

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	c. ID Number
WE WORK BETTER WHEN WE WORK TOGETHER	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
517 OAKRIDGE AVENUE FAYETTEVILLE, NC 28305	01/26/2018
	e. Phone Number

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	1/25/2018	CLINTON STANLEY

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input 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	State/County	Referendum
	<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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input 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	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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:			
8. Number of Fundraisers this Report	10. Special Report Name		
0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name	b. Purpose	c. Account Code
BB&T			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUNDS AND EXPENDITURES	1		
	d. Period Begin Balance		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.

Daniel J. Clinton
Printed Name of Signer

Daniel J. Clinton
Signature of Appointed Treasurer

01/26/2018

Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____
Date Postmarked: _____	Employee: _____
Date Scanned: _____	Employee: _____
Date Data Entered: _____	Employee: _____

Delivery Method

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

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

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

Detailed Summary

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	
WE WORK BETTER WHEN WE WORK TOGETHER		2017 Final			
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 3681.35		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0		
6) Contributions from Individuals	(CRO-1210)	\$ 2,239.70	\$ 7,931.40		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 6,824.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,239.70	\$ 14,755.40		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 5,284.80	\$ 13,759.17		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0		
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0		
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,284.80	\$ 13,759.17		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 591.26	\$ 591.26		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 6,824.			
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	\$ 0		
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0		
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0		

Contributions from Individuals

Pg 1 of 2

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	
WE WORK BETTER WHEN WE WORK TOGETHER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brandy Soles 608 Dunn Rd Fayetteville, NC 28312			b. Job Title/Profession		d. Comments	
			Office Manager			
			c. Employer's Name/Specific Field			
			Soles Automotive		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/12/2017	\$ 250.00	
<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) John Wyatt 511 Winwood on Skye Fayetteville, NC 28303			b. Job Title/Profession		d. Comments	
			New Car Sales			
			c. Employer's Name/Specific Field			
			Valley Auto World		e. Election Sum to Date	
				\$ 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"/>	1	Check		11/12/2017	\$ 500.00	
<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) Norwood and Mary Lynn Bryan PO Box 24 Fayetteville, NC 28302			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
				\$ 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"/>	1	Check		11/12/2017	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 2

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	
WE WORK BETTER WHEN WE WORK TOGETHER						
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	
Luis Frangos 3057 Main Street Hope Mills, NC 28348			Construction			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
				\$ 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"/>	1	Check		11/1/2017	\$ 500.00	
<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	
Wayne Bradley 2865 Delaware Drive Fayetteville, NC 28304			Auto Sales			
			c. Employer's Name/Specific Field			
			Top Of The Line Auto Sales		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/06/2017	\$ 250.00	
<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	
Josh Toman 355 W. MARTIN LUTHER KING BLVD, PH5 CHARLOTTE NC 28202			Attorney			
			c. Employer's Name/Specific Field			
			Self-Employed		e. Election Sum to Date	
				\$ 239.70		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CreditCard		11/08/2017	\$ 239.70	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$	

Disbursements

Amendment
Pg 1 of 2 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
WE WORK BETTER WHEN WE WORK TOGETHER					
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) Imarket PO Box 87801 Fayetteville, NC 28304		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 2,550.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/30/2017	\$750.00	Newspaper Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook 1601 S. California Ave. Palo Alto CA 94304		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1270.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CreditCard	O	11/01/2017	\$261.02	Social Media Marketing
1	Debit Card	O	11/08/2017	\$750.93	Social Media Marketing
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Williams Printing 1033 Bragg Blvd Fayetteville, NC 28301		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 853.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DebitCard	B	11/02/2017	\$426.29	Mailer
1	DebitCard	B	11/02/2017	\$995.10	Mailer
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages					\$
<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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
WE WORK BETTER WHEN WE WORK TOGETHER						
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	
Benton Card Company 105 S. Wall Street Benson, NC 27504						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 1,453.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	11/03/2017	\$226.31	Yard Signs	
				\$		
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	
USPS 106 Oakridge Avenue Fayetteville, NC 28305						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 490.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	I	11/03/2017	\$490.00	Postage For Mail	
				\$		
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	
WIDU 1338 Bragg Blvd Fayetteville, NC 28301						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	11/06/2017	\$300.00	Comercial Spot	
				\$		
5. Total only this Page					\$	
6. Total of ALL CRO-1310 Pages						
<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

Pg ____ of ____ Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
WE WORK BETTER WHEN WE WORK TOGETHER					
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) Hardees 5508 Raeford Road Fayetteville, NC 28304			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date		
				\$ 27.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/06/2017	\$27.00	Campaign Lunch
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Paypal 2211 North First Street San Jose, CA 95131			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date		
				\$ 425.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/06/2017	\$425.00	Digital Marketing
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) New Deli 2153 Valleygate Dr Suite 1 Fayetteville, NC 28304			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date		
				\$ 22.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/08/2017	\$22.50	Campaign Lunch Strategy
				\$	
5. Total only this Page					\$
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)					

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
WE WORK BETTER WHEN WE WORK TOGETHER					
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) McDonalds 3701 Bragg Blvd Fayetteville, NC 28301		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 99.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/08/2017	\$12.61	Breakfast for Poll Worker
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Huske Hardware 405 Hay St. Fayetteville, NC 28301		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 385.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/08/2017	\$255.46	Election Night Food
1	Debit Card	O	11/08/2017	\$65.99	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Passick 1508 Powell Street Fayetteville, NC 28306		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/08/2017	\$100.00	Poll Work
				\$	
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages					\$
<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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg ____ of ____ Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) WE WORK BETTER WHEN WE WORK TOGETHER					2. ID Number
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) Super King Buffet 515 North McPherson Church Rd Fayetteville, NC 28303		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 15.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/01/2017	\$15.02	Campaign Close food
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook 1601 S California Ave. Palo Alto CA 94304		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1424.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	12/01/2017	\$154.07	Social Media Marketing
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BBT 3817 Morganton Rd Fayetteville, NC 28303		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 7.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	O	12/21/2017	\$7.50	Bank Service Fee
				\$	
5. Total only this Page					\$
6. Total of ALL CRO-1310 Pages					\$
<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 <input type="checkbox"/> A- Donation to Legal Expense Fund O* - Other					
* Codes require detailed explanation in required remarks field (k)					