Amendment
☐ Yes ☒ No

Disclosure Report Cover

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

b. Mailing Address (Include City, State and Zip Code)	d. Date Filed / e. Phone Number
P.O. BOX 1111 ELIZABETHTOWN, NC 28337	01-09-2017 910-862-4868

2. Report Year	3. Period Start Date	4. Period End Date	5. Treasurer Full Name
2016	10/23/2016	12/31/2016	MINNIE B. PRICE

6. Type of Committee (Check One)

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

7. Type of Fund

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

8. Number of Fundraisers in this Report

9. Type of Report

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☒ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		a. Financial Institution Full Name	
BRANCH BANKING AND TRUST COMPANY			
b. Purpose	**c. Account Code**	**b. Purpose**	**c. Account Code**
CHECKING ACCOUNT	A		
	d. Period Begin Balance		**d. Period Begin Balance**
	$4307.35		$

RECEIVED
JAN 11 2017
Campaign Finance Office
NC State Board of Elections

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.

MINNIE B. PRICE	Minnie B. Price	01/09/2017
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	1/11/17	Employee:	TRH
Date Postmarked:	1/9/17	Employee:	TRH
Date Scanned:	1/12/17	Employee:	JP
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

Amendment ☐ Yes ☒ 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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	FOURTH QUARTER	7940011

Start of Election Cycle: January 1, 2016		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4307.35	$ 4307.35
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 1608.00	$ 1608.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 6000.00	$ 6000.00
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 7608.00	$ 7608.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 6784.04	$ 6784.04
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 6784.04	$ 6784.04
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 5131.31	$ 5131.31
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

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

BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) | 7940011

Full Name, Mailing Address, & Phone (include city, state, & zip)	Occupation	Employer's Name, City, State	Aggregate
HORACE MUNN 1161 EAST ARCADIA ROAD RIEGELWOOD, NC 28456	CONTRACTOR	SELF-EMPLOYED	$

Prior	Account Code	Type	Name of Contributor	Date	Amount
☐	A	CHECK		10/31/2016	$ 160.00
☒	A	CHECK		10/21/2016	$ 250.00
☒	A	CHECK		06/23/2016	$ 250.00

Full Name, Mailing Address, & Phone (include city, state, & zip)	Occupation	Employer's Name, City, State	Aggregate
HORACE MUNN 1161 EAST ARCADIA ROAD RIEGELWOOD, NC 28456	CONTRACTOR	SELF-EMPLOYED	$ 1,060.00

Prior	Account Code	Type	Name of Contributor	Date	Amount
☒	A	CASH		02/26/2016	$ 400.00
☐					$
☐					$

Full Name, Mailing Address, & Phone (include city, state, & zip)	Occupation	Employer's Name, City, State	Aggregate
G. MICHAEL COGDELL 2990 MARTIN L. KING, JR. DRIVE ELIZABETHTOWN, NC 28337	RETIRED	BLADEN COUNTY COUNTY COMMISSIONER	$

Prior	Account Code	Type	Name of Contributor	Date	Amount
☐	A	CHECK		10/31/2016	$ 250.00
☒	A	CHECK		10/18/2016	$ 500.00
☒	A	CASH		03/02/2016	$ 50.00
					$ 410.00
					$ 1,608.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

Committee Name	Committee ID #
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING, JR. DRIVE ELIZABETHTOWN, NC 28337	RETIRED	
	c. Employer's Name/Specific Field	e. Election Term to Date
	BLADEN COUNTY COUNTY COMMISSIONER	$ 1,850.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CASH		02/10/2016	$ 500.00
☒	A	CASH		02/26/2016	$ 300.00
☒	A	CHECK		06/23/2016	$ 250.00

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
TIM BENTON P.O. BOX 778 246 LEE STREET BLADENBORO, NC 28320		
	c. Employer's Name/Specific Field	e. Election Term to Date
		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		11/01/2016	$ 200.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KENNETH M. REGISTER, JR. P.O. BOX 1990 ELIZABETHTOWN, NC 28337	REALTOR	
	c. Employer's Name/Specific Field	e. Election Term to Date
	SELF-EMPLOYED	$ 998.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		11/08/2016	$ 998.00
☐					$
☐					$
					$ 1,198.00
					$ 1,608.00

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

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

NORTH CAROLINA DEMOCRATIC PARTY
FEDERAL ACCOUNT
220 HILLSBOROUGH STREET
RALEIGH, NC 27603 919-821-2777

b. Comments

c. Election Sum to Date

$ 8,500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
A	CHECK		11/01/2016	$ 6,000.00
				$
				$

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

b. Comments

c. Election Sum to Date

$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

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

b. Comments

c. Election Sum to Date

$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

$ 6,000.00

$ 6,000.00

Amendment ☐ Yes ☒ No

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): BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

2. ID Number: 7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

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

ROSA PETERSON
827 LIGHTWOOD KNOT ROAD
KELLY, NC 28448

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/06/2016	$ 25.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

ROSA PETERSON
827 LIGHTWOOD KNOT ROAD
KELLY, NC 28448

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.
A	CHECK	O	01/12/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

ROSA PETERSON
827 LIGHTWOOD KNOT ROAD
KELLY, NC 28448

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	02/17/2016	$ 50.00	G.O.T.V.
				$	

5. Total only this Page: $ 0

6. Total of ALL CRO-1310 Pages: $ 6784.04

(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 (For detailed purpose code, see the Manual)

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 the required remarks field (K)

Amendment ☐ Yes ☒ No

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: (Each type requires a separate CRO-1310 form for detailed Type of Disbursement)

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ROSA PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 455.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BRENDA PETERSON 795 LIGHTWOOD KNOT ROAD KELLY, NC 28448	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 200.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

5. Total only this Page:	$ 540.00
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 explanation in the required remarks field (k))

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)

 Amendment ☐ Yes ☒ No

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794 0011

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

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

4. Payee Information ☐ Add ☐ Remove

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

FANNIE LONG
2653 EAST ARCADIA ROAD
RIEGELWOOD, NC 28456

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

FANNIE LONG
2653 EAST ARCADIA ROAD
RIEGELWOOD, NC 28456

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 860.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

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

BRIDGETTE KEATON
1011 BROWNTOWN ROAD
RIEGELWOOD, NC 28456

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 100.00	G.O.T.V.
A	CHECK	O	10/06/2016	$ 50.00	G.O.T.V.

5. Total only this Page: $ 300.00

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 description in remarks field 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 4 of 28

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement (Please refer to instructions for clarification on type of Disbursement.)

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.
A	CHECK	O	01/12/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRIDGETTE KEATON 1011 BROWNTOWN ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 880.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	02/17/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.

5. Total Only this Page	$ 150.00
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 (Use codes from the table below)

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 details & explanations in required remarks field (k)

Amendment ☐ Yes ☒ No

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 Filed ID if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THADDEUS JOHNSON 3360 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 47.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	10/31/2016	$ 47.00	G.O.T.V. STAMPS
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DONNIE WHITTED 520 FRANK MELVIN ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DELISA GRAHAM 312 TROY GRAHAM ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 50.00	G.O.T.V.
					$ 227.00

5. Total this Page

6. Total to Date (Last Page Only)

$

(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 (Use most specific code available)

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* - Other Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes requiring detailed explanations (see instructions, page 3)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DELISA GRAHAM 312 TROY GRAHAM ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 100.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BARBARA COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	04/22/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BARBARA COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	01/07/2016	$ 100.00	G.O.T.V.
A	CHECK	O	01/27/2016	$ 100.00	G.O.T.V.

5. Total on this Page	$ 300.00
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 (A detailed explanation is required for all codes 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)

Amendment ☐ Yes ☒ No

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 (include acronym if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794 0011

3. Type of Disbursement

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BARBARA COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 730.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ANNIE LEAKE 134 GOWEN ROAD BLADENBORO, NC 28320	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 50.00	G.O.T.V.
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CAROL LEWIS P.O. BOX 102 DUBLIN, NC 28332	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total only this Page: $ 360.00

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 (use detailed explanation in required remarks)

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

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	01/07/2016	$ 100.00	G.O.T.V.
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.

5. Total only this Page	$ 350.00
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

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERONICA GILLESPIE P.O. BOX 532 BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 960.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SIDNEY CROMARTIE 509 COLUMBUS COUNTY ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY L. JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$ 150.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

5. Total on this Page	$ 390.00
6. Total to Date (CRO-1310 Page 1)	$

(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 (Use general purpose code when other does not apply)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Building, 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 (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794011

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY L. JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	09/20/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY L. JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/12/2016	$ 50.00	G.O.T.V.
A	CHECK	O	04/22/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MARY L. JOHNSON 8684 HWY 53 WEST WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	05/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	01/07/2016	$ 100.00	

5. Total only this Page	$ 200.00
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)

Amendment ☐ Yes ☒ No

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 Board ID number if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WANDA MONROE 123 CHARLES DRIVE COUNCIL, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Semi to Date: $180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	01/07/2016	$ 100.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WILLIE MURCHISON 81 CLYDE HATCHER ROAD COUNCIL, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Semi to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Semi to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total on this Page: $ 240.00

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 (Explanation required for codes marked with *)

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

8. Codes sequenced alphabetically in Explanation Section, Page 2

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794 0011

3. Type of Disbursement: *(Please use separate CRO-1310 forms for each Type of Disbursement)*
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 270.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ARTHUR OWENS P.O. BOX 1524 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 270.00	G.O.T.V.
A	CHECK	O	09/13/2016	$ 50.00	G.O.T.V.

5. Total only this Page	$ 540.00
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 13 of 28 | 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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794011

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

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	09/27/2016	$ 50.00	G.O.T.V.
A	CHECK	O	10/12/2016	$ 50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/02/2016	$ 50.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	05/17/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

5. Total only this Page	$ 0
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

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 Board of Application)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD CLARKTON, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	05/31/2016	$50.00	G.O.T.V.
A	CHECK	O	02/10/2016	$50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD CLARKTON, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 1050.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/03/2016	$150.00	G.O.T.V.
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DERRICK LEWIS 346 BRYANT SWAMP ROAD BLADENBORO, NC 28320	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	11/08/2016	$80.00	G.O.T.V.

5. Total on this Page: $ 310.00

6. Total of All Checked 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 (Required for Expenditures; Optional for Contributions)

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 (see page 2, item 7)

Disbursements

Amendment: ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	714-6011

3. Type of Disbursement: *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state & zip)	b. Coordinated Committee Name	c. Comments
THELMA THOMAS P.O. BOX 51 KELLY, NC 28448	d. Level Registered: ☐ Federal ☐ County ☒ State ☐ Municipality	e. Election Date to Date: $

a. Account Code	b. Form of Payment	c. Purpose Code	d. Date (mm/dd/yyyy)	e. Amount	f. Required Remarks
A	CHECK	O	03/25/2016	$ 100.00	G.O.T.V.
A	CHECK	O	01/12/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state & zip)	b. Coordinated Committee Name	c. Comments
THELMA THOMAS P.O. BOX 51 KELLY, NC 28448	d. Level Registered: ☐ Federal ☐ County ☒ State ☐ Municipality	e. Election Date to Date: $

a. Account Code	b. Form of Payment	c. Purpose Code	d. Date (mm/dd/yyyy)	e. Amount	f. Required Remarks
A	CHECK	O	02/17/2016	$ 50.00	G.O.T.V.
A	CHECK	O	10/06/2016	$ 25.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state & zip)	b. Coordinated Committee Name	c. Comments
THELMA THOMAS P.O. BOX 51 KELLY, NC 28448	d. Level Registered: ☐ Federal ☐ County ☒ State ☐ Municipality	e. Election Date to Date: $ 405.00

a. Account Code	b. Form of Payment	c. Purpose Code	d. Date (mm/dd/yyyy)	e. Amount	f. Required Remarks
A	CHECK	O	10/31/2016	$ 50.00	G.O.T.V.
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.

5. Total only this Page	$ 130.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 15c of Detailed Summary Page CRO-1160 if Operating Expenses)* *(This line goes in line 15b of Detailed Summary Page CRO-1160 if Contrib to Candidates/Political Comm)* *(This line goes in line 15c of Detailed Summary Page CRO-1160 if Coordinated Party Expenditures)*	$

7. Purpose Codes (List detailed expenditure code in (b.) 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 (f).

Amendment ☐ Yes ☒ No

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 Acronym if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794 0011

3. Type of Disbursement (Check one and use a separate CRO-1310 for each type of Disbursement)

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

4. Payee Information ☐ Add ☐ Remove

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

LOLA WOOTEN
P.O. BOX 2244
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$35.00	G.O.T.V.
A	CHECK	O	09/21/2016	$50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

LOLA WOOTEN
P.O. BOX 2244
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/03/2016	$50.00	G.O.T.V.
A	CHECK	O	03/16/2016	$100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

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

LOLA WOOTEN
P.O. BOX 2244
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	01/07/2016	$100.00	G.O.T.V.
A	CHECK	O	01/25/2016	$100.00	G.O.T.V.

5. Total only this Page: $ 35.00

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 (Use detailed explanation in field (k) below)

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

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 (Last Name First if Individual)	2. SBE Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	02/01/2016	$50.00	G.O.T.V.
A	CHECK	O	11/02/2016	$50.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 835.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.
A	CHECK	O	11/08/2016	$220.00	G.O.T.V.

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOUVENIA SPELLS 107 AVE AVE WHITE OAK, NC 28399	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total on this Page: $ 430.00

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 (Use alphabetic code that best describes purpose):

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 requiring detailed explanation/remarks required (see page 2)

Amendment ☐ Yes ☒ No

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 Acronym if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PATRICIA CROMARTIE
P.O. BOX 994
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$210.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PATRICIA CROMARTIE
P.O. BOX 994
ELIZABETHTOWN NC 28337

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	06/02/2016	$50.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PATRICIA CROMARTIE
P.O. BOX 994
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$50.00	G.O.T.V.
A	CHECK	O	11/03/2016	$200.00	G.O.T.V.

5. Total only this Page: $400.00

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 (use in conjunction with item 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

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	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursements: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PATRICIA CROMARTIE P.O. BOX 994 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County ☒ State ☐ Municipality		$ 890.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County ☒ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/27/2016	$ 200.00	G.O.T.V.
A	CHECK	O	03/10/2016	$ 280.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County ☒ State ☐ Municipality		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/02/2016	$ 50.00	G.O.T.V.

5. Total only this Page: $ 280.00

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

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...

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (Last Name, First Name if Individual)	2. SBE Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursements: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$50.00	G.O.T.V.
A	CHECK	O	11/03/2016	$200.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANN WRIGHT 279 WRIGHT ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CURTIS RHODIE 16081 TWISTED HICKORY ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/15/2016	$100.00	G.O.T.V.
A	CHECK	O	11/07/2016	$80.00	G.O.T.V.

5. Total this Page	$360.00
6. Total of All Check 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 (Use alphabetic code that best describes purpose)

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 requiring detailed explanations in required remarks (Item k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name and Mailing Address	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LEROY BOYKINS 2836 OLD FAYETTEVILLE ROAD GARLAND, NC 28441		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 960.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERNON RICHARDSON 73 HWY 20 TAR HEEL, NC 28392		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Total this page: $ 240.00

6. Total from CRO-1100 Page(s): $

(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 (Use one of the codes listed below)

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 (see page 3 for more info)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Board Designation)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PATRICIA JOHNSON 310 JACK RICHARDSON ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ODELL JOHNSON 6690 JOHNSONTOWN ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 180.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
A	CHECK	O	03/15/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ROBERT LEE BROWN 631 OLD TRAM ROAD CLARKTON, NC 28433		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

5. Continuation Page Total: $ 240.00

6. Total to Date (CRO-1100 Page 2): $

(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 (for explanation of expenditure codes see instructions)

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 expenditure remarks (page 4)

Amendment ☐ Yes ☒ No

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 (incl. initials if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
AUDREY ATKINSON P.O. BOX 217 COUNCIL, NC 28434	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BRITINEY GRAHAM 1319 EAST ARCADIA ROAD RIEGELWOOD, NC 28456	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LENWARD BALDWIN 2990 MARTIN L KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/16/2016	$ 100.00	G.O.T.V.
A	CHECK	O	06/07/2016	$ 50.00	G.O.T.V.

5. Total this Page $ 160.00

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 definition in remarks when (*) 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

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	794 0011

3. Type of Disbursement
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LENWARD BALDWIN 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 230.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 80.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HORACE MUNN 1161 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/07/2016	$ 250.00	G.O.T.V.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/08/2016	$ 50.00	G.O.T.V.
A	CHECK	F	11/04/2016	$ 50.04	PURCHASED G.O.T.V. TENT

5. Total only this Page: $ 430.04

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

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

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 Board if applicable): BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

2. ID Number: 7940011

3. Type of Disbursement

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

4. Payee Information ☐ Add ☐ Remove

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

G. MICHAEL COGDELL
2990 MARTIN L. KING DRIVE
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	09/13/2016	$ 94.00	G.O.T.V. STAMPS
A	CHECK	I	09/20/2016	$ 47.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ Remove

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

G. MICHAEL COGDELL
2990 MARTIN L. KING DRIVE
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	10/13/2016	$ 97.00	G.O.T.V. STAMPS
A	CHECK	I	03/03/2016	$ 99.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ Remove

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

G. MICHAEL COGDELL
2990 MARTIN L. KING DRIVE
ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	03/09/2016	$ 58.80	G.O.T.V. STAMPS
A	CHECK	I	03/16/2016	$ 9.80	G.O.T.V. STAMPS

5. Total on this Page: $ 0

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 explanation in remarks field)

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

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	03/18/2016	$300.00	G.O.T.V.
A	CHECK	I	05/31/2016	$48.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	06/07/2016	$50.00	G.O.T.V.
A	CASH	I	02/05/2016	$49.00	G.O.T.V. STAMPS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	02/11/2016	$49.00	G.O.T.V. STAMPS
A	CHECK	I	02/18/2016	$107.80	G.O.T.V. STAMPS

5. Total only this Page $ 0

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

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

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 Board if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☒ State ☐ County: ☐ Municipality:		$ 1307.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	02/25/2016	$ 98.00	G.O.T.V. STAMPS
A	CHECK	O	02/29/2016	$ 100.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☒ State ☐ County: ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	10/21/2016	$ 4.00	BANK SERVICE CHARGE
A	DEBIT ACCOUNT	O	11/21/2016	$ 4.00	BANK SERVICE CHARGE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☒ State ☐ County: ☐ Municipality:		$ 64.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	12/21/2016	$ 4.00	BANK SERVICE CHARGE
				$	

5. Total for this Page	$ 12.00
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)*	$ 6784.04

7. Purpose Codes (if not detailed expenditure code, if applicable)

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 requiring detailed explanation in required remarks (field k)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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