Disclosure Report Cover	\boxtimes
	<u> </u>

Amendment

Yes No

August 2008

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 Inform	nation						
a. Full Name							c. ID Number
COMMITTEE TO R	RE-ELECT ALICIA CHISC)LM					UCE54C
b. Mailing Address (inclu	ide City, State and Zip Code)						d. Date Filed
1855 CASCADE ST FAYETTEVILLE N							02/09/2021
						Ì	e. Phone Number
							010400 5000
					910488-7820		
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Full N	Name
2020	07/01/2020		10/1	7/2020		VERA STUKES	
6. Type of Committe	ee (Check One)	9. Type	of Report	(c)	heck on	ly one type of report f	rom one category)
Candidate Campa	ign Party	Municipa	al .		State/C		Referendum
PAC	Referendum		Organizational			Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day		(Quarterly	Pre-referendum
Legal Expense Fu		l				25.0	
7. Type of Fund	(if applicable, check one)		Pre-primary		Ц	First	Final
"Booster Fund"			Pre-election		Ц	Second	Supplemental Final
Building Fund			Pre-runoff	Third		000000000	Annual
		l `	Semi-annual		ш,	Fourth	Special Special
Other:		lH	Year End	Mid Year Semi-annual			10 Constal Donast Name
U Other.		ᆘ.			H	Mid Year	10. Special Report Name
8. Number of Fundr		Final Year End Special Final			Final		
o. Number of Fundi	aisers this Report	🗀 😗	эрссіаі		\equiv	SARCINA	
	0					Special	
11. Account Informa					· ·	nformation	
a. Financial Institution F			=	a. Finar	icial Inst	itution Full Name	
FIRST CITIZENS B							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
CAMPAIGN EXP	1						
	d. Period Begin Balance	2					d. Period Begin Balance
	\$ 250.10						\$
CERTIFICATION							
I certify that the Com	mittee or Fund is in compli	ance with	all applica	ble provi	visions o	of Article 22A, 22B, a	& 22D-22M of Chapter 163 of I further certify that this report
is complete, true and	correct and that I have been	trained l	by the NC S	tate Bo	ard of #	Elections.	ratine certify that this report
VERA STU			4/	eic	1 /1 4		2/09/2021
	Printed Name of Signer		Si	Manual Control		ted Treasurer	Date
FOR OFFICE USE O	व्यापार विजिन्निक	a			0 1/	2	
Date Received:	Nacata Ma	111	Employee:		111		Delivery Method
Date Received.	TED A A GOOS	"	Employee.		1		Normal Mail
Date Postmarked	LER A A SOSI T	y	Employee:			[Registered Mail
	7077						Hand Delivered
Date Scanned:	BY:	1	Employee:				Electronically Filed Signer has not received
Date Data Entere	ed:	1	Employee:				mandatory training
Please Note: This	s form cannot be used to an	nend com	mittee infor	mation	such as	the committee address	ss, treasurer, assistant treasurer,
						information	

Amendment

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO RE-ELECT ALICIA CHISOLM	2. Type of Report 3 rd Quarter		3. ID Number UCE54C
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 250.10	\$ 250.10
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 925.00	\$ 925.00
6) Contributions from Individuals	(CRO-1210)	\$ 1575.00	\$ 1575.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 7000.00	\$ 7000.00
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 Organization	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 9500.00	\$ 9500.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4284.81	\$ 4284.81
13b) Contributions to Candidates/Political Commit	ttees (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, 1	5, 16 and 17)	\$ 4284.81	\$ 4284.81
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	- W	\$ 5465.29	\$ 5465.29
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$	
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	t #5°	73X	
20) Contributions to be Kelunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Ame	ndment	
\boxtimes	Yes [N

Optional form used to report NC Contributions From Individuals of \$50 or less

			l if applicable)	STELLED THE COUNTY OF THE		2. ID Number			
Comm 3 rd Qua	ittee to Re-elec	t Alicia Chisol	m			UCE54C			
	ributor Inform	nation							
a. Ameno		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	v)	f. Amount		
	Add Remove	1	CHECK		09/30/20		\$ 50.00		
	Add Remove	1	CHECK		09/30/20	020	\$ 50.00		
Ħ	Add Remove	1	CASH		09/30/20	020	\$ 25.00		
Ħ	Add Remove	1	CHECK		09/30/20	020	\$ 50.00		
	Add Remove	1	CASH		09/30/20	020	\$ 25.00		
	Add Remove	1	CHECK		09/30/20	020	\$ 25.00		
Ħ	Add Remove	1	CHECK		09/30/20	020	\$ 50.00		
Ä	Add Remove	1	CHECK		10/07/20	020	\$ 50.00		
	Add Remove	1	CHECK		10/07/20)20	\$ 50.00		
	Add Remove	1	CHECK		10/07/20	020	\$ 50.00		
<u> </u>	Add Remove	1	CHECK		10/07/20	020	\$ 50.00		
	Add Remove	1	CHECK		10/07/20	020	\$ 50.00		
	Add Remove	1	CHECK		10/14/20)20	\$ 25.00		
	Add Remove	1	CHECK		10/14/20	020	\$ 50.00		
	Add Remove	1	CASH		09/30/20	020	\$ 25.00		
	Add Remove	1	СНЕСК		09/30/20	020	\$ 50.00		
	Add Remove	1	СНЕСК		10/07/20)20	\$ 25.00		
	Add Remove	1	CASH		10/07/20	020	\$ 25.00		
	Add Remove	1	CHECK	0.	10/07/20)20	\$ 50.00		
	Add Remove	1	CHECK		10/14/20	020	\$ 50.00		
	Add Remove	1	CHECK		10/14/20)20	\$ 50.00		
	Add Remove	1	CHECK		10/07/20	020	\$ 50.00		
4. Total only this Page							925.00		
5. Tot	al of ALL C		\$	925.00					
(This I	ine must be on line	e 5 of Detailed Sur	mmary Page CRO-1100)						

		m Individuals	over \$50	0 or conti	ribution	Pg is unde	_1 of er \$50 if form CR	<u>4_</u> O 1205 is no	Amendmen Yes	t No	
		and Fund if applica	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN					2. ID Nun			
COMMI	TTEE TO RE-ELI	ECT ALICIA CHISO	LM					uc	UCE54C		
3. Contri	ibutor Informatio	on		Add		Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Pro	fession		d, Commen	ts		
	city, state, & zip)			RETII	RED						
NAMES OF THE PARTY	REDERICK										
	NROSE DR.					ame/Sp	ecific Field				
FAY, N.0 28304	S.			US AI	RMY			- Flasting	D		
20304								e. Election S	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount		
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									\$		
									\$		
	butor Informatio			Add		Rem	nove				
	ne, Mailing Address &	& Phone		b. Job T	Title/Pro	fession		d. Comments			
	city, state, & zip)			CAPE	TX 131	omp i i	OTO D				
	FRANKLIN ARNOLD 1877 GOLA DRIVE				TY IN		CIOR ecific Field				
FAY, N.					ETTEV						
,	5.2 5551						LLEGE	e. Election S	Sum to Date		
								\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy	yy)			
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									\$		
	butor Informatio			Add		Ren	nove				
	ıe, Mailing Address ê	& Phone		b. Job T		fession		d. Commen	ts		
	city, state, & zip)			RETII	RED						
The second second second	A CLARK BERLAKE DRIV	E		a Empl	ovenle M	/C	ecific Field				
FAY, N.O		E.		-	E FEAI						
28314	.			CALL	5 PEAI	(310)	0103	e. Election S	Sum to Date		
								\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	L Kind Descr	iption		j. Date (mm/dd/yy	<u> </u> уу)	k. Amount		
	1	CHECK					09/30/2		\$	150.00	
									\$		
									\$		
	only this Pag							\$		400.00	
5. Total	of ALL CRO	-1210 Pages						6		1575 00	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1575.00

\$

Contributions from Individuals Pg 2 of 4 Amendment No

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

1. Comm	ittee Full Name (Tho Bearing	2. ID Number					
COMMIT	TEE TO RE-ELE	ECT ALICIA CHISO	LM				UCE54C	
3. Contri	butor Informatio	n		Add Rem	nove			
a. Full Nam	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			RETIRED				
	C. HUMPHREY							
	SCADE ST			c. Employer's Name/Spe				
FAY, N.C				CUMBERLAND C	OUNTY			
28301				SCHOOLS		e. Election St	ım to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	СНЕСК			09/30/20	020	\$	200.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rem	iove			
	a. Full Name, Mailing Address & Phone			b. Job Title/Profession	love	d. Comments		
	city, state, & zip)			brood Thich Folession		u. Comments		
	W. JAMES			RETIRED				
3601 TIN	DALL COURT.			c. Employer's Name/Spo	cific Field			
FAY, N.	FAY, N. C.28311			FAYETTEVILLE S				
				UNIVERSITY	e. Election St	ım to Date		
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i In K	ind Description	j. Date (mm/dd/yy		k. Amount	
П	1	CHECK	11.11.15	and Description	09/30/20			100.00
		CHECK		<u> </u>	09/30/20	J20 	\$	100.00
			-				\$	
							\$	
3. Contri	butor Informatio	n d		Add Rem	iove			
	ie, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)							
	E WYNNE MCFA			DENTIST				
	OCH HAVEN DR.			c. Employer's Name/Spe				
FAY, N.C 28314	<i>y</i>			VALERIE WYNNE CLINIC	EDENTAL	FI 41 C		
20314				CLINIC		e. Election St	im to Date	
en:	1		T			\$	100.00	
f, Prior	g. Account Code	h. Form of Payment	ı. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	1	CHECK			09/30/20	020	\$	100.00
							\$	
							\$	
	only this Page					\$		400.00
5. Total	of ALL CRO-	-1210 Pages				\$		1575.00
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)			φ		1373.00

		m Individuals	051	0	Pg	3	of _	4	Yes	No No	
	The same of the sa	ividual contributions of and Fund if applica		or contribution	s unde	r \$50 if form		D Num			
										7	
		ECT ALICIA CHISO	LM				\perp	10.	E54(<u>.</u>	
	ibutor Informatio			Add	Rem	iove					
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Pro		DIMOD	d, C	d. Comments			
	A C. TOWNSEND)		SENIOR HR	SUPE	RVIOR					
	RYLE DR.			c. Employer's N	ame/Spo	ecific Field					
RALEIG	H N. C.			MARTIN MA	ARRIE	TTA					
27614							e. E	lection S	um to Date		
								\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description		j. Date (mm/d	ld/yyyy)		k. Amount		
	1	CHECK				09/3	30/2020		\$	250.00	
									\$		
									\$		
3. Contr	ibutor Informatio	on		Add \square	Rem	ove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Prof			d. C	omment	s		
	city, state, & zip)										
J. COUN				EDUCATOR		16 Di 11					
	3310 LAKE BEND DR. FAY, N. C.28311			c. Employer's Na							
				SCHOOLS		001111	e. E	lection S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h, Form of Payment	i. In-F	Kind Description		j. Date (mm/d	ld/yyyy)		k. Amount		
	ĺ	СНЕСК				10)/7/20		\$	100.00	
									\$		
									\$		
	ibutor Informatio			Add	Rem	ove					
CONTROL SECTION AND ADDRESS.	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d, C	omment	s		
	city, state, & zip) LA FRAIZER			TEACHER							
2000	ARDONYE RD.			c. Employer's Na	ame/Spe	cific Field					
FAY, N.O	C			CUMBERLA	ND C	OUNTY					
28303				SCHOOLS			e. E	lection S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/d	ld/yyyy)		k. Amount		
\Box	1	CHECK				10	/07/20		\$	100.00	
									\$		
									\$		
	l only this Pag	TA TO THE RESERVE TO						\$		450.00	
	of ALL CRO							\$		1575.00	
(This line	e must be on line 6 of	Detailed Summary Page C	RO-1100))				3500			

Contributions from Individuals

Amendment

Contr	ributions fro	m Individuals		Pg	4 of	4	Amendmen Yes	t	
Use this	form to report indi	ividual contributions	over \$50	or contributions und	er \$50 if form CR				
1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber		
COMMI	TTEE TO RE-ELI	ECT ALICIA CHISO	LM				UCE54C		
3. Contr	ibutor Informatio	on		Add ☐ Rei	move	USC SIN	OF CHARLES AND A STATE OF THE S		
	me, Mailing Address			b. Job Title/Profession		d. Commer	nts		
(include	city, state, & zip)			RETIRED	(ar comme			
	HAN MCCANTS								
614 MC	LAMB DR			c. Employer's Name/Sp	pecific Field	1			
FAY N.O	C.			US ARMY		1			
28301						e. Election	Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	yyy)	k, Amount		
	1	CHECK			10/07	20	\$	100.00	
							\$		
							\$		
CONTRACTOR OF THE PARTY OF THE	ibutor Informatio			Add Rei					
~~~	me, Mailing Address &	& Phone		b. Job Title/Profession	d. Commer	its			
	city, state, & zip)					*			
	A. BLACK			EDUCATOR					
	INTON RD			c. Employer's Name/Sp					
FAY, N.	C.28312			CUMBERLAND (	COUNTY				
				SCHOOLS		e. Election	Sum to Date		
						\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	CHECK			10/7/2	20	\$	75.00	
							\$		
							\$		
	ibutor Informatio			Add Rer	nove	\$ 1 × 2			
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	ıts		
	city, state, & zip)								
100	A WOOD FOSTER	{		RETIRED.					
	DWOOD DR.			c. Employer's Name/Sp					
FAY, N.	С			CUMBERLAND	COUNTY				
28303				SCHOOLS		e. Election	Sum to Date		
						\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	CHECK			10/14/	20	\$	150.00	
							\$		
							\$		
4. Tota	l only this Pag	e				\$	Localitation	325.00	

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1575.00

\$

TO L. I.				Amen	dment		
Disbursements	Pg	1	of 2	$\bowtie$	Yes	П	No
I I a di i Camata di Camat			TOWN TO THE REAL PROPERTY.		- 12		

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

	full Name (and Fun				2. ID Number		
COMMITTEE '	TO RE-ELECT ALI	CIA CHISOLM			UCE54C		
3. Type of Disb		ise use separate (	CRO-1310 forms for each t	ype of Disbursemo	ent.)		
Operating E		Contributions to Ca	undidates/Political Committees	Coc	ordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
JJ JONES							
THE FAY PRE	SS		c. Level Registered (Specify)		[		
PO BOX 9166			Federal	County:	1		
FAYETTEVILI	LE NC		State	Municipality:	e. Election Sum to Date		
28311					_		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
* 4	CHECK				NEWSPAPER AD		
1	CHECK	Α	10/07/2020	\$150.00			
				0			
				\$			
4. Payee Inform	nation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
	NAL MINUTEMAN	PRESS	1				
1005 ARSENA			c. Level Registered (Specify)				
FAY, N. C. 28310			Federal	County:			
910818-7287			State	Municipality:	e. Election Sum to Date		
710010-7207				manopanty.			
					\$ 1481.80		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks		
1	CHECK	В	09/28/20	\$1,481.80	FLYERS		
<b></b>			Procedure and the second	Strategy strategy spring			
				\$			
4. Payee Inform	nation	Y E	Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
	NAL MINUTEMAN	PRESS					
1005 ARSENA		20 20	c. Level Registered (Specify)				
FAY. N.C. 283			Federal	County:			
test to transfer or necessary			State	Municipality:	e, Election Sum to Date		
910 818 7287				A TOTAL TO BOOK OF THE			
St. 1509-2 Respectate decre-respects					\$ 3826.77		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CDEDIT CARD	D	10/05/00	6100.10	POST CARDS		
1	CREDIT CARD	В	10/05/20	\$129.18			
				6			
				\$			
5. Total only thi					\$ 1,760.98		
	CRO-1310 Pages						
			00 if Operating Expenses)		6 4004.01		
(This line goes in	line 13b of Detailed Sun	nnary Page CRO-110	00 if Contrib to Candidates/Politic	al Comm)	\$ 4,284.81		
			00 if Coordinated Party Expenditu	ıres)			
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund		D - To Anothe			
E - Salaries	F* - Equipment			H* - Holding	Public Office Expenses		
	T To 1.1	*** O CO	5 5-02/1				
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses	Q* - Donation	n to Legal Expense Fund		

Disk					Amendment	
Disbursements	Pø	2	of	2	⊠ Yes	N
Use this form to report expenditures from the committee for experting	~ 0111100000		4!4	<u>~</u>		 1.5

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

1. Committee Full Name (and Fund if applicable)  2. ID Number						
COMMITTEE TO RE-ELECT ALICIA CHISOLM					UCE54C	
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, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,						
INTERNATION	NAL MINUTEMAN	PRESS				
1005 ARSENA	L AVE		c. Level Registered (Specify)			
<b>FAYETTEVILI</b>	LE, N.C. 28310		Federal County:			
910 818 7287			State	Municipality:	e. Election Sum to Date	
					C. Election Sum to Date	
					\$ 4135.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks	
				J. Amount	POSTCARDS	
1	DEBIT CARD	В	10/08/20	\$309.04	FOSTCARDS	
				\$		
4. Payee Inform	ation		Add	Remove		
			b. Coordinated Committee Na		d. Comments	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name (include city, state, & zip)					u. Comments	
INTERNATIONAL MINUTEMAN PRESS						
1005 A DODALLA LAVE						
EAV N. C. 20210						
910818-7287	710		Federal	County:		
910010-7207			State	Municipality:	e. Election Sum to Date	
					\$ 3697.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	В	00/20/20	02 214 70	POSTAGE	
•	CHECK	ь	09/28/20	\$2,214.79		
				6		
				\$		
4. Payee Inform			Add	Remove		
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name				ime	d. Comments	
(include city, state, & zip)						
			c. Level Registered (Specify)			
		Ì	Federal	County:		
			State	Municipality:	e. Election Sum to Date	
		Ì		, ,		
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only thi	s Page				\$ 2523.83	
6. Total of ALL CRO-1310 Pages					ψ 4343.03	
(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)					\$ 4284.81	
	(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	Candidate				
E - Salaries	es F* - Equipment G - Political Party H*				Public Office Expenses	
I - Postage J - Penalties K* - Office Expenses O* - Donatio					to Legal Expense Fund	
O* - Other						
* Codes require detailed explanation in required remarks field (k)						