

# 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.

|                                                                                                             |                                        |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>1. Committee Information</b>                                                                             |                                        |
| a. Full Name<br><b>COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER</b>                                       | c. ID Number<br><b>GJM TBU</b>         |
| b. Mailing Address (include City, State and Zip Code)<br><b>504 WEST NORTH MAIN ST<br/>WAXHAW, NC 28173</b> | d. Date Filed<br><b>SEP 25 2015</b>    |
|                                                                                                             | e. Phone Number<br><b>704-771-8065</b> |

|                               |                                                                       |                                                    |                                                    |
|-------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| 2. Report Year<br><b>2015</b> | 3. Period Start Date (mm/dd/yy)<br><b>07/13/2015<br/>JULY 13 2015</b> | 4. Period End Date (mm/dd/yy)<br><b>09/22/2015</b> | 5. Treasurer Full Name<br><b>STEPHEN M RUSINKO</b> |
|-------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|

|                                                        |                                           |                                                                            |                                         |                                             |
|--------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| <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 checked="" type="checkbox"/> Organizational                         | <input type="checkbox"/> State/County   | <input type="checkbox"/> Referendum         |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input 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>            |                                           | <input type="checkbox"/> Final                                             | <input type="checkbox"/> Mid Year       | <b>10. Special Report Name</b>              |
| <b>0</b>                                               |                                           | <input type="checkbox"/> Special                                           | <input type="checkbox"/> Year End       | <b>N/A</b>                                  |
|                                                        |                                           | <input type="checkbox"/> Final                                             | <input type="checkbox"/> Special        |                                             |

|                                                             |                                    |                                                                       |                         |
|-------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|-------------------------|
| <b>11. Account Information</b>                              |                                    | <b>11. Account Information</b>                                        |                         |
| a. Financial Institution Full Name<br><b>SUN TRUST BANK</b> | a. Financial Institution Full Name | b. Purpose<br><b>CAMPAIGN ACCOUNT FOR RECEIPTS &amp; EXPENDITURES</b> | b. Purpose              |
| b. Purpose                                                  | c. Account Code<br><b>1</b>        | d. Period Begin Balance<br><b>\$ 0</b>                                | d. Period Begin Balance |

**RECEIVED**  
 SEP 28 2015  
 Union Co. Board of Elections

**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.

**STEPHEN M RUSINKO**      *Stephen M Rusinko*      **SEP 25 2015**  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: 9/28/15      Employee: K Kaumir      Delivery Method  Normal Mail

Date Postmarked: 9/25/15      Employee: K Kaumir       Registered Mail

Date Scanned: 9/30/15      Employee: K Kaumir       Hand Delivered

Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_       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 BRENDA STEWART                                            | MUNICIPAL ORGANIZATIONAL    | QJMTBU                    |
| Start of Election Cycle: January 1, 2015                                     | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     | \$                          | \$                        |
| <b>RECEIPTS</b>                                                              |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$                          | \$                        |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ 1595. <sup>00</sup>      | \$                        |
| 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) | \$ 1595. <sup>00</sup>      | \$                        |
| <b>EXPENDITURES</b>                                                          |                             |                           |
| 13) Disbursements                                                            |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       | \$ 713.19                   | \$                        |
| 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)          | \$ 713.19                   | \$                        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 881.81                   | \$                        |
| <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)                                  | \$                          | \$                        |

RECEIVED  
 SEP 28 2015  
 Union Cos Board of Elections

# 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>            |  |
| COMMITTEE TO ELECT BREND A STEWART COMMISSIONER                                                           |                        |                           |                               |                                          |                  | 9JMTBU                         |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| BREND A STEWART<br>504 NORTH MAIN ST<br>WAXHAW, NC 28173                                                  |                        |                           |                               | RETIRED                                  |                  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               | ACCOUNTING                               |                  | \$ 425.00                      |  |
| <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| BRYAN STEWART<br>601 SOUTH JACKSON AVE<br>WAXHAW, NC 28173                                                |                        |                           |                               | CONTRACTOR                               |                  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               | CONSTRUCTION                             |                  | \$ 50.00                       |  |
| <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                          |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| WILMA SMITH<br>504 NORTH MAIN ST<br>WAXHAW, NC 28173                                                      |                        |                           |                               | RETIRED                                  |                  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               | HOUSEWIFE                                |                  | \$ 50.00                       |  |
| <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>                                                                            |                        |                           |                               |                                          |                  | Union Co. Board of Elections   |  |
|                                                                                                           |                        |                           |                               |                                          |                  | \$ 525.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                        |                           |                               |                                          |                  | \$ 1595.00                     |  |

RECEIVED  
SEP 28 2015

**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                 |  |
| COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER PJMTBU                                              |                 |                    |                        |                                   |           | PJMTBU                       |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments                  |  |
| JUNE W. PLYLER<br>7825 WAXHAW HIGHWAY<br>WAXHAW, N.C. 28173                                        |                 |                    |                        | RETIRED                           |           |                              |  |
|                                                                                                    |                 |                    |                        | c. Employer's Name/Specific Field |           |                              |  |
|                                                                                                    |                 |                    |                        | BUSINESS OWNER                    |           | 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"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| <input type="checkbox"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| <input type="checkbox"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments                  |  |
| STEVE RUSINKO<br>2501 PROVIDENCE ROAD SOUTH<br>WAXHAW, N.C. 28173                                  |                 |                    |                        | RETIRED                           |           |                              |  |
|                                                                                                    |                 |                    |                        | c. Employer's Name/Specific Field |           |                              |  |
|                                                                                                    |                 |                    |                        | GOVERNMENT CONTRACTING            |           | 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"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| <input type="checkbox"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| <input type="checkbox"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                              |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments                  |  |
| BONNIE RUSINKO<br>2501 PROVIDENCE ROAD SOUTH<br>WAXHAW, N.C. 28173                                 |                 |                    |                        | RETIRED                           |           |                              |  |
|                                                                                                    |                 |                    |                        | c. Employer's Name/Specific Field |           |                              |  |
|                                                                                                    |                 |                    |                        | HOUSEWIFE                         |           | 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"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| <input type="checkbox"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| <input type="checkbox"/>                                                                           |                 |                    |                        |                                   | \$        |                              |  |
| 4. Total only this Page                                                                            |                 |                    |                        |                                   |           | Union Co. Board of Elections |  |
|                                                                                                    |                 |                    |                        |                                   |           | \$ 150.00                    |  |
| 5. Total of ALL CRO-1210 Pages                                                                     |                 |                    |                        |                                   |           | \$ 1595.00                   |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                    |                 |                    |                        |                                   |           |                              |  |

RECEIVED  
SEP 28 2015

# 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>                         |  |
| COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER                                                                          |                        |                           |                               |                                          |                  | QJMTBU                                      |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>                          |  |
| BUTCH KELLY<br>202 W. PROVIDENCE ROAD<br>WAXHAW, NC 28173                                                               |                        |                           |                               | OWNER HEATING &<br>AIR                   |                  |                                             |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                             |  |
|                                                                                                                         |                        |                           |                               | MECHANICAL<br>MAINTENANCE                |                  | <b>e. Election Sum to Date</b><br>\$ 50.00  |  |
| <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>                          |  |
| CAROLYN KELLY<br>202 N. PROVIDENCE ROAD<br>WAXHAW, NC 28173                                                             |                        |                           |                               | RETIRED                                  |                  |                                             |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                             |  |
|                                                                                                                         |                        |                           |                               | HOUSEWIFE                                |                  | <b>e. Election Sum to Date</b><br>\$ 50.00  |  |
| <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove               |                        |                           |                               |                                          |                  |                                             |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)                                        |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>                          |  |
| SHELBY HOLSTON<br>224 W. NORTH MAIN ST<br>WAXHAW, NC 28173                                                              |                        |                           |                               | RETIRED                                  |                  |                                             |  |
|                                                                                                                         |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                             |  |
|                                                                                                                         |                        |                           |                               | HOMEMAKER                                |                  | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |
| <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>                                                                                          |                        |                           |                               |                                          |                  | \$ 200.00                                   |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |                                          |                  | \$ 1595.00                                  |  |

RECEIVED  
SEP 28 2015

Union Co. Board of Elections

# 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            |  |
| COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER                                                     |                 |                    |                        |                                   |           | GJMTB4                  |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| DOUG EMERSON<br>3719 SANDBERRY DRIVE<br>WAXHAW, NC 28173                                           |                 |                    |                        | MANAGER                           |           |                         |  |
|                                                                                                    |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|                                                                                                    |                 |                    |                        | AUTOMOTIVE MAINTENANCE            |           | \$ 20. <sup>00</sup>    |  |
| 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"/>                                                                           |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| GARY SUMMERFIELD<br>2705 LEISURE DRIVE<br>WAXHAW, NC 28173                                         |                 |                    |                        | OWNER VEHICLE MAINTENANCE         |           |                         |  |
|                                                                                                    |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|                                                                                                    |                 |                    |                        | AUTOMOTIVE MAINTENANCE            |           | \$ 500. <sup>00</sup>   |  |
| 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"/>                                                                           |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| JASON TAYLOR<br>37 HONEYSUCKLE WOODS<br>LAKE WYLIE, SC 29710                                       |                 |                    |                        | PILOT                             |           |                         |  |
|                                                                                                    |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|                                                                                                    |                 |                    |                        | AVIATION SERVICES                 |           | \$ 100. <sup>00</sup>   |  |
| 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                                                                            |                 |                    |                        |                                   |           | \$ 620. <sup>00</sup>   |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                 |                    |                        |                                   |           | \$ 1595. <sup>00</sup>  |  |

RECEIVED  
SEP 28 2015

Union Co. Board of Elections

# 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>            |  |
| COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER                                                            |                        |                           |                               |                                          |  | QTMTBU                         |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| FRANK AIKMUS<br>1602 FULLER DRIVE<br>MONROE, NC 28112                                                     |                        |                           |                               | BANK MANAGER                             |  |                                |  |
|                                                                                                           |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                           |                        |                           |                               | FINANCIAL                                |  | \$ 100.00                      |  |
| <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><br>(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><br>(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>                                                                            |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                        |                           |                               |                                          |  | \$ 1595.00                     |  |

RECEIVED

SEP 28 2015

Union Co. Board of Elections

**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>                 |  |
| COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER                                                                                                                                                                                                                                                     |                           |                        |                             |                                                                                                                                                       |                            | QJMTBU                              |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| STAPLES<br>10850 PROVIDENCE ROAD<br>CHARLOTTE, NC 28277                                                                                                                                                                                                                                            |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | \$ 36.45                            |  |
| <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> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                  | CHECK                     | A                      | 07/23/2015                  | \$ 36.45                                                                                                                                              | BANNER                     |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| KELLY HEATING & AIR<br>202 PROVIDENCE ROAD S.<br>WAXHAW, NC 28173                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | \$ 266.40                           |  |
| <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> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                  | CHECK                     | O                      | 09/15/2015                  | \$ 229.22                                                                                                                                             | MIZET GREEZ                |                                     |  |
| 1                                                                                                                                                                                                                                                                                                  | CHECK                     | O                      | 09/15/2015                  | \$ 37.18                                                                                                                                              | MIZET GREEZ CANDIDATE      |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| STAPLES<br>ON-LINE SHOPPING                                                                                                                                                                                                                                                                        |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | \$ 30.87                            |  |
| <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> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                  | DEBIT                     | B                      | 09/23/2015                  | \$ 30.87                                                                                                                                              | BUSINESS CARDS             |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                     |                           |                        |                             |                                                                                                                                                       |                            | \$ 333.72                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                       |                            | \$ 713.19                           |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(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)                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |

RECEIVED



**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>                 |  |
| COMMITTEE TO ELECT BRENDA STEWART COMMISSIONER                                                                                                                                                                                                                                                     |                           |                        |                             |                                                                                                                                                       |                            | QJMTBU                              |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
| VISTA PRINT<br>ON-LINE SHOPPING                                                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                            | \$ 379.47                           |  |
| <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> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                  | DEBIT                     | B                      | 09/02/2015                  | \$ 379.47                                                                                                                                             | LONG FLYER HANDOUTS        |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                            | \$                                  |  |
| <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> |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                  |                            | <b>d. Comments</b>                  |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                                  |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                            | \$                                  |  |
| <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> |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                    |                           |                        |                             | \$                                                                                                                                                    |                            |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                     |                           |                        |                             |                                                                                                                                                       |                            | \$ 379.47                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                       |                            | \$ 713.19                           |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(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)                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                       |                            |                                     |  |

RECEIVED  
 SEP 28 2015  
 Union Co. Board of Elections