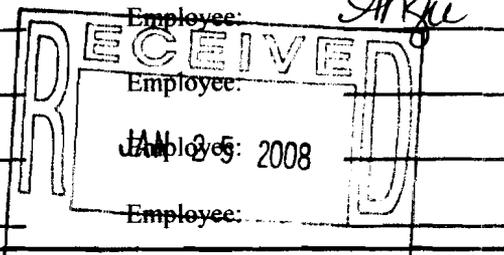


Disclosure Report Cover

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 VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL			c. ID Number FZY2FH	
b. Mailing Address (include City, State and Zip Code) 5813 MONDAVI PLACE FAYETTEVILLE NC 28314			d. Date Filed 01/25/2007	
			e. Phone Number 910-354-0808	
2. Report Year 2007	3. Period Start Date (mm/dd/yy) 07/26/2007	4. Period End Date (mm/dd/yy) 09/25/2007	5. Treasurer Full Name DENISE JONES	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input checked="" type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report 0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name BRANCH BANKING & TRUST		a. Financial Institution Full Name		
b. Purpose CAMPAIGN RECEIPTS & EXPENDITURES	c. Account Code 1	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 700.00		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).				
DENISE JONES Printed Name of Signer		 Signature of Appointed Treasurer		01/20/08 Date
FOR OFFICE USE ONLY				
Date Received:	1/25/08			Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee: <u>Angie</u>		
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	2. ID Number	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL	35 DAY	FZY2FH	
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 700.00	\$ 0	
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 98.00	\$ 98.00	
6) Contributions from Individuals (CRO-1210)	\$ 3030.00	\$ 3754.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
12) TOTAL RECEIPTS	\$ 3128.00	\$ 3852.00	
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 701.36	\$ 725.36	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
15) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0	\$ 0	
16) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0	
17) TOTAL EXPENDITURES	\$ 701.36	\$ 725.36	
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>			
18) Cash on Hand at End	\$ 3126.64	\$ 3126.64	
<i>(Add lines 4 and 12 together, then subtract line 17)</i>			
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
21) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0		
22) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0		
23) Account Transfers Within the Committee (CRO-1720)	\$ 0		
24) Administrative Support (CRO-1710)	\$ 0	\$ 0	
25) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
26) 48-Hour Notice Reports Sum	\$ 0	\$ 0	

Contributions from Individuals

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA ABDULAZIZ 19618 E. VASSAR DR AURORA, CO 80013-9438			TELECOMMUNICATIONS			
			c. Employer's Name/Specific Field SPRINT			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		08/01/2007		\$ 55.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DENNIS CARTER 92-1071 KOIO DR APT B KAPOLEI, HI 96707			CONTRACTOR			
			c. Employer's Name/Specific Field TRAINER DEPARTMENT OF THE AIR FORCE			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		08/07/2007		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSEPH MATYGA 1616 GRANDVIEW DRIVE FAYETTEVILLE NC			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		08/09/2007		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 305.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ARNOLD WILLIAMS 1610 HICKORY RIDGE CT FAYETTEVILLE, NC 28314			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		CHECK		08/11/2007		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANTHONY TRINCHITELLA 5809 MONDAVI PLACE FAYETTEVILLE, NC 28314			HEALTH TECHNICIAN			
			c. Employer's Name/Specific Field			
			VETERANS ADMINISTRATION		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
<input type="checkbox"/>	1	CHECK		08/13/2007		\$ 500.00
<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)			b. Job Title/Profession		d. Comments	
CHARLES GORE 3174 BITTERSWEET DRIVE FAYETTEVILLE, NC 28306			OWNER			
			c. Employer's Name/Specific Field			
			GORE BUILT HOMES		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		08/31/2007		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$	1050.00
5. Total of ALL CRO-1210 Pages					\$	3030.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CYNTHIA CLARKE 3870 VINCA STREET SUMTER, SC 29154			U.S. AIR FORCE			
			c. Employer's Name/Specific Field TELECOMMUNICATIONS			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		08/26/2007		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KIMBERLY APPLEWHITE 4306 MEDALLION DRIVE SILVER SPRING, MD			COMPUTER ANALYST			
			c. Employer's Name/Specific Field DEPARTMENT OF TRANSPORTATION			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		08/28/2007		\$ 200.00
<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)			b. Job Title/Profession		d. Comments	
DANA BAUGHNS 4611 15 TH STREET N.W WASINGTON D.C. 20011			ATTORNEY			
			c. Employer's Name/Specific Field GODWIN & JONES			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/05/2007		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages					\$ 3030.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LINDA ALLEN P.O. BOX 87447 FAYETTEVILLE NC			CEO			
			c. Employer's Name/Specific Field SINGLE SOURCE			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/21/2007		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY TULEY 720 CAMERON STREET RAEFORD, NC			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/14/2007		\$ 25.00
<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)			b. Job Title/Profession		d. Comments	
MICHAEL LALLIER 500 WILLOW BEND LANE FAYETTEVILLE NC 28303			OWNER			
			c. Employer's Name/Specific Field REED LALLIER CHEV			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/24/2007		\$ 300.00
<input type="checkbox"/>	1	CHECK		07/18/2007		\$ 200.00
<input type="checkbox"/>						\$
4. Total only this Page					\$ 825.00	
5. Total of ALL CRO-1210 Pages					\$ 3030.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAN KINLAW P.O BOX 9099 FAYETTEVILLE NC 28311			MOVIING/STORAGE			
			c. Employer's Name/Specific Field FAYETTEVILLE MOVING/STORAGE			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		09/24/2007	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANKLIN CLARK, III 1945 FORDHAM DRIVE FAYETTEVILLE NC 28304			CEO			
			c. Employer's Name/Specific Field VILLAGE GREEN PROPERTIES			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		09/25/2007	\$ 250.00	
<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)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages					\$ 3030.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
BB&T NORTH CAROLINA					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 19.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHARGE	0	08/01/2007	\$19.00	CHECK FEE
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
YAHOO INC. INTERNET/ONLINE					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 8.52	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK CARD	O	08/13/2007	\$8.52	WEB SITE FEE
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
UNIQUE PHOTO REILLY RD FAYETTEVILLE NC					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 43.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK CARD	O	08/13/2007	\$43.84	PROFESSIONAL CAMPAIGN PHOTO
				\$	
5. Total only this Page					\$ 71.36
6. Total of ALL CRO-1310 Pages					\$ 701.36
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				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

1. Committee Full Name (and Fund if applicable)					2. ID Number
VALENCIA APPLEWHITE FOR FAYETTEVILLE CITY COUNCIL					FZY2FH
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
FAYETTEVILLE PRESS P.O. BOX 9166 FAYETTEVILLE NC 28311					
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	08/31/200	\$300.00	ARTICLE
1				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
CITY OF FAYETTEVILLE CLIFFDALE RECREATION CENTER FAYETTEVILLE NC 28314					
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 330.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	09/05/2007	\$330.00	ROOM RENTAL
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					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
1				\$	
1				\$	
5. Total only this Page					\$ 630.00
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 701.36
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					