Discl	osure	Report	Cover
DISCI	OSUIC	report	COVE

Amendment		
Yes	\boxtimes	No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form				
1. Committee Inform	mation		ADDUC COUR	
a. Full Name		CAE	ARRUS COUNTY	c. ID Number
Marshall Ward for C	Concord City Council	BOARD OF ELE		
b. Mailing Address (inclu	ude City, State and Zip Code)	OCT A C	UCT 0 2 2017	d. Date Filed
98 Cabarrus Ave W		001 0 3 2	UI/	10/3/2017
Conocord, NC 2802	25		RECEIVED	
		RECEIVE	D	e. Phone Number
				980-248-3316
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period F (mm/dd/yy)	nd Date 5. Treasure	er Full Name
2017	07/25/17		Marshall V	Vard
6. Type of Committ	ee (Check One)	9. Type of Report	(check only one type of	report from one category)
Candidate Campa		Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Expenditure		I I I I I I I I I I I I I I I I I I I		
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Pre-primary	First	Final
"Booster Fund"	(i) applicable, theth one)	Pre-election	Second Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
□ Dunang rand		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
Other:		Year End	Mid Year	10. Special Report Name
and the		Final	Year End	
8. Number of Fund	raisers this Report	Special Special	Final	
		1	Special	
	0		Зрестаг	
11. Account Inform			11. Account Information	
11. Account Inform a. Financial Institution	nation			me
	nation Full Name		11. Account Information a. Financial Institution Full Na	
a. Financial Institution Wells Fargo b. Purpose	nation		11. Account Information	c. Account Code
a. Financial Institution Wells Fargo b. Purpose Campaign	nation Full Name		11. Account Information a. Financial Institution Full Na	
a. Financial Institution Wells Fargo b. Purpose	rull Name c. Account Code		11. Account Information a. Financial Institution Full Na	c. Account Code
a. Financial Institution Wells Fargo b. Purpose Campaign	nation Full Name	ee e	11. Account Information a. Financial Institution Full Na	
a. Financial Institution Wells Fargo b. Purpose Campaign	rull Name c. Account Code	e	11. Account Information a. Financial Institution Full Na	c. Account Code
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION	c. Account Code d. Period Begin Balance \$ 58.50		11. Account Information a. Financial Institution Full Na b. Purpose	c. Account Code d. Period Begin Balance
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION Legitify that the Cou	c. Account Code d. Period Begin Balance \$ 58.50	liance with all applica	11. Account Information a. Financial Institution Full Na b. Purpose ble provisions of Article 22	d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Country the NC General State	c. Account Code d. Period Begin Balance \$ 58.50 Immittee or Fund is in completutes and that no funds are c	liance with all applica	11. Account Information a. Financial Institution Full Na b. Purpose ble provisions of Article 22 ibited or other non-disclose	c. Account Code d. Period Begin Balance
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Country the NC General State	c. Account Code d. Period Begin Balance \$ 58.50	liance with all applica	11. Account Information a. Financial Institution Full Na b. Purpose ble provisions of Article 22 ibited or other non-disclose	d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Country the NC General State	c. Account Code d. Period Begin Balance \$ 58.50 mmittee or Fund is in completutes and that no funds are code correct and that I have been	liance with all applications on mingled with proben trained by the NC	11. Account Information a. Financial Institution Full Na b. Purpose ble provisions of Article 22 ibited or other non-disclose	d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of a funds. I further certify that this report
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and	c. Account Code d. Period Begin Balance \$ 58.50 Immittee or Fund is in completutes and that no funds are code correct and that I have been considered by the constant of th	liance with all applications on mingled with proben trained by the NC	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	c. Account Code d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of a funds. I further certify that this report 10/03/2017 Date
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Couthe NC General State is complete, true and FOR OFFICE USE OF The Country of the Countr	c. Account Code d. Period Begin Balance \$ 58.50 mmittee or Fund is in completutes and that no funds are code correct and that I have been considered by the constant of the	liance with all applications on the second s	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	c. Account Code d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of od funds. I further certify that this report 10/03/2017 Date Delivery Method
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and	c. Account Code d. Period Begin Balance \$ 58.50 mmittee or Fund is in completutes and that no funds are code correct and that I have been considered by the constant of the	liance with all applications on mingled with proben trained by the NC	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	c. Account Code d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of od funds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and FOR OFFICE USE Of Date Received:	c. Account Code d. Period Begin Balance \$ 58.50 Immittee or Fund is in completutes and that no funds are cd correct and that I have been considered by the constant of the	liance with all applications on trained by the NC of the	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	c. Account Code d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of a funds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail
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a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and FOR OFFICE USE Of Date Received:	c. Account Code d. Period Begin Balance \$ 58.50 Immittee or Fund is in completutes and that no funds are cd correct and that I have been considered by the constant of the	liance with all applications on trained by the NC of the	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	c. Account Code d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of old funds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and part of the NC General Statis complete. The Date Received: Date Postmarked Date Scanned:	c. Account Code d. Period Begin Balance \$ 58.50 mmittee or Fund is in completutes and that no funds are code correct and that I have been considered by the completus of the constant of th	liance with all applications on trained by the NC series of the NC series	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	d. Period Begin Balance d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of a funds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and FOR OFFICE USE Date Received: Date Postmarke	c. Account Code d. Period Begin Balance \$ 58.50 mmittee or Fund is in completutes and that no funds are code correct and that I have been considered by the completus of the constant of th	liance with all applications ommingled with prolem trained by the NC of the	ble provisions of Article 22 ibited or other non-disclose state Board of Elections.	d. Period Begin Balance d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of the defends. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and part of the NC General Statis complete. The Date Received: Date Postmarked Date Scanned: Date Data Enter	c. Account Code d. Period Begin Balance \$ 58.50 mmittee or Fund is in completutes and that no funds are cd correct and that I have been been been been been been been be	Employee: Employee:	a. Financial Institution Full Na b. Purpose ble provisions of Article 22 ibited or other non-disclose state Board of Elections. what was ignature of Appointed Treasurer	d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of defunds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and part of the NC General Statis complete. The Date Received: Date Postmarked Date Scanned: Date Data Enter	c. Account Code d. Period Begin Balance \$ 58.50 Immittee or Fund is in completutes and that no funds are cd correct and that I have been considered. Printed Name of Signer ONLY 10/3/17 ed: 10/3/17	Employee: Employee: Employee: Employee:	ble provisions of Article 22 ibited or other non-disclose State Board of Elections. Signature of Appointed Treasurer Smy smy smy smy smy smy smy smy	d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of ed funds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training tee address, treasurer, assistant treasurer,
a. Financial Institution Wells Fargo b. Purpose Campaign Funds CERTIFICATION I certify that the Conthe NC General Statis complete, true and part of the NC General Statis complete. The Date Received: Date Postmarked Date Scanned: Date Data Enter	c. Account Code d. Period Begin Balance \$ 58.50 Immittee or Fund is in completutes and that no funds are cd correct and that I have been considered. Printed Name of Signer ONLY 10/3/17 ed: 10/3/17	Employee: Employee: Employee: Employee: Employee:	a. Financial Institution Full Na b. Purpose ble provisions of Article 22 ibited or other non-disclose state Board of Elections. what was ignature of Appointed Treasurer	d. Period Begin Balance \$ 2A, 22B, & 22D-22M of Chapter 163 of od funds. I further certify that this report 10/03/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training tee address, treasurer, assistant treasurer, a.

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

Amendment Yes \boxtimes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	mormation.	3. ID Number
The Aller of the Associated and	35 Day		
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 58.50	\$ 58.50
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 395.00	\$ 395
6) Contributions from Individuals	(CRO-1210)	\$ 400.00	\$ 700
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
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 Organization	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 795.00	\$ 1095.00
EXPENDITURES			
13) Disbursements			1037.00
13a) Operating Expenditures	(CRO-1310)	\$ 795.50	\$ 1037.00
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 795.50	\$ 1037.00
19) Cash on Hand at End (Add lines 4 and 12 together, then such		\$ 58.00	\$ 58.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	(ns) (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)		\$
, ,	(CRO-2220)	\$	\$
27) 48-Hour Notice Reports Sum		\$	\$
28) Contributions to be Refunded	(CRO-1215)	Ψ	August 2008

Aggregated Contributions from Individuals

Page

<u>1</u> of

Amendment

☐ Yes
☐

No

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

c. Form of Payment	d. In-Kind	e. Date	f. Amount
THE RESERVE THE PROPERTY OF TH	Description	(mm/dd/yyyy)	Φ 25.00
Cash		08/18/2017	\$ 25.00
Cook		09/25/2017	\$ 40.00
Cash		08/25/2017	\$ 40.00
Cash		08/25/2017	\$ 40.00
Casii		00/23/2017	Ψ 40.00
EFT		09/08/2017	\$ 50.00
21.1		, 05/00/2017	4 6 6 6 6 6 6 6 6 6 6
Cash		09/08/2017	\$ 50.00
			•
Cash		09/08/2017	\$ 50.00
			
Cash	P P	09/08/2017	\$ 50.00
			
Cash		09/08/2017	\$ 50.00
			+
Cash		09/08/2017	\$ 40.00
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		e e	395.00
		Φ	373.00
	Pages Summary Page CRO-1100)		

		n Individuals	rom \$50	Pg	1 of	1 1205 is not	Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRC 1. Committee Full Name (and Fund if applicable)						2. ID Num!			
	Ward for Concord		- Annual Control						
			M	Add D Dom					
	butor Information e, Mailing Address &	THE RESERVE OF THE PARTY OF THE		Add Remo	ove	d. Comments			
	city, state, & zip)			Manager					
David Nie									
Concord,	nings Place North NC	west		c. Employer's Name/Spe	cific Field				
28027				Davco Properties LI	LC	e. Election Su	4. Data		SWANNE
704-516-1	1001						and the second second second		DE CHIZ
						\$	100		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount		
	1	Electronic			09/25/2	.016	\$		100
							\$		
							\$		
3. Contri	butor Informatio	n		Add Rem	ove				
STORY OF HIS PROPERTY.	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	1		
(include Marshall	city, state, & zip)		对外性型	VP of Operations					
	rus Ave W			c. Employer's Name/Spe	ecific Field				
140001 04400 04400 1400 040 0	NC, 28025			Failure Free Readin	g	e. Election S	um to Dota		
980-248-	3316								289
	•					\$	600		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount		200
	1	Transfer	-		09/08/2	2017	\$		300
	,						\$		
							\$		
The State of the Party of the State of the S	ibutor Informatio				nove				
可能的特別的原理。	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession		d. Comment	S		
(include	city, state, & zip)			190					
				c. Employer's Name/Sp	ecific Field				
						e. Election S	Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
							\$		
							\$		
						0.0	\$		
4. Tota	l only this Pag	ge				\$			400
5. Tota	of ALL CRO	0-1210 Pages				\$			400

Amendment

-	-			
Dis	hii	rsem	ents	

Amendment Yes

No

 \boxtimes

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

	ill Name (and Fund				2. ID Number
PARTICIPATION OF THE PROPERTY AND ADDRESS OF THE PARTY.	or Concord City Co	Commence of the second			
3. Type of Disbu		A REAL PROPERTY AND ADDRESS OF THE PARTY AND A	RO-1310 forms for each ty		
Operating Ex	penses		didates/Political Committees	Coo	rdinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,					Δ.
Facebook					
1 Hacker Way			c. Level Registered (Specify)		
Menlo Park, CA	94025		Federal	County:	
,			State 🔀	Municipality:	e. Election Sum to Date
					0 11640
					\$ 116.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				,-,,	Marketing
1	EFT	Α	07/31/2017	\$15.83	U
_			00/05/2017	005.15	Marketing
1	EFT	Α	09/25/2017	\$25.15	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	DESCRIPTION OF THE PROPERTY OF	d. Comments
(include city, state,				The second secon	
SquareSpace	- up)				
225 Varick St, 1	2 Floor		c. Level Registered (Specify)		
New York, NY			Federal	County:	
INEW IOIK, IN	10014		State	Municipality:	e. Election Sum to Date
				1-iumoipanty.	
					\$ 68.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Fayment				Website
1 5	Debit Card	A	08/15/2017	\$16.00	
L.					Website
1	Debit Card	A	09/15/2017	\$16.00	11 00010
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, Stripe Inc	oc Zip)		1		
185 Berry St Ste	550		c. Level Registered (Specify)		
The state of the s			Federal	County:	
San Francisco,	JA 9410/		State	Municipality:	e. Election Sum to Date
			State	Trumorpanty.	
					\$ 9.45
£ Assemble Code	g Form of Dovemant	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. r ur pose Code	i. Date (iliiii/uu/yyyy)	J. Amount	Service Fee
1	EFT	С	09/08/2017	\$3.25	Scr vice i co
799)				,	Service Fee
1	EFT	С	09/25/2017	\$6.20	Per Aice Lee
	Company of the Supplemental Company				\$ 82.43
5. Total only th					Φ 02.43
6. Total of ALL	CRO-1310 Pages	n cno	O is Commenting Francisco	HERE STATES OF THE SOURCE STATES	
			00 if Operating Expenses)	al Comm	\$ 795.50
			00 if Contrib to Candidates/Politic		
			0 if Coordinated Party Expenditu	ares)	
	es (List detailed ex			D T- A	or Condidate
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate Public Office Expenses
E - Salaries	F* - Equipment J - Penalties		cal Party		n to Legal Expense Fund
I - Postage O* - Other	J - Penaities	K" - UII	ce Expenses	Q - Dollatio	wega. wapenee I and
	o detailed evalenat	ion in required r	emarks field (k)		

т.	w		4	
Dis	bu	rsem	ents	

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)					
	or Concord City Cou		70 1010 0	CD: I		
3. Type of Disbu			RO-1310 forms for each typ	e of Disburseme	dinated Party Expenditures	
Operating Ex	CONTRACTOR DESCRIPTION OF THE PERSON OF THE		didates/Political Committees		dinated Party Expenditures	
4. Payee Informa	CONTRACTOR OF THE PARTY OF THE			Remove	d. Comments	
a. Full Name, Mailir			b. Coordinated Committee Nan	ie .	d. Comments	
(include city, state, &						
Signs On The Cl	AND THE RESERVE OF THE PARTY OF		I ID in al(Consider)			
11525A Stoneho	ollow Dr.		c. Level Registered (Specify) Federal	County:		
Suite 100			State	Municipality:	e. Election Sum to Date	
Austin, TX 7875			U State LA	Wunterparity.		
1-800-330-9622		A Range			\$ 593.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		Α.	09/13/2017	\$593.07	Signage	
1	Debit Card	A	09/13/2017	ψ373.07		
				\$		
4. Pavee Inform	ation		Add	Remove		
AND DESCRIPTION OF THE PARTY OF	ng Address & Phone		b. Coordinated Committee Nan	me	d. Comments	
(include city, state,	THE RESERVE OF THE PROPERTY OF THE PARTY OF					
Cabarrus Count				10		
Board of Election			c. Level Registered (Specify)			
369 Church St N			Federal	County:		
Concord, NC 2			State State	Municipality:	e. Election Sum to Date	
					\$ 120.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	Н	08/18/2017	\$95.00	Filing Fee	
1	Cash	J	08/18/2017	\$25.00	Return Fee	
4. Payee Inform	ation		Add	Remove		
CONTRACTOR OF THE PARTY OF THE	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments	
(include city, state,						
, , , , , ,						
			c. Level Registered (Specify)		<u> </u>	
			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	
				\$		
				\$		
					\$ 713.07	
5. Total only th	nis Page				Ψ /13.0/	
6. Total of AL	L CRO-1310 Pages	mmary Page CPO 11	00 if Operating Expenses)		505.50	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Exper (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Cand				cal Comm)	\$ 795.50	
(This line goes i	n une 130 oj Detauea Su n lina 13c of Datailad Su	mmary Page CRO-11	00 if Coordinated Party Expendite	ires)		
	des (List detailed ex					
7. Purpose Coo	B* - Printing	C* - Fu	ndraising	D - To Anoth	ner Candidate	
E - Salaries	F* - Equipmen	THE PERSON NAMED IN COLUMN 2 I	tical Party	H* - Holdin	g Public Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Of	fice Expenses	Q* - Donati	on to Legal Expense Fund	
* Codes requi	ire detailed explana	tion in required	remarks field (k)		- 艾克姆·阿尔斯特特的英国国家的人。 特别是这种人的	