

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	
CLAIRE FOR COUNCIL			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
3 PETTIT COURT PINEHURST, NC 28374		09/28/2023	
		e. Phone Number	
		(910) 295-6628	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	09/26/2023	CAROL WHEELDON
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"/> Party		Municipal	
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC		<input type="checkbox"/> Organizational	
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<input checked="" 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)		State/County	
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Organizational	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> First	
<input type="checkbox"/> NC Public Campaign Financing Fund		<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"/> Other:			
8. Number of Fundraisers this Report		10. Special Report Name	
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CONTRIBUTIONS AND EXPENSES	1A		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,368.81		\$
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			
<u>N. CAROL WHEELDON</u>		<u>Carol WheelDON</u>	
Printed Name of Signer		Signature of Appointed Treasurer	
		09/28/2023	
		Date	
FOR OFFICE USE ONLY			
Date Received:	9/29/2023	Employee:	APP
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method	
		<input type="checkbox"/> Normal Mail	
		<input type="checkbox"/> Registered Mail	
		<input checked="" type="checkbox"/> Hand Delivered	
		<input checked="" type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
CLAIRE FOR COUNCIL		2023 Thirty-five-day			
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,368.81		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 0.00		\$ 25.00
6) Contributions from Individuals (CRO-1210)			\$ 3,450.00		\$ 6,050.00
7) Contributions from Political Party Committees (CRO-1220)			\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)			\$ 0.00		\$ 0.00
9) Loan Proceeds (CRO-1410)			\$ 0.00		\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)			\$ 0.00		\$ 0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)			\$ 0.00		\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)			\$ 0.00		\$ 0.00
11c) Outside Sources of Income (CRO-1250)			\$ 0.00		\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)			\$ 0.00		\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)			\$ 0.00		\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 3,450.00		\$ 6,075.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 3,274.51		\$ 3,325.86
13b) Contributions to Candidates/Political Committees (CRO-1310)			\$ 0.00		\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)			\$ 0.00		\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)			\$ 60.50		\$ 103.34
15) Loan Repayments (CRO-1420)			\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)			\$ 0.00		\$ 162.00
17) In-Kind Contributions (CRO-1510)			\$ 0.00		\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 3,335.01		\$ 3,591.20
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 2,483.80		\$ 2,483.80
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)			\$ 0.00		
23) Debts and Obligations owed to the Committee (CRO-1620)			\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)			\$ 0.00		
25) Administrative Support (CRO-1710)			\$ 0.00		\$ 0.00
26) Forgiven Loans (CRO-1440)			\$ 0.00		\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)			\$ 0.00		\$ 0.00
28) Contributions to be Refunded (CRO-1215)			\$ 0.00		\$ 162.00

Contributions from Individuals

Pg 1 of 3

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	
CLAIRE FOR COUNCIL							
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	
NANCY FIORILLO 185 EVERETTE RD PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
				\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1A	Check		07/18/2023		\$ 500.00	
<input type="checkbox"/>	1A	Check		07/18/2023		\$ 500.00	
<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	
RICHARD KEATING 45 MCLEOD RD PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
				\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1A	Electric Funds Tran		08/21/2023		\$ 200.00	
<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	
DANIEL KELLY 130 HEARTHSTONE RD PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				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"/>	1A	Check		08/31/2023		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,450.00	

Contributions from Individuals

Pg 2 of 3

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	
CLAIRE FOR COUNCIL						
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
MARCUS LAROSE 85 PONTE VEDRA DR PINEHURST, NC 28374				BROKER OWER		
				c. Employer's Name/Specific Field SANDHILLS RENTALS INC		
				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"/>	1A	Electric Funds Tran		09/14/2023	\$ 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
STUART MILLS PO BOX 1479 PINEHURST, NC 28374				DIRECTOR		
				c. Employer's Name/Specific Field PARTNERS FOR CHILDREN AND FAMILIES		
				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"/>	1A	Electric Funds Tran		07/20/2023	\$ 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
JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374				PHYSICIAN		
				c. Employer's Name/Specific Field VETERANS ADMIN		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Check		08/11/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,450.00	

Contributions from Individuals

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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	
CLAIRE FOR COUNCIL						
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
MARY ANN NAVARRE 1023 SARANAC PARK PEACHTREE CITY, GA 30269				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Electric Funds Tran		08/21/2023	\$ 200.00	
<input type="checkbox"/>	1A	Electric Funds Tran		09/13/2023	\$ 200.00	
<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
BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED		
				c. Employer's Name/Specific Field		
				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"/>	1A	Check		07/18/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,450.00	

CRO-1210

NC State Board of Elections

April 2007

Disbursements

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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	
CLAIRE FOR COUNCIL							
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	
4IMPRINT 101 COMMERCE ST OSHKOSH, WI 54901							
				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	
						\$ 229.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1A	Debit Card	B	08/13/2023	\$ 229.88	NOTEPADS		
				\$			
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	
SANDHILLS SENTINEL, INC PO BOX 833 ABERDEEN, NC 28315							
				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	
						\$ 285.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1A	Debit Card	A	09/21/2023	\$ 285.83	ADS		
				\$			
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	
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374							
				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	
						\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1A	Check	A	08/31/2023	\$ 150.00	META		
				\$			
5. Total only this Page						\$ 665.71	
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)						\$ 3,274.51	
(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 2 of 3

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) CLAIRE FOR COUNCIL						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) THE PILOT NEWSPAPER PO BOX 58 SOUTHERN PINES, NC 28387				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	
						\$ 980.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1A	Check	A	08/31/2023	\$ 980.00	ADS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374				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	
						\$ 684.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1A	Check	B	08/31/2023	\$ 256.80	LAPEL LABLES		
1A	Check	B	09/19/2023	\$ 428.00	PANEL CARDS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WEEB PO BOX 1855 1650 MIDLAND RD SOUTHERN PINES, NC 28388				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	
						\$ 644.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1A	Check	A	09/12/2023	\$ 644.00	RADIO ADS		
				\$			
5. Total only this Page						\$ 2,308.80	
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>						\$ 3,274.51	
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

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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	
CLAIRE FOR COUNCIL						
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
WOOTEN GRAPHICS PO BOX 819 WELCOME, NC 27374						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1A	Debit Card	B	09/20/2023	\$ 300.00	YARD SIGNS	
				\$		
5. Total only this Page					\$ 300.00	
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>					\$ 3,274.51	
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)						

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CLAIRE FOR COUNCIL						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	07/20/2023	\$ 10.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	08/21/2023	\$ 8.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	09/13/2023	\$ 8.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	09/14/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	09/21/2023	\$ 8.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Check	H	07/11/2023	\$ 5.00	FILING FEE
4. Total only this Page					\$ 60.50	
5. Total of ALL CRO-1315 Pages					\$ 60.50	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009