# Disclosure Report Cover

Amendment ☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

**1. Committee Information**

a. Full Name: Elizabeth Callis for Mayor

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 1675 Cox Rd Weddington NC 28104

d. Date Filed: 1/23/18

e. Phone Number: 7048140525

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2017 | 10/24/2017 | 12/31/2017 | Elizabeth Callis |

**6. Type of Committee** (Check One)

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

**8. Number of Fundraisers this Report**

**9. Type of Report** *(check only one type of report from one category)*

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☐ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☑ Year End | ☐ Mid Year | **10. Special Report Name** |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**11. Account Information**

a. Financial Institution Full Name: Bank of America

b. Purpose:

c. Account Code: EC

d. Period Begin Balance: $ 1490.66

**11. Account Information**

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

| Elizabeth Callis | Elizabeth Callis | 1/20/18 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 1/25/18 | Employee: | K Jaumin |
| Date Postmarked: | 1/23/18 | Employee: | K Jaumin |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | Employee: | |

Delivery Method
- ☐ Normal Mail
- ☑ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.



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# Detailed Summary

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

Amendment ☐ Yes ☐ No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|---|---|---|
| Elizabeth Callis for Mayor | Year-End | |

| Start of Election Cycle: January 1, 2017 | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ 1490.66 | $ |
| **RECEIPTS** | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | $ — | $ |
| 6) Contributions from Individuals | (CRO-1210) | $ 100.00 | $ |
| 7) Contributions from Political Party Committees | (CRO-1220) | $ | $ |
| 8) Contributions from Other Political Committees | (CRO-1230) | $ | $ |
| 9) Loan Proceeds | (CRO-1410) | $ | $ |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | $ | $ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | $ | $ |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | $ | $ |
| 11c) Outside Sources of Income | (CRO-1250) | $ | $ |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | $ | $ |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | $ | $ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | $ 100.00 | $ |
| **EXPENDITURES** | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | $ 878.51 | $ |
| 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) | $ 705.78 | $ |
| 17) In-Kind Contributions | (CRO-1510) | $ | $ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | $ 1584.29 | $ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | $ 6.37 | $ |
| **ADDITIONAL INFORMATION** | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | $ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | $ | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | $ | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | $ | |
| 24) Account Transfers Within the Committee | (CRO-1720) | $ | |
| 25) Administrative Support | (CRO-1710) | $ | $ |
| 26) Forgiven Loans | (CRO-1440) | $ | $ |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | $ | $ |
| 28) Contributions to be Refunded | (CRO-1215) | $ | $ |

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# Contributions from Individuals

Pg 1 of 1

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 |
|---|---|
| Elizabeth Callis for Mayor | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Stephanie Gretz<br>4732 Homestead Place<br>Weddington NC 28104 | Homemaker | | | $ 100 — |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | EC | Check | | 10/29/17 | $100 — |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | | | $ |

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

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | | | $ |

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

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

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# Disbursements



Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

**1. Committee Full Name (and Fund if applicable)**: Elizabeth Callis for Mayor

**2. ID Number**:

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Costco Matthews, NC

b. Coordinated Committee Name: Eliz Callis for mayor

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

d. Comments:

e. Election Sum to Date: $ 141.14

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| EC | Debit | O | 10/26/17 | $ 141.14 | meet + Greet |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Sign Masters 314-B Depot St. Monroe, NC 28104

b. Coordinated Committee Name: Eliz Callis for mayor

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

d. Comments:

e. Election Sum to Date: $ 1243.64

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| EC | Debit | O | 10/27/17 | $ 242.86 | stickers |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Harnss Teeter Weddington, NC 28104

b. Coordinated Committee Name: Eliz. Callis For Mayor

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

d. Comments:

e. Election Sum to Date: $ 49.10

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| EC | Debit | O | 10/27/17 | $ 49.10 | meet + Greet |
| | | | | $ | |

**5. Total only this Page**: $ 433.10

**6. Total of ALL CRO-1310 Pages**: $ 878.51

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| O* Other | | | |

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

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# Disbursements



Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

**1. Committee Full Name (and Fund if applicable)**: Elizabeth Callis for Mayor

**2. ID Number**:

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): USPS Char. NC

b. Coordinated Committee Name: Eliz. Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $ 4.05

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| EC | Debit | T | 10/30/17 | $ 4.05 | |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Sams Club

b. Coordinated Committee Name: Eliz. Callis For Mayor

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

d. Comments:

e. Election Sum to Date: $ 33.33

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| EC | Debit | O | 11/1/17 | $33.33 | Election Day |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Sign Masters 314-B Depot St. Monroe, NC

b. Coordinated Committee Name: Eliz. Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $ 1547.88

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| EC | Debit | O | 11/3/17 | $304.24 | Signs |
| | | | | $ | |

**5. Total only this Page**: $ 341.62

**6. Total of ALL CRO-1310 Pages**: $

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| O* Other | | | |

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

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# Disbursements



Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

**1. Committee Full Name (and Fund if applicable)**: Elizabeth Callis for Mayor

**2. ID Number**:

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Postnet, Wesley Chapel, NC

b. Coordinated Committee Name: Elizabeth Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $ 197.21

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| FC | Debit | A | 11/3/17 | $17.08 | Copies |
| FC | Debit | A | 11/7/17 | $5.34 | Copies |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Harris Teeter

b. Coordinated Committee Name: Elizabeth Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $ 56.61

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| FC | Debit | O | 11/6/17 | $56.61 | Election Day |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): McDonalds, Wesley Chapel, NC

b. Coordinated Committee Name: Elizabeth Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $ 7.14

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| FC | Debit | O | 11/7/17 | $7.14 | Breakfast (Workers) |
| | | | | $ | |

**5. Total only this Page** $ 86.17

**6. Total of ALL CRO-1310 Pages** $

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| O* Other | | | |

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

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# Disbursements



Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

**1. Committee Full Name (and Fund if applicable)**: Elizabeth Callis for Mayor

**2. ID Number**:

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Chick-fil-A Wesley Chapel

b. Coordinated Committee Name: Elizabeth Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $ 17.62

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| FC | Debit | O. | 11/7/17 | $ 17.62 | lunch (Poll workers) |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Coordinated Committee Name: Elizabeth Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Coordinated Committee Name: Elizabeth Callis for Mayor

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

d. Comments:

e. Election Sum to Date: $

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

**5. Total only this Page** $ 17.62

**6. Total of ALL CRO-1310 Pages** $

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

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

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# Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| | |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Elizabeth Callis<br>1675 Cox Rd<br>Weddington NC 28104 | ☑ Candidate ☐ PAC ☐ Referendum ☐ Party | 8/8/17 9/7/17 8/28/17 |
| | e. Level Registered: ☐ Federal ☐ County: ☐ State ☑ Municipality: | i. Original Receipt Amount: $ 705.78 |
| | f. Purpose Code: L + P | j. Election Sum to Date: $ 705.78 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| Housewife | | | EC |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Cash-Transfer Funds | paid of credit card for in kind contr. | 1/26/18 | $ 705.78 |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| | ☐ Candidate ☐ PAC ☐ Referendum ☐ Party | |
| | e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality: | i. Original Receipt Amount: $ |
| | f. Purpose Code | j. Election Sum to Date: $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| | | | |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| | | | $ |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| | ☐ Candidate ☐ PAC ☐ Referendum ☐ Party | |
| | e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality: | i. Original Receipt Amount: $ |
| | f. Purpose Code | j. Election Sum to Date: $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| | | | |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 705.78 |
| **5. Total of ALL CRO-1320 Pages** *(This line must be on line 16 of Detailed Summary Page CRO-1100)* | $ 705.78 |

**6. Purpose Codes** (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

**P* - Reimbursement of In-Kind** **O* Other**

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

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