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			to the state of th	
1. Committee Inform	mation	CARARI	RUS COUNTY	c. ID Number
a. Full Name CABARRO			OF ELECTIONS	G ID Number
Marshall Ward for C	Concord City Council	BOAKD		
	ude City, State and Zip Code)	000	7 <b>3 0</b> 2017	d. Date Filed
98 Cabarrus Ave W			and the second s	10/30/2017
Concord, NC 28205		D	ECEIVED	10/30/2017
*		IX.	LCLIVE	e. Phone Number
				980-248-3316
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period F	nd Date 5. Treasure	r Full Name
	拉。36 克尔美国的特别在10 Jan 199		Marshall W	ard
2017	09/27/2017	10/23	3/2017	
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 Legal Expense Fu				
7. Type of Fund	(if applicable, check one)	Pre-primary	First	Final
"Booster Fund"	(1) appricable, electronic,	Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
Dunting rand		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
Other:		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fund	raisers this Report	Special	Final	
	Taisers this report		🗀	
	raisers this resport		Special	
100		9,		
11. Account Inform	nation		Special	ne
11. Account Inform a. Financial Institution	nation		Special  11. Account Information	ne de la companya de
11. Account Inform a. Financial Institution Wells Fargo	nation		Special  11. Account Information	c. Account Code
11. Account Inform a. Financial Institution Wells Fargo b. Purpose	ration Full Name  c. Account Code		Special  11. Account Information a. Financial Institution Full Nan	
11. Account Inform a. Financial Institution Wells Fargo	nation Full Name		Special  11. Account Information a. Financial Institution Full Nan	c. Account Code
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign	ration Full Name  c. Account Code		Special  11. Account Information a. Financial Institution Full Nan	
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign	c. Account Code  d. Period Begin Balance		Special  11. Account Information a. Financial Institution Full Nan	c. Account Code
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign Funds	c. Account Code  d. Period Begin Balance  \$ 153.00		Special  11. Account Information a. Financial Institution Full Nan	c. Account Code  d. Period Begin Balance
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign Funds	c. Account Code  d. Period Begin Balance  \$ 153.00	e	Special  11. Account Information a. Financial Institution Full Nan b. Purpose	c. Account Code  d. Period Begin Balance
11. Account Inform a. Financial institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION Legetify that the County	c. Account Code  d. Period Begin Balance  153.00  mmittee or Fund is in comp	re	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222	c. Account Code  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Counter NC General State	c. Account Code  d. Period Begin Balance  \$ 153.00  mmittee or Fund is in completutes and that no funds are c	liance with all applica	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 able provisions of Article 222 able or other non-disclosed	c. Account Code  d. Period Begin Balance
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Counter NC General State	c. Account Code  d. Period Begin Balance  \$ 153.00  mmittee or Fund is in completutes and that no funds are cd correct and that I have been	liance with all applica	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 able provisions of Article 222 able or other non-disclosed	d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report
11. Account Inform a. Financial Institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Counter NC General State	c. Account Code  d. Period Begin Balance  \$ 153.00  mmittee or Fund is in completutes and that no funds are cd correct and that I have been the complete that I have been the control of t	liance with all applications ommingled with probes trained by the NC	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	c. Account Code  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 Couthe NC General Statis complete, true and	c. Account Code  d. Period Begin Balance  \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been been been been been been been be	liance with all applications ommingled with probes trained by the NC	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 able provisions of Article 222 able or other non-disclosed	c. Account Code  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of 1 funds. I further certify that this report  10/30/2017
a. Financial institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Cotthe NC General Statis complete, true and	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been half to be considered to the constant of the cons	liance with all applications om trained by the NC series of the NC series	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	c. Account Code  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  Date  Delivery Method
a. Financial Institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Couthe NC General Statis complete, true and	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been half to be considered to the constant of the cons	liance with all applications ommingled with probes trained by the NC	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	c. Account Code  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  Date  Delivery Method Normal Mail
a. Financial institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Couthe NC General Statis complete, true and part of the Perceived:  Date Perceived:	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been been been been been been been be	diance with all applications ommingled with proben trained by the NC S	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	c. Account Code  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  Date  Delivery Method Normal Mail Registered Mail
a. Financial institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Cotthe NC General Statis complete, true and	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been been been been been been been be	liance with all applications om trained by the NC series of the NC series	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	c. Account Code  d. Period Begin Balance  \$  A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered
a. Financial Institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Cotthe NC General Statis complete, true and part of the Peccived:  Date Peccived:  Date Postmarke	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been been been been been been been be	liance with all applications ommingled with proben trained by the NC SE Employee:	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	d. Period Begin Balance  s  A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  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 Couthe NC General Statis complete, true and part of the Perceived:  Date Perceived:	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been been been been been been been be	diance with all applications ommingled with proben trained by the NC S	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	d. Period Begin Balance  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of a funds. I further certify that this report  10/30/2017  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 Couthe NC General State is complete, true and Date Postmarked Date Postmarked Date Scanned:	c. Account Code  d. Period Begin Balance \$ 153.00  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	liance with all applications ommingled with proben trained by the NC SE Employee:	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 biblied or other non-disclosed State Board of Elections.	d. Period Begin Balance  s  A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  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 Couthe NC General Statis complete, true and part of the Perceived: Date Perceived: Date Postmarked Date Data Enter	c. Account Code  d. Period Begin Balance \$ 153.00  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: Employee:	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 bibited or other non-disclosed State Board of Elections.  ignature of Appointed Treasurer	d. Period Begin Balance  s  A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  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 Couthe NC General Statis complete, true and part of the Perceived: Date Perceived: Date Postmarked Date Data Enter	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been been been been been been been be	Employee: Employee: Employee: Employee: Employee:	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 bibited or other non-disclosed biteted Board of Elections.  ignature of Appointed Treasurer  Smal  material Special  Treasurer	c. Account Code  d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training  ee address, treasurer, assistant treasurer,
a. Financial institution Wells Fargo b. Purpose Campaign Funds  CERTIFICATION I certify that the Couthe NC General Statis complete, true and part of the Perceived: Date Perceived: Date Postmarked Date Data Enter	c. Account Code  d. Period Begin Balance \$ 153.00  mmittee or Fund is in completutes and that no funds are code correct and that I have been printed Name of Signer  ONLY  ed:  priod Begin Balance  printed or Fund is in completutes and that no funds are code correct and that I have been printed Name of Signer  ONLY  ed:  priod Begin Balance  to complete the service of the service	Employee: Employee: Employee: Employee: Employee: Employee:	Special  11. Account Information a. Financial Institution Full Nan b. Purpose  able provisions of Article 222 bibited or other non-disclosed State Board of Elections.  ignature of Appointed Treasurer	d. Period Begin Balance  \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report  10/30/2017  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training  ee address, treasurer, assistant treasurer,

## **Detailed Summary**

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

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Marshall Ward for Concord City Council Pre-Election **Total this** Total this **Start of Election Cycle:** January 1, 2014 Reporting Period **Election Cycle** 153.00 Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals 395.00 (CRO-1205) \$ \$ \$ 900.00 \$ 1600.00 6) Contributions from Individuals (CRO-1210) \$ \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds (CRO-1410) Refunds/Reimbursements To the Committee (CRO-1240) \$ \$ 10) 11) Other Receipt Sources (CRO-1250) **Interest on Bank Accounts** 11a) \$ \$ Contributions from Not-for-Profit Organizations (CRO-1250) 11b) (CRO-1250) \$ \$ 11c) Outside Sources of Income \$ (CRO-1270) \$ 11d) Legal Expense Fund – Other Sources \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 900.00 \$ 1995.00 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) **EXPENDITURES** 13) Disbursements \$ (CRO-1310) 767.60 1709.60 13a) Operating Expenditures \$ Contributions to Candidates/Political Committees (CRO-1310) 13b) \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ (CRO-1420) 15) Loan Repayments 16) Refunds/Reimbursements From the Committee \$ \$ (CRO-1320) \$ \$ **In-Kind Contributions** (CRO-1510) 17) \$ 767.60 1709.60 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 285.40 285.40 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) ADDITIONAL INFORMATION (CRO-1330) Non-Monetary Gifts Given to Other Committees (CRO-1430) \$ Outstanding Loans (incl. ones from other campaigns) 21) (CRO-1610) \$ Debts and Obligations owed By the Committee 22) (CRO-1620) Debts and Obligations owed To the Committee 23) 24) Account Transfers Within the Committee (CRO-1720) \$ (CRO-1710) 25) Administrative Support \$ (CRO-1440) 26) Forgiven Loans \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ Contributions to be Refunded (CRO-1215) 28)

Amendment

No

		n Individuals	Pg er \$50 or contributions und			Amendment Yes	No No
		and Fund if applicabl	THE RESIDENCE OF THE PERSON OF	or \$50 in form Cite	2. ID Num	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	
	Ward for Concord						
3. Contri	butor Informatio	on .	⊠ Add □ Ren	move			<b>被</b> 使起
	ne, Mailing Address &	& Phone	b. Job Title/Profession		d. Comments		
(include Marshall	city, state, & zip)		VP of Operations				
	rus Ave W		c. Employer's Name/S	pecific Field			
Concord,	NC 28025		Failure Free Readi				
980-248-3	3316			5	e. Election Su	ım to Date	
					\$	1100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyy	y)	k. Amount	
	1	Transfer		10/02/20	17	\$	500.00
						\$	
	=			·		\$	
3. Contri	butor Informatio	on	☐ Add ☐ Re	move			
	ne, Mailing Address & city, state, & zip)	& Phone	b. Job Title/Profession Owner		d. Comments	3	
Arthur Pa PO Box	arrish		c. Employer's Name/S Parrish & Partners		e. Election S	um to Date	
					\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Electronic on lac		10/06/20	)17	\$	200.00
						\$	
						\$	
3. Contr	ibutor Informati	on		emove			
	me, Mailing Address	& Phone	b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)		Owner				
PO Box			c. Employer's Name/S	Specific Field			
The same processors to	a, SC 29202		Parrish & Partner	S			
					e. Election S	200.00	
						30,000,000	
f. Prior	g. Account Code	h. Form of Payment  Electronic	i. In-Kind Description	j. Date (mm/dd/yy		k. Amount	200.00
		Electronic (Un/int		133.307	2000 St.	\$	
						Φ	

900.00

900.00

\$

\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Disbursements	Ρσ	1	of
Disbuiscincing	rg	Ţ	01

Amendment		
Yes	$\bowtie$	No

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

	ull Name (and Fund		<b>法。当时外,关于</b> 国际		2. ID Number
	for Concord City Co		AMARIAN DIRECTOR CONTROL CONTR		
3. Type of Disbu			RO-1310 forms for each ty		
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)				
Facebook			e Lavel Degistered (Creek)		
1 Hacker Way Menlo Park, CA 94025			c. Level Registered (Specify)	1	
Mellio Park, CA	1 94023		State	County: Municipality:	e. Election Sum to Date
			State	wunterparity.	
					\$ 219.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	A	10/02/2017	\$52.49	Marketing
•	Di i		10/02/2017	ψ02.15	
1	EFT	A	10/05/2017	\$50.04	Marketing
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)				
SquareSpace					
225 Varick St, 1			c. Level Registered (Specify)		4
New York, NY	10014		Federal	County:	Fl. d. S. 4 D.4
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 84.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10/16/2017	\$16.00	website
					1
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				ā "
Stripe Inc	550		I and Desistant (Cassife)		
185 Berry St St San Francisco,			c. Level Registered (Specify)	County:	-
San Francisco,	CA 94107		State	Municipality:	e. Election Sum to Date
					\$ 23.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	С	10/-6/2017	\$14.20	Service Fee
				\$	
5. Total only th		THE WAY			\$ 132.73
	CRO-1310 Pages				
			00 if Operating Expenses)	-16	\$ 767.60
			00 if Contrib to Candidates/Politic		
	THE RESERVE OF THE PARTY OF THE		00 if Coordinated Party Expenditu	ares)	
7. Purpose Cod A* - Media	les (List detailed ex B* - Printing	C* - Fun	draising	D - To Anoth	her Candidate
E - Salaries	F* - Equipment			H* - Holdin	g Public Office Expenses
I - Postage	J - Penalties		ice Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other	re detailed explanat	tion in required	emarks field (k)		

<b>Disbursements</b>		

				Amendment			
Pg	<u>2</u>	of	<u>2</u>		Yes	$\boxtimes$	No

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

	ull Name (and Fund	the state of the s	But Holes to Albertan	All States and States	2. ID Number
	for Concord City Co				
3. Type of Disb			RO-1310 forms for each ty		
Operating E	THE PARTY OF THE P		ndidates/Political Committees	The state of the s	rdinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,					
Signs On The C					
11525A Stoneh	ollow Dr		c. Level Registered (Specify)		
Suite 100			Federal	County:	
Austin, TX 787	58		State 🖂	Municipality:	e. Election Sum to Date
800-330-9622					\$ 1106.19 <b>M</b> M
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Dahit Cand	_	10/02/2017	\$531.12	Signage
1	Debit Card	A	10/02/2017	\$331.12	
				\$	
4. Payee Inform	nation		Add	Remove	
NAMES OF THE OWNER OF THE OWNER OF THE OWNER.	ing Address & Phone		b. Coordinated Committee Na	DEPOSITE OF STREET, ST	d. Comments
(include city, state,					
Magnets On Th					
11525A Stoneh			c. Level Registered (Specify)		
Suite 100			Federal	County:	
Austin, TX 78	758		State 🖂	Municipality:	e. Election Sum to Date
800-330-9622					\$ 93.75
	P. CD.	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. 1 di pose Code			Car Magnets
1	Debit Card	A	1002/2017	\$93.75	<b>Gua 1744</b> g.1273
				\$	
4 D 1 6			Add	Remove	
4. Payee Inform	A CONTRACTOR SEASON CONTRACTOR OF THE SEASON		b. Coordinated Committee Na	AND THE PROPERTY OF THE PARTY O	d. Comments
	ling Address & Phone		b. Cool dinated Committee Na		u. Comments
(include city, state Wells Fargo	, & zip)	DESCRIBER AND SOME PROPERTY.	4		
50 Union St N			c. Level Registered (Specify)		
Concord, NC	28025		Federal	County:	
Concord, NC 2	20023		State	Municipality:	e. Election Sum to Date
44					
					\$ 45.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Fee	J	9/29/2017	\$10.00	Service Fee
-					
- Sunsul				\$	
5. Total only th	his Page	BANK MAKEN			\$ 634.87
CONTRACTOR OF THE PROPERTY OF	L CRO-1310 Pages	19 31 特先24			
,			00 if Operating Expenses)		\$ 767.60
(This line goes i	707.00				
	AND REAL PROPERTY AND REAL PRO	production of the last of the	00 if Coordinated Party Expenditu	ires)	
	des (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries	F* - Equipment		ical Party ice Expenses		g Public Office Expenses on to Legal Expense Fund
I - Postage O* - Other	J - Penalties	K" - OII	ice Expenses	Q - Donatio	on to Dogar Expense Fund
	re detailed explanat	tion in required 1	remarks field (k)	<b>阿克克 艾伊斯特的</b>	