i>Automotive Dealership Owner</i>		d. Comments	
			c. Employer's Name/Specific Field <i>Reid Lallier Auto Dealerships</i>		e. Election Sum to Date <i>\$500.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>01</i>	<i>Check</i>		<i>07-30-2013</i>	<i>\$500.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	<i>\$700.00</i>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	<i>\$927.00</i>

# Contributions from Individuals

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>	
The People to Elect Audrey Sisti's May for City Council District 3						SCE 376	
<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>	
Audrey Ray 1816 Broadwell Drive Fay, NC 28301 (910) 309-3461				Publisher			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				Rise Newspaper		\$ 145.52	
<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"/>	01	Cash	cd from Board of Elections	08-13-2013	\$ 2.00		
<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>						\$ 2.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 927.00	

# In-Kind Contributions

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
The People to Elect Audrey (Sister) Ray for City Council District 3		SCE376	
<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. Type of Contributor</b>	
Audrey Ray 1816 Broadwell Drive Fay NC 28361 (910) 309-3461		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 2.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
cd from the Board of Elections		08-13-2013	\$ 2.00
			\$
			\$
<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. Type of Contributor</b>	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<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. Type of Contributor</b>	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 2.00	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2.00	

**Disbursements**

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>	
The People to Elect Audrey (Sister) Ray for City Council District 3						SCE3T6	
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input 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>	
Bragg Mutual Federal Credit Union 2917 Village Dr, Fay NC 28304 (910) 488-3515							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	debit	0	08-06-2013	\$ 1.00	bank fee		
				\$			
<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>	
Fayetteville Press Newspaper P.O. Box 9166, Fay. NC 28311 (910) 476-9958							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	check	A	08-06-2013	\$ 100.00	advertisement		
				\$			
<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>	
Bragg Mutual Federal Credit Union 2917 Village Dr. Fay N.C. 28305 (910) 488-3515							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 20.10	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	debit	0	08/09/2013	\$ 19.10	checks		
				\$			
<b>5. Total only this Page</b>						\$ 120.10	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 277.18	
(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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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**

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>	
The People to Elect Audrey (Sister) Ray for City Council District 3						SCE 316	
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input 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>	
Speediprint 201 Franklin St Jay NC 28301 (910) 483-2553							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 94.16	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	check	B	08/10/2013	\$ 94.16	cards		
				\$			
<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>	
Speediprint 201 Franklin St Jay NC 28301 (910) 483-2553							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 124.16	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	check	B	08/17/2013	\$ 30.00	cards		
				\$			
<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>	
Speediprint 201 Franklin St Jay NC 28301 (910) 483-2553							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 157.08	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	check	B	08/26/2013	\$ 32.92	cards		
				\$			
<b>5. Total only this Page</b>						\$ 157.08	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 277.18	
(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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							