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
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. BOX 42841 FAYETTEVILLE, NC 28309-2841	4-25-08
	e. Phone Number: 910-426-2121

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	02-15-08	02-18-08	MICHAEL G. LALLIER

6. Type of Committee (Check One)

- ☐ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☑ Referendum

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

Ø

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 Plus	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ 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	d. Period Begin Balance
RBC CENTURA	RECEIPTING CONTRIBUTIONS PAYING BILLS	1	$ 250.00

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
			$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163-278.9(k).

MICHAEL G. LALLIER	[signature]	4-25-08
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: BR

Date Postmarked:

Date Scanned:

Date Data Entered:

RECEIVED APR 25 2008

Employee:

Employee:

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

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

Amendment ☐ Yes ☐ No

1) Committee Full Name (and Acronym if applicable)	2) Type of Report	3) ID Number
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	PRE-REFERENDUM	

Start of Election Cycle: January 1, 2008	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	$ 250.00	$ ~~250.00~~ Ø
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	$	$
6) Contributions from Individuals (CRO-1210)	$ 34,650.00	$ 34,900.00
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)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	$ 34,650.00	$ 34,900.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	$ 21,659.85	$ 21,659.85
13b) Contributions to Candidates/Political Committees (CRO-1310)	$	$
13c) Coordinated Party Expenditures (CRO-1310)	$	$
14) Loan Repayments (CRO-1420)	$	$
15) Refunds/Reimbursements From the Committee (CRO-1320)	$	$
16) In-Kind Contributions (CRO-1510)	$	$
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	$ 21,659.85	$ 21,659.85
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	$ ~~12,990.15~~ 13,240.15	$ 13,240.15
ADDITIONAL INFORMATION		
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	$	
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	$	
21) Debts and Obligations owed By the Committee (CRO-1610)	$	
22) Debts and Obligations owed To the Committee (CRO-1620)	$	
23) Account Transfers Within the Committee (CRO-1720)	$	
24) Administrative Support (CRO-1710)	$	$
25) Forgiven Loans (CRO-1440)	$	$
26) 48-Hour Notice Reports Sum	$	$

Aggregated Contributions from Individuals

Page ____ of ____

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ ϕ
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ ϕ

Contributions from Individuals

Pg 1 of 4

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
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

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
GEORGE BRUECE 110 LAKE CLAIR PL. FAYETTEVILLE, NC 28304	EXEC. DIRECTOR	NAOP (NATIONAL ASSOC. FOR THE ADVANCEMENT OF ORTHOTICS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		3-6-08	$ 250.00
☐					$
☐					$

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
FAYETTEVILLE ASSOCIATION OF REALTORS 2412 RAEFORD RD FAYETTEVILLE, NC 28304	TRADE ASSOC.			$ 15,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		3-6-08	$ 10,000.00
☐	1	CHECK		4-14-08	$ 5000.00
☐					$

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
SYBIL S. UNION 115 PARKVIEW AVE FAYETTEVILLE, NC 28305	RETIRED			$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4-9-08	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 15,550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

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)	2. ID Number
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

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
MORTGAGE BANKERS ASSOCIATION OF FAYETTEVILLE 5137 COLLEGE CENTRE DR. FAYETTEVILLE, NC 28311	TRADE ASSOC			$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4-9-08	$ 1000.00
☐					$
☐					$

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
WILLIAMS II INC. P.O. BOX 53646 FAYETTEVILLE, NC 28305	DEVELOPMENT			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4.9.08	$ 500.00
☐					$
☐					$

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
ARMSTRONG FAMILY #1, INC P.O. BOX 53646 FAYETTEVILLE, NC 28305	DEVELOPMENT			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4-9-08	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 2000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 3 of 4

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
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

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
MORGANTON MANAGEMENT & DEVELOPMENT, LLC 111 GRANDE OAKS DR, STE 112 FAYETTEVILLE, NC 28314	MANAGEMENT & DEVELOPMENT			$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4.9.08	$ 500.00
☐					$
☐					$

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
HEALY WHOLESALE CO, INC 4021 DISTRIBUTION DR. FAYETTEVILLE, NC 28311	DISTRIBUTOR			$ 2500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4.9.08	$ 2500.00
☐					$
☐					$

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
FAYETTEVILLE NEW CAR & TRUCK DEALERS ASSOC. P.O. BOX 35845 FAYETTEVILLE, NC 28303	TRADE ASSOC.			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4-15-08	$ 3000.00
☐					$
☐					$

4. Total only this Page	$ 6000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

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)	2. ID Number
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

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
~~Fay~~ GOODYEAR TIRE & RUBBER 6650 RAMSEY ST FAYETTEVILLE, NC 28311	TIRE MAKER			$ 1000

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4.14.08	$ 1000
☐					$
☐					$

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
HOMEBUILDERS ASSOC OF FAYETTEVILLE 2935 BRIDGEWOOD AVE, STE 100 FAYETTEVILLE, NC 28303	TRADE ASSOC			$ 10,000

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4.15.08	$ 10,000
☐					$
☐					$

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
DR FRANK SHAW 202 DEVANE ST FAYETTEVILLE, NC 28305	PHYSICIAN/RETIRED	SAMS		$ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		4.18.08	$ 100
☐					$
☐					$

4. Total only this Page	$ 11,100
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 34,650

Disbursements

Pg 1 of 3

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
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

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
LAMAR COMPANIES P.O. BOX 1877 ELIZABETHTOWN, NC 28337		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 2900.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	4/1/08	$ 2900.00	BILLBOARDS
				$	

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
WM GEORGE PRINTING P.O. BOX 53947 FAYETTEVILLE, NC 28309		☐ Federal ☒ County: ☐ State ☐ Municipality		$ 11,989.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	4/9/08	$ 11,989.85	PALM CARDS, DOOR HANGERS, MAILERS
				$	

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
CAPE FEAR ADVERTISING 4869 MATT HAIR RD FAYETTEVILLE, NC 28312		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 750.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	4/18/08	$ 750.00	BILLBOARDS
				$	

5. Total only this Page	$ 15,639.85
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

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
CUMBERLAND COUNTY CITIZENS FOR FAIR TAXES	

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
CUMULUS BROADCASTING CO 1009 DRAYTON RD. FAYETTEVILLE, NC 28303		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 720.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	4/15/08	$ 720.00	RADIO ADV.
				$	

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
WIDU 1338 BRAGG BLVD FAYETTEVILLE, NC 28301		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 630.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	4/15/08	$ 630.00	RADIO ADV.
				$	

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
CARSON COMMUNICATIONS 115 GILLESPIE ST FAYETTEVILLE, NC 28301		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 900 00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	4/15/08	$ 900.00	RADIO ADV.
				$	

5. Total only this Page	$ 2250 00
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c 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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

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
CUMBERLAND COUNTY CITIZENS FOR BARTAKOS	

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
BEASLEY BROADCASTING 508 PERSON ST FAYETTEVILLE, NC 28301		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 3770.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	4/15/08	$ 3770.00	RADIO
				$	

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
				$	
				$	

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 $ 3770.00

6. Total of ALL CRO-1310 Pages $ 21,659.85

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c 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	O* - Other

* Codes require detailed explanation in required remarks field (k)