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: Committee to Elect Larry O. Wright for City Council

c. ID Number: 3CE565

b. Mailing Address (include City, State and Zip Code): 1223 Chilton Drive, Fayetteville, NC 28314

d. Date Filed:

e. Phone Number:

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	10/24/15	12/31/15	Sylvester Loving

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

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: First Citizens Bank

b. Purpose:

c. Account Code: 01

d. Period Begin Balance: $ 4,962.17

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.

Sylvester Loving	[signature]	1/26/16
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	JAN 28 2016	Employee:	SC
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
Committee to Elect Larry O. Wright		3CE565

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4,967.17	$ 4,967.17
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 2,461.51	$ 2,461.51
6) Contributions from Individuals	(CRO-1210)	$ 1,000.00	$ 1,000.00
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)		$ 3,461.51	$ 3,461.51
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2,314.30	$ 2,314.30
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)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$	$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 6,114.38	$ 6,114.38
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)	$	$

Aggregated Contributions from Individuals

Page 1 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
Committee to Elect Larry O. Wright for City Council	3CE565

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	01	Cash		10/29/15	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
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☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00

4. Total only this Page	$ 1,150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 2,461.51

Aggregated Contributions from Individuals

Page 2 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
Committee to Elect Larry O. Wright for City Council	3CE565

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	01	Cash		10/24/15	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
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☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 50.00

4. Total only this Page	$ 1150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 2,461.51

Aggregated Contributions from Individuals

Page 3 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
Committee to Elect Larry O. Wright for City Council	3CE5565

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	01	Cash		10/24/15	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 36.00
☐ Add ☐ Remove	"	"		"	$ 50.00
☐ Add ☐ Remove	"	"		"	$ 28.51
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 164.51
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 2,461.51

Contributions from Individuals

Pg 4 of ___

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
Committee to Elect Larry D. Wright for City Council	3CE565

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
John H. Wellons, Jr. 2004 W. Cumberland Street Dunn, NC 28335				$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/30/15	$ 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
Don G. Wellons 2004 W. Cumberland Street Dunn, NC 28335				$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/30/15	$ 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
Robert P. Wellons P.O. Box 730 Dunn, NC 28335				$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		10/30/15	$ 250.00
☐	01	Check		10/30/15	$ 250.00
☐					$

4. Total only this Page	$ 1000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1000.00

Disbursements

Pg 5 of ____

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
Committee to Elect Larry D. Wright for City Council	3CE565

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): Douglas Rhynie, 115 Ovive Rd, Fayetteville, NC 28305

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	10/27/15	$ 100.00	T-shirts
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Sophia Corbin, 115 Ovive Rd., Fayetteville, NC 28305

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 100.00	Poll Worker
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Thomasenia Powell, 2004 W. Cumberland St., Dunn, NC 28335

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 500.00	Campaign Manager
				$	

5. Total only this Page $ 700.00

6. Total of ALL CRO-1310 Pages $ 2314.30

(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 6 of ____

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
Committee to Elect Larry O. Nash for City Council	3CE565

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): Kristy Sykes, 6870 Kizer Drive, Fayetteville, NC 28314

b. Coordinated Committee Name:

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

d. Comments:

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
01	Check	O	11/3/15	$ 300.00	Assist Camp Manager
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Wanda Johnson, 320 Vanstory St., Fayetteville, NC 28301

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/2/15	$ 100.00	Poll Worker
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Red Scott McLaren II, 4414 Lowe Street, Fayetteville, NC 28311

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 100.00	Poll Worker
				$	

5. Total only this Page $ 500.00

6. Total of ALL CRO-1310 Pages $ 2,314.30

(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 7 of ___

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
Committee to Elect Larry O. Wright for City Council	3CE565

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
ELAINE HASKINS MAIN ST FAYETTEVILLE, NC 28301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 100.00	Poll Worker
				$	

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
Debora J. Wright 1223 Chilton Drive Fayetteville, NC 28314		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 500.00	Poll Worker
				$	

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
Felicia Pope 3420 Littlestone Ct Fayetteville, NC 28311		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 100.00	Poll Worker
				$	

5. Total only this Page	$ 700.00
6. Total of ALL CRO-1310 Pages *(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)*	$ 2,314.30

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 8 of ____

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
Committee to Elect Larry D. Wright for City Council	3CE565

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
Sherica Carr 3420 Littlestone Ct. Fayetteville, NC 28311		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 150.00	Poll Worker
				$	

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
Helen Show 488 Oates Drive Fayetteville, NC 28311		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	11/3/15	$ 50.00	Poll Worker
				$	

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
USPS (Post Office) Cliffdale Road Fayetteville, NC 28314		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 130.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	11/6/15	$ 130.00	Postage
				$	

5. Total only this Page	$ 330.00
6. Total of ALL CRO-1310 Pages *(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)*	$ 2,314.30

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 9 of ___

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
Committee to Elect Larry O. Wright for City Council	3CE565

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
Harland Clarke Chk Order C/o First Citizen Bank P.O. Box 27131 Raleigh, NC 27611		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 75.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Credit	O	11/12/15	$ 75.30	Onduard Checks
				$	

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
First Citizens Bank P.O. Box 27131 Raleigh, NC 27611		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 6.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Auto	O	10/30/15	$ 3.00	Paper Statement Fee
01	"	O	11/30/15	$ 3.00	" " "

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
First Citizens Bank P.O. Box 27131 Raleigh, NC 27611		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 3.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Auto	O	12/31/15	$ 3.00	Paper Statement Fee
				$	

5. Total only this Page	$ 84.30
6. Total of ALL CRO-1310 Pages *(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)*	$ 2314.30

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)