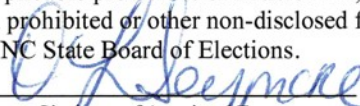
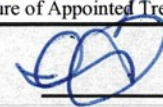


Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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	
KESHIA4CABARRUSCOUNTY			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO BOX 8224 CONCORD NC 28027		01/10/2025	
		e. Phone Number	
		(980) 434-1255	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	10/20/2024	12/31/2024	OCTAINIOUS SEYMORE
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
UWHARRIE BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FINANCE	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
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.			
OCTAINIOUS L SEYMORE			01/10/2025
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	01/13/2025	Employee:	
Date Postmarked:		Employee:	
Date Scanned:	1/21/2025	Employee:	WAN
Date Data Entered:		Employee:	
			Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

RECEIVED
JAN 13 2025

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
KESHIA4CABARRUSCOUNTY		2024 FOURTH QUARTER			
Start of Election Cycle: January 1,		2024		Total this Reporting Period	
4) Cash on Hand at Start		\$ 2,413.12		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 280.93	
6) Contributions from Individuals		(CRO-1210)		\$ 785.85	
7) Contributions from Political Party Committees		(CRO-1220)		\$	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 1,572.50	
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)		\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,066.78		\$ 9,619.28	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 3,444.26	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 200.00	
13c) Coordinated Party Expenditures		(CRO-1310)		\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 35.64	
15) Loan Repayments		(CRO-1420)		\$	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$	
17) In-Kind Contributions		(CRO-1510)		\$ 50.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,479.90		\$ 9,619.28	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
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)		\$	

Aggregated Contributions from Individuals

Page

1 of 2

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KESHIA4CABARRUSCOUNTY						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	CREDIT CARD		10/27/2024	\$ 2.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/27/2024	\$ 1.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/27/2024	\$ 2.50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/27/2024	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		10/27/2024	\$ 3.55
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		10/27/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/28/2024	\$ 1.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/28/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/28/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		10/29/2024	\$ 4.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		10/29/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/02/2024	\$ 3.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/03/2024	\$ 2.05
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/03/2024	\$ 2.05
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/04/2024	\$ 2.05
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/04/2024	\$ 1.03
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/04/2024	\$ 1.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		11/04/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/05/2024	\$ 11.37
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/05/2024	\$ 1.59
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$ 168.19	
5. Total of ALL CRO-1205 Pages					\$ 280.93	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

2 of 2

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KESHIA4CABARRUSCOUNTY						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	CREDIT CARD		11/05/2024	\$ 1.37
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		11/05/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		11/05/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/05/2024	\$ 11.37
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/05/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CREDIT CARD		11/06/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$ 112.74	
5. Total of ALL CRO-1205 Pages					\$ 280.93	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
KESHIA4CABARRUSCOUNTY						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jaymond Bryant-Herron 199 McKinnon Ave Concord NC 28025			Organizer			
			c. Employer's Name/Specific Field Self Employed			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR		10/24/2024	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WINIFRED DOOLEY 4420 N CLYBOURN AVE BURBANK, CA 91505			WRITER			
			c. Employer's Name/Specific Field SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 178.57	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR		10/27/2024	\$ 178.57	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARTIN ERICSON 788 COURTNEY ST SE CONCORD NC 28025			ACCOUNTANT			
			c. Employer's Name/Specific Field ERICSON TAX & ACCOUNTING			
					e. Election Sum to Date	
					\$ 175.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR		10/27/2024	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 228.57	
5. Total of ALL CRO-1210 Pages					\$ 785.85	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
KESHIA4CABARRUSCOUNTY						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Job Title/Profession		d. Comments	
WILLIAM HANEY 61 LINCOLN ROAD WAYLAND, MA 01778			CEO			
			c. Employer's Name/Specific Field			
			DRAGONFLY			
			e. Election Sum to Date			
					\$ 227.28	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR		11/03/2024	\$ 227.28	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Job Title/Profession		d. Comments	
KATERINE MCGEE 9310 SWALLOW TAIL LANE CHARLOTTE, NC 28269			DATA ANALYST			
			c. Employer's Name/Specific Field			
			RADGOV			
			e. Election Sum to Date			
					\$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR		11/17/2024	\$ 180.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Job Title/Profession		d. Comments	
AIMY STEELE 521 MONTGROVE PLACE NW CONCORD, NC 28027			CEO			
			c. Employer's Name/Specific Field			
			NEW NORTH CAROLINA PROJECT			
			e. Election Sum to Date			
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CREDIT CAR		12/06/2024	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 557.28	
5. Total of ALL CRO-1210 Pages					\$ 785.85	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
KESHIA4CABARRUSCOUNTY					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
KENISHA REID 1243 PRESTON ST MT PLEASANT NC 28124					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 377.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	A	11/04/2024	\$39.00	CAMPAIGN TSHIRT
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
OLIVE GARDEN 8010 CONCORD MILLS BLVD CONCORD, NC 28027					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 81.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	O	11/06/2024	\$81.13	FOOD FOR VOLUNTEERS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
IMANI COOK 8001 DEVELOPMENT DR MOORISVILLE, NC 27560					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	EFT	E	12/11/2024	\$350.00	CAMPAIGN MARKETING
				\$	
5. Total only this Page					\$ 470.13
6. Total of ALL CRO-1310 Pages					\$ 3,444.26
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
KESHIA4CABARRUSCOUNTY					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
OCTAINIOUS L SEYMORE 3120 PASSOUR RIDGE LANE CHARLOTTE NC 28269					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,374.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	E	12/30/2024	\$774.13	CAMPAIGN FINANCE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
HOLDEN SIDES 803 SPRUCEWOOD ST KANNAPOLIS NC 28081					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	PAYPAL	E	12/16/2024	\$1,200.00	CAMPAIGN FUNDRAISING
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
ANTHONY JACOBS 308 NEW LEAF LOOP LN SUMMERVILLE SC 29486					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	PAYPAL	E	12/16/2024	\$1,000.00	CAMPAIGN ADVISOR
				\$	
5. Total only this Page					\$ 2,974.13
6. Total of ALL CRO-1310 Pages					\$ 3,444.26
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes - (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					