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

	nation				
a. Full Name					c. ID Number
Committee to Elect I	Holly Grimsley				STA-W14-L3J-C001
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
51600 E Redhaven L Concord, NC 28027	n. NW				11-13-33
					e. Phone Number
					(704) 577-4831
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2022	01/01/2022	04/3	30/2022	Holly Grimsley	
6. Type of Committe	e (Check One)	9. Type of Report	t (check on	ly one type of report j	from one category)
Candidate Campai	gn Party	Municipal	State/C	ounty	Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure Legal Expense Fut	Joint Fundraiser	Thirty-five da	y (Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(i) upplicable, encer one)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	r S	Semi-annual	
Other:		Year End	d 🗌	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Report	Special		Final	
				Special	
11. Account Informa	tion		11. Account I	nformation	
a. Financial Institution Fi				itution Full Name	
Uwharrie Bank					
b. Purpose	c. Account Code		b. Purpose	RECEIVED	c. Account Code
	contecount cout				
Candidate				IN-PERSON	
Candidate Campaign	N	1			
			NC	OV 1 3 2023	d. Period Begin Balance
	N		N		d. Period Begin Balance S
	M d. Period Begin Balance		N)V 1 3 2023	
Campaign CERTIFICATION I certify that the Comp the NC General Statut is complete, true and o	M d. Period Begin Balance \$ 316.73 nittee or Fund is in compl es and that no funds are co correct and that i have been	e iance with all applica paimingled with prol n trained by the NC	Able provisions of bible of other other of the point of t	of Article 22A, 22B, bon disclosed funds. Tections	
Campaign CERTIFICATION I certify that the Comp the NC General Statut is complete, true and o	d. Period Begin Balance g d. Period Begin Balance S 316.73 mittee or Fund is in complete and that no funds are concorrect and that in have been been been been been been been be	e iance with all applica paimingled with prol n trained by the NC	able provisions of provisions of the point of the provision of the point of the poi	of Article 22A, 22B, bon disclosed funds. tections.	\$ & 22D-22M of Chapter 163 of I further certify that this report //-/3-33 Date
Campaign CERTIFICATION I certify that the Comp the NC General Statut is complete, true and on Holly Grims	d. Period Begin Balance g d. Period Begin Balance S 316.73 nittee or Fund is in complete and that no funds are concorrect and that is have been been been been been been been be	e iance with all applica paimingled with prol n trained by the NC	able provisions of provisions	of Article 22A, 22B, bon disclosed funds. tections.	\$ & 22D-22M of Chapter 163 of I further certify that this report //-/3-33 Date Delivery Method Normal Mail
Campaign CERTIFICATION I certify that the Comp the NC General Statut is complete, true and o <u>Holly Grims</u> FOR OFFICE USE OF	d. Period Begin Balance g d. Period Begin Balance s 316.73 mittee or Fund is in complete and that no funds are concerted and that it have been expressed and that it	e iance with all applica paimingled with prol n trained by the NC	able provisions of provisions	of Article 22A, 22B, bon disclosed funds. lections.	\$ & 22D-22M of Chapter 163 of I further certify that this report //-/3-33 Date Delivery Method Normal Mail Registered Mail Hand Delivered
Campaign CERTIFICATION I certify that the Comp the NC General Statut is complete, true and of <u>Holly Grims</u> FOR OFFICE USE ON Date Received:	d. Period Begin Balance g d. Period Begin Balance S 316.73 mittee or Fund is in complete and that no funds are concorrect and that i have been experimented with the second secon	e iance with all applica paimingled with prol in trained by the NC S Employee:	able provisions of provisions of the point of the provision of the point of the poi	of Article 22A, 22B, bon disclosed funds. lections.	\$ & 22D-22M of Chapter 163 of I further certify that this report //-/
Campaign CERTIFICATION I certify that the Comp the NC General Statut is complete, true and o <u>Holly Grims</u> FOR OFFICE USE ON Date Received: Date Postmarked:	d. Period Begin Balance g d. Period Begin Balance s 316.73 mittee or Fund is in complete and that no funds are concorrect and that no funds are concorrect and that nave been experiment. The printed Name of Signer Printed Name of Signer III/I4/23	e iance with all applica parmingled with prol n trained by the NC S Employee: Employee:	able provisions of provisions	of Article 22A, 22B, bon disclosed funds. lections.	\$ & 22D-22M of Chapter 163 of I further certify that this report //-/3-33 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed

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

Amendment

No No

Detailed Summary	У
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Use this for all disclosure reporting forms and to total monetary information

Ame	ndment	
\boxtimes	Yes	No

NO

	nittee Full Name (and Fund if applica tee to Elect Holly Grimsley		pe of Report Quarter Plus			and the second se	Number	
Commit	tee to Elect Hony Orimsley	First	Quarter Plus			STA-W14-L3J-C- 001		
Start o	f Election Cycle: January	1, _20)22		Total this Reporting Period		Total this Election Cycle	
4) Ca	sh on Hand at Start			\$	316.73	\$		
RECE	IPTS							
	gregated Contributions from Individ	luals	(CRO-1205)	\$		\$	1000	
6) Co	ntributions from Individuals		(CRO-1210)	\$	5,100.00	\$	6393.00	
7) Co	ntributions from Political Party Con	nmittees	(CRO-1220)	\$		\$		
8) Co	ntributions from Other Political Con	nmittees	(CRO-1230)	\$		\$		
9) Lo	an Proceeds		(CRO-1410)	\$		\$		
10) Re	funds/Reimbursements To the Comm	nittee	(CRO-1240)	\$	108.00	\$	108.00	
11) Ot	her 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 Sour	ces	(CRO-1270)	\$		\$		
11 e)	Exempt Purchase Price Sales		(CRO-1265)	\$		\$		
12) TC	TAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d	and 11e)	\$	5,208.00	\$	6,333.00	
EXPEN	<u>NDITURES</u>				A ANTANA			
13) Dis	sbursements							
13a)	Operating Expenditures		(CRO-1310)	\$	3,483.10	\$	3,791.37	
13b)	Contributions to Candidates/Politi	cal Committees	(CRO-1310)	\$	1,000.00	\$	1,250.00	
13c)	Coordinated Party Expenditures		(CRO-1310)	\$		\$	250.00	
14) Ag	gregated Non-Media Expenditures		(CRO-1315)	\$		\$		
15) Loa	an Repayments		(CRO-1420)	\$		\$		
16) Re	funds/Reimbursements From the Co	mmittee	(CRO-1320)	\$		\$		
17) In-	Kind Contributions		(CRO-1510)	\$		\$		
· ·	TAL EXPENDITURES (Add lines 13a,	13b, 13c, 14, 15, 16 ai	nd 17)	\$	4,483.10	\$	5,291.37	
	sh on Hand at End (Add lines 4 and 12 tog			\$	1,041.63	\$	1,041.63	
Contractor and a second second	IONAL INFORMATION							
20) No	n-Monetary Gifts Given to Other Co	mmittees	(CRO-1330)	\$		and and		
21) Ou	tstanding Loans (incl. ones from oth	er campaigns)	(CRO-1430)	\$				
	bts and Obligations owed By the Con		(CRO-1610)	\$			and the second se	
	bts and Obligations owed To the Con		(CRO-1620)	\$				
	count Transfers Within the Committ		(CRO-1720)	\$				
	ministrative Support		(CRO-1710)	\$		S		
	given Loans		(CRO-1440)	\$		\$		
·	0							
	Hour Notice Reports Sum		(CRO-2220)	\$		\$		
28) Con	ntributions to be Refunded		(CRO-1215)	S		S		

Amendment **Contributions from Individuals** \boxtimes Pg 1 of 4 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 Committee to Elect Holly Grimsley STA-W14-L3J-C-01 **3. Contributor Information** Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Contractor Holly Grimsley 5160 E Redhaven Lane. NW c. Employer's Name/Specific Field Concord, NC 28027 Holton Construction Concepts e. Election Sum to Date S 1.100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Μ Transfer 01/31/2022 S 1,000.00 S S **3. Contributor Information** Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney James Demay 5630 Fetzer Ave. NW c. Employer's Name/Specific Field Concord, NC 28027 Ferguson; Hayes; Hawkins & Demay PLLC e. Election Sum to Date S 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 02/22/2022 S 250.00 M Check S \square S **3. Contributor Information** Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Retired Ella Culp 1199 Crestmont Dr. SE c. Employer's Name/Specific Field Concord, NC 28025 Retired e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy	r)	k. Amou	nt
	М	Check		02/23/2022		\$	1,000.00
	М	Check		02/28/202	22	\$	1,000.00
						\$	
4. Tota	l only this Pag	e			\$		3,250.00
	l of ALL CRO	-1210 Pages Detailed Summary Page C	CRO-1100)		\$		5,100.00

Amendment **Contributions from Individuals** \boxtimes Yes No Pg 2 of 4 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 STA-W14-L3J-C-01 Committee to Elect Holly Grimsley **3. Contributor Information** Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Floral Designer Cindy Koch 9949 Clarkes View Pl. NW c. Employer's Name/Specific Field Concord, NC 28027 Retired e. Election Sum to Date S 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount S M Online 02/07/2022 200.00 S S **3. Contributor Information** Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) President **Trent Propst** c. Employer's Name/Specific Field 829 Davidson Dr. NW Concord, NC 28025 **Propst Brothers** Distributors e. Election Sum to Date S 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount S M Check 03/31/2022 500.00 \$ S Remove **3. Contributor Information** Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Human Resources Director Rita Richardson c. Employer's Name/Specific Field 6112 Glen Oak Ct. Raleigh, NC 27606 Retired e. Election Sum to Date S 100.00 f. Prior h. Form of Payment i. In-Kind Description g. Account Code j. Date (mm/dd/yyyy) k. Amount \$ 100.00 M 03/15/2022 Online

5. Total of ALL CRO-1210 Pages

4. Total only this Page

CRO-1210

5,100.00

800.00

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Amendment **Contributions from Individuals** \boxtimes 3 4 Yes Pg of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Holly Grimsley STA-W14-L3J-C-01 Remove **3. Contributor Information** Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Judy Taylor 331 Burrage Rd. NE c. Employer's Name/Specific Field Concord, NC 28025 Retired e. Election Sum to Date S 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Μ Online 03/31/2022 \$ 500.00 \$ S **3.** Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Nurse

Sandy Th	lompson			-				
454 Cour	ntrywood Pl.			c. Employer's Name/S	Specific Field			
Concord,	NC 28025			Retired		e. Election Sum to Date		
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	М	Online			03/31/	2022	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	s	
	city, state, & zip)			Director				
Art Whitt						_		
	estridge Ct.			c. Employer's Name/S	Specific Field			
Albemari	e, NC 28001			School System		e. Election S	um to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount	
	М	Online			04/12/	2022	\$	200.00
							\$	
							\$	
4. Total	only this Pag	e				\$	1	750.00
	of ALL CRO must be on line 6 of	-1210 Pages Detailed Summary Page C	RO-1100)		\$		5,100.00

No

		m Individuals	over \$5(Pg) or contributions und			Amendment Yes	t No
-	the second of the second s	(and Fund if applica				2. ID Num		All the same of
	ee to Elect Holly (STA	-W14-L3J-C	2-01
3. Contr	ibutor Informatio	on		Add 🗌 Re	emove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comment	s	
(include	city, state, & zip)			Mortgage Consult	ant			
Theresa l						_		
6301 Hai				c. Employer's Name/S		_		
Concord,	, NC 28025			Homeowners Fina	ancial Group	- Election C	to Data	
						e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	М	Online			04/15/2	022	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🗌 Re	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comment	8	store en su
	city, state, & zip)			Retired				
Susan Ba						-		
PO Box				c. Employer's Name/Specific Field Retired		-		
Kannapo	lis, NC 28082					e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	М	Online			04/26/2	022	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add 🗌 Re	emove	-		
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	S	
	city, state, & zip)			Nurse				
Anita Bro	enside Dr. NW			c. Employer's Name/S	pacific Field	-		
	NC 28027			Retired	pecific Field	-		
concora,	110 20027					e. Election S	um to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
	М	Check			04/26/2	022	\$	150.00
							\$	
							S	
4. Total	l only this Pag	e				\$		300.00
	of ALL CRO		00.110			S		5,100.00
(Ins une	e musi be on line o of	Detailed Summary Page C	KO-1100	9				

Refunds/Reimbursements To the Committee

of

1

Pg <u>1</u>

Amendment

No No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Fu	III Name	(and Fund if a	pplicable)			2. ID Numbe	r	
Committee to El	ect Holly	Grimsley				S	TA-V	V14-L3J-C
								-001
3. Contributor I				Add [Remove			
a. Full Name, Mailin	-	& Phone		d. Type of C			-	Comments
(include city, state	e, & zip)			12	didate	PAC		efund of
Uwharrie Bank					rendum	Party		rvice Charges
PO Box 338					istered (Specify)		h. (Driginal Expenditure Date
Albemarle, NC 2	28002			Fede		County: Municipality:		Multiple
							i. 0	riginal Expenditure Amt
							\$	108.00
b. Job Title/Professio	on	c. Employer's N	ame/Specific Field	f. Purpose			j. E	lection Sum to Date
				0			\$	108.00
k. Account Code	I. Form	of Payment	m. In-Kind Descr	iption	n. Date (mm	/dd/yyyy)		o. Amount
М	Credit	t Account				02/02/2022		\$ 108.00
3. Contributor I	nformati	on		Add [Remove			
a. Full Name, Mailin				d. Type of C			g. (Comments
(include city, state					lidate	PAC		
				Refe	rendum	Party		
				e. Level Reg	istered (Specify)	1	h. (Driginal Expenditure Date
				Fede		County:		0
				State		Municipality:		
							i. 0	riginal Expenditure Amt
							s	
b. Job Title/Professio	n .	c Employer's N	ame/Specific Field	f. Purpose				lection Sum to Date
5. 505 Inc/11010350	, n	c. Employer s r	ame/specific Field	1. I ui pose			J. L	lection Sum to Date
k. Account Code	1 Form	of Payment	m. In-Kind Descri	intion	n Data (mm	(dd/aaaar)	9	o. Amount
K. Account Coue	1. FOI III	orrayment	in. m-Kinu Deser	iption	n. Date (mm	/du/yyyy)		
								\$
3. Contributor In	nformatio	on		Add [] Remove			
a. Full Name, Mailin	g Address	& Phone		d. Type of C	ommittee		g. (Comments
(include city, state	, & zip)		and the states of	Canc	lidate	PAC		
					rendum	Party	-	
					istered (Specify)		h. (Driginal Expenditure Date
				Fede	=	County:		
				State		Municipality:	1.11	
							i. 0	riginal Expenditure Amt
							\$	
b. Job Title/Professio	n	c. Employer's N	ame/Specific Field	f. Purpose			j. E	lection Sum to Date
							\$	
k. Account Code	l. Form	of Payment	m. In-Kind Descri	iption	n. Date (mm	/dd/yyyy)	1	o. Amount
								\$
4. Total only this	Page						\$	108.00
5. Total of ALL	and the second sec	0 Pages						
(This line must be a			y Page CRO-1100)				\$	108.00

Amendment

of <u>2</u>

Pg

Yes

No

 \boxtimes

<u>1</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Committee to E	Committee to Elect Holly Grimsley STA-WI4-L3J-C-01						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
Uwharrie Bank							
PO Box 338			c. Level Registered (Specify)				
Albemarle, NC	28002		Federal	County:			
State Municipality: e. Election Sum to Date							
					\$ 108.00		
	E 60	h. Purpose Code					
f. Account Code	g. Form of Payment	n. rurpose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks Bank Fee		
М	Acct Draft	0	01/31/2022	\$12.00	Bank ree		
				\$			
4. Payee Inform	ation		Add 🗌	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,							
KS Image Solut					_		
4464 Racway D	r.		c. Level Registered (Specify)		_		
Suite B			Federal	County:			
Concord, NC 28	3027		State	Municipality:	e. Election Sum to Date		
					\$ 3,421.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
М	Acct Draft	В	04/12/2022	\$3,421.00	Signs		
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)		_				
Anedot					-		
1920 McKinney	Ave.		c. Level Registered (Specify)		-		
7 th Floor			Federal	County:			
Dallas, TX 7520)]		State	Municipality:	e. Election Sum to Date		
					\$ 63.70		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
М	Online	0	Multiple	\$50.10			
				\$			
5 Total only the	- Door				\$ 3,483.10		
5. Total only thi	CRO-1310 Pages				\$ 3,483.10		
	0	man Page CRO 110	0 if Operating Expenses)				
			0 if Contrib to Candidates/Politic	eal Comm)	\$ 4,483.10		
			0 if Coordinated Party Expenditu				
and a second state of the second state is the second state of the	es (List detailed exp				1		
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	Public Office Expenses		
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund		
O* - Other * Codes require	e detailed explanati	on in required r	emarks field (k)				

Disbursements

Amendment \boxtimes

No

Yes

Pg 2 of <u>2</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)				2.1	D Number
Committee to E	lect Holly Grimsley					2	STAWI4-L3J-C-0
3. Type of Disb			RO-1310 forms for e		pe of Disbursem	<u>ent.)</u>	
Operating E	xpenses	Contributions to Car	ndidates/Political Committe	ees		ordinated Party	y Expenditures
4. Payee Inform	ation		Add		Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ittee Nar	ne	d. Commer	nts
(include city, state,							
Cabarrus Count						_	
96 McGill Ave.			c. Level Registered (Spe	ecify)			
Concord, NC 28	3025		Federal	Ц	County:		
			State		Municipality:	e. Election	Sum to Date
						\$ 1,250	.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	()	j. Amount	k. Require	d Domarks
			1. Date (mm/du/yyyy	y)	J. Amount	K. Kequire	
М	Check	G	01/31/2022		\$1,000.00		
					\$		
					3		
4. Payee Inform	ation		Add		Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ittee Nar	me	d. Commen	nts
(include city, state,	& zip)						
						4	
			c. Level Registered (Spe	ecify)		4	
			Federal	H	County:		
			State		Municipality:	e. Election	Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Require	d Remarks
					\$		
					\$		
					\$		
A Deve L C	-41				D		
4. Payee Inform			Add b. Coordinated Commi		Remove	d. Commer	nte
	ng Address & Phone		b. Coor unated Commit	ILLEC IVAL	lic	u. commen	113
(include city, state,	& ZIP)						
			c. Level Registered (Spe	ecify)			
			Federal		County:	-	
			State	H	Municipality:	e. Election	Sum to Date
					internotipanty.		
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Require	d Remarks
					S		
					Ψ		
					\$		
5 Total only thi	Dogo					\$ 1.	,000.00
5. Total only thi 6. Total of ALL	CRO-1310 Pages					φ 1.	,000.00
	9	nmary Page CRO-110	0 if Operating Expenses)	142.00 (C (240)		•	102.10
) if Contrib to Candidates/	Politica/	l Comm)	\$ 4	,483.10
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7. Purpose Code	es (List detailed ex	penditure code in	(h.) above)	and a	CALCULATION OF		
A* - Media	B* - Printing	C* - Fund	Iraising	1999	D - To Anoth		
E - Salaries	F* - Equipment				H* - Holding		
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses		Q* - Donatio	on to Legal E	Expense Fund
NAMES AND ADDRESS OF A DESCRIPTION OF A	e detailed explanat	ion in required re	emarks field (k)				

Disbursements