

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).
 This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
FRANKLIN CO. CONCERN CITIZEN PAC			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
7264 N.C 39 Zebulon, NC 27597		2014	
		e. Phone Number	
		919-215-6080	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of Party Plan of Org. <input checked="" type="checkbox"/> Get Out the Vote <input type="checkbox"/> Religious <input type="checkbox"/> Health <input type="checkbox"/> Trade <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input type="checkbox"/> Other / Not listed		b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		d. Relationship	
c. Definition of Type		d. Member Definition	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> JUL 13 2018 FRANKLIN COUNTY BOARD OF ELECTIONS </div>	
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
Joe Lynch			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
7264 NC 39 Zebulon, NC 27597			
c. Phone Number		c. Phone Number	
919-215-6080			
d. Email Address		d. Email Address	
Jlynch8052@hotmail			
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		SunTrust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		PAC Contributions and Expenditures	
c. Phone Number		c. Account Code	
		01	
d. Email Address		d. Type	
		Checking	
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.			
Joe Lynch Printed Name of Signer		 Signature of Appointed Treasurer	
		7-11-2018 Date	

Disclosure Report Cover

Amenement

Yes

No

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

1. Committee Information				
a. Full Name			c. ID Number	
FRANKLIN CO. CONCERN CITIZENS PAC				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
7264 NC 39 Zebulon, NC 27597			7-11-18	
			e. Phone Number	
			919-215-6080	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2018	4-22-18	6-30-18	JOE LYNCH	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <input checked="" type="checkbox"/>		10. Special Report Name NONE		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
SUNTRUST ROLESVILLE, NC		JUL 13 2018		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Contributions + expenditures	01		FRANKLIN COUNTY BOARD OF ELECTIONS	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 7,500.00 69.73		\$	
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.				
Joe Lynch Printed Name of Signer		 Signature of Appointed Treasurer		7-11-2018 Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

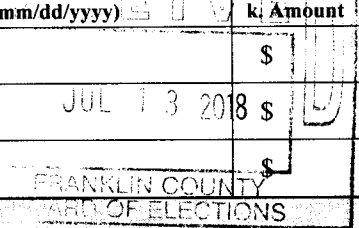
Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
FRANKLIN Co CONCERN CITIZEN PAC		Second Quarter			
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,500 69.73			
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$	
6) Contributions from Individuals (CRO-1210)		\$ 2,500		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$	
9) Loan Proceeds (CRO-1410)		\$ 0		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,500 2569.73			
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1820 ⁰⁴		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$	JUL 13 2018
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$	
15) Loan Repayments (CRO-1420)		\$ 0		\$	FRANKLIN COUNTY BOARD OF ELECTIONS
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1820 ⁰⁴		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 175 749.69			
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0		\$	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0		\$	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0		\$	
25) Administrative Support (CRO-1710)		\$ 0		\$	
26) Forgiven Loans (CRO-1440)		\$ 0		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Kent Winstead							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Kent Winstead BUNNY, NC				Sheriff			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2,500 ⁰⁰ =	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	check		5-21-2018		\$ 2,500	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>				JUL 13 2018		\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,500	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2,500	



Disbursements

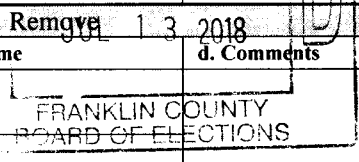
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)						2. ID Number
FRANKLIN CO CONCERN CITIZEN PAC						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Brenda Neal Louisburg, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 800 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	5-25-18	\$ 800	GOTV	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
JOHNNIE Clifton Louisburg, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	5-30-18	\$ 200 ⁰⁰	GOTV	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WYRN 1480 Louisburg, NC					FRANKLIN COUNTY BOARD OF ELECTIONS	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 120 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	A	6-4-18	\$ 120 ⁰⁰	GOTV	
				\$		
5. Total only this Page						\$ 1,120 ⁰⁰
6. Total of ALL CRO-1310 Pages						\$ 1,120 ⁰⁰
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Franklin Co. Concern Citizens PAC						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
Regina Manson Louisburg, NC						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ 50 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	6-4-18	\$ 50 ⁰⁰	Canvassing	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
Dijon Miller Louisburg, NC						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ 75 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	6-4-18	\$ 75 ⁰⁰	Canvassing	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
Karnisha Miller Louisburg, NC						
c. Level Registered (Specify)					e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ 75 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	6-4-18	\$ 75 ⁰⁰	Canvassing	
				\$		
5. Total only this Page						\$ 200
6. Total of ALL CRO-1310 Pages						\$ 1,320 ⁰⁰
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						



Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRANKLIN CO. CONCERN CITIZENS PAC						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Brenda Neal Louisburg, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	6-5-18	\$ 75 ⁰⁰	GOTV	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Walmart Louisburg, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 44 ⁶⁶	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	K	6-10-18	\$ 44 ⁶⁶	office Supplies	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Mekia Neal Louisburg, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100 ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	0	6-11-18	\$ 100 ⁰⁰	canvassing	
				\$		
5. Total only this Page					\$ 219.66	
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)					\$ 1,539.66	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
FRANKLIN CO. CONCERN CITIZENS PAC						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Walmart Louisburg, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2148	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	K	6-12-18	\$2148	Supplies	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Walmart Louisburg, NC			JUL 13 2018			
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 58.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	K	6-21-18	\$ 58.92	Supplies	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Brenda Neal Louisburg, N.C.						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	0	6-25-18	\$200.00	CANNASSING	
5. Total only this Page						\$ 280.38
6. Total of ALL CRO-1310 Pages						\$ 1,820.04
(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)						