

Disclosure Report Cover

Amendment
 Yes 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 update information.

1. Committee Information	
a. Full Name COMMITTEE TO ELECT DOUG MEDLIN	c. ID Number W0HCS15
b. Mailing Address (include City, State and Zip Code) PO BOX 2689 SURF CITY, NC 28445	d. Date Filed 01/31/2020
	e. Phone Number (910) 358-4912

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2019	10/22/2019	12/31/2019	STEPHEN JONES

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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report	0		

3. Account Information		3. Account Information	
a. Financial Institution Full Name COASTAL BANK AND TRUST	b. Purpose CAMPAIGN	a. Financial Institution Full Name	b. Purpose
c. Account Code CM	d. Period Begin Balance \$ 9260.50	c. Account Code	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

Stephen M. Jones Stephen M. Jones 01/31/2020
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		RECEIVED	
Date Received:	BY: <u>[Signature]</u>	Employee:	Delivery Method
Date Postmarked:		Employee:	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:		Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:	<input type="checkbox"/> Hand Delivered
		Employee:	<input checked="" type="checkbox"/> Electronically Filed
		Employee:	<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.

Detailed Summary

Amendment
<input checked="" type="checkbox"/> Yes <input 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	
COMMITTEE TO ELECT DOUG MEDLIN	2019 Year End Semi-Annual	WHCSIS	
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 990.27	\$ 2,204.76
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$ 50.00	\$ 50.00
6) Contributions from Individuals (CRO-1210)	\$ 4,450.00	\$ 4,450.00	\$ 4,450.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 4,660.16	\$ 4,660.16	\$ 4,660.16
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 200.44	\$ 200.44	\$ 200.44
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,860.60	\$ 4,860.60	\$ 4,860.60
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 629.67	\$ 1,844.16	\$ 1,844.16
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	\$ 0.00	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	\$ 0.00	\$ 0.00
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	\$ 0.00	\$ 0.00
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	\$ 0.00	\$ 0.00
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	\$ 0.00	\$ 0.00
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals Page 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	
COMMITTEE TO ELECT DOUG MEDLIN						
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	CM	Check		10/22/2019	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 50.00	
5. Total of ALL CRO-1205 Pages					\$ 50.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	
COMMITTEE TO ELECT DOUG MEDLIN							
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	
DANIEL DRAKE 105 PELICAN COURT SURF CITY, NC 28445				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CM	Check		10/31/2019	\$ 100.00		
<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	
DOUG AND CATHY MEDLIN PO BOX 2690 SURF CITY, NC 28445				REAL ESTATE			
				c. Employer's Name/Specific Field			
				MEDLIN RENTALS			
						e. Election Sum to Date	
						\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CM	Check		10/22/2019	\$ 1,500.00		
<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	
DOUG AND CATHY MEDLIN 4050 4TH STREET SURF CITY, NC 28445				REAL ESTATE PROFESSIONAL			
				c. Employer's Name/Specific Field			
				ISLAND REAL ESTATE			
						e. Election Sum to Date	
						\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CM	Check		10/25/2019	\$ 2,500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 4,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,450.00	

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	
COMMITTEE TO ELECT DOUG MEDLIN						
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	
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407			REAL ESTATE			
			c. Employer's Name/Specific Field NC REALTORS PAC			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CM	Check		10/22/2019	\$ 250.00	
<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	
JOHNNY RAY 1135 S SHORE DRIVE SURF CITY, NC 28445			RESTAURANT OWNER			
			c. Employer's Name/Specific Field SURF CITY DOGS, LLC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CM	Check		10/22/2019	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,450.00	

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
COMMITTEE TO ELECT DOUG MEDLIN						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PARTY CITY 4715F NEW CENTRE DRIVE WILMINGTON, NC 28405						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 78.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Debit Card	F	10/24/2019	\$ 78.06	EVENT MATERIALS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
INTRACOASTAL DESIGNS 15200 US-17 HAMPSTEAD, NC 28443						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 140.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Debit Card	A	11/05/2019	\$ 140.00	MARKETING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SURF CITY FLORIST 22506 US-17 HAMPSTEAD, NC 28443						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 319.32
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Check	K	11/21/2019	\$ 319.32	FLOWERS	
				\$		
5. Total only this Page						\$ 537.38
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)						\$ 4,660.16
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

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 ELECT DOUG MEDLIN						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SURF CITY FLORIST 22506 US-17 HAMPSTEAD, NC 28443						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 213.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Check	K	11/25/2019	\$ 213.88	FLOWERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SURF CITY FLORIST 22506 US-17 HAMPSTEAD, NC 28443						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 64.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Check	K	12/19/2019	\$ 64.00	FLOWERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PORT LAND GRILLE 1908 EASTWOOD ROAD WILMINGTON, NC 28403						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Check	K	12/21/2019	\$ 125.00	GIFT CERTIFICATE	
				\$		
5. Total only this Page						\$ 402.88
6. Total of ALL CRO-1310 Pages						\$ 4,660.16
<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		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
COMMITTEE TO ELECT DOUG MEDLIN						
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
USPS HOLLY RIDGE 213 HOLLY STREET HOLLY RIDGE, NC 28445						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 825.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Debit Card	I	10/24/2019	\$ 825.00		
				\$		
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
JOHNNY JAMES NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 375.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Check	K	10/31/2019	\$ 375.00	BBQ DINNER	
				\$		
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
MATT JONES 139 A JAMES AVE SURF CITY, NC 28445						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM	Check	K	12/20/2019	\$ 500.00	TREASURER	
				\$		
5. Total only this Page						\$ 1,700.00
6. Total of ALL CRO-1310 Pages						\$ 4,660.16
<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		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
<input checked="" type="checkbox"/> Yes <input 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	
COMMITTEE TO ELECT DOUG MEDLIN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CHELSEA KABAKABA 208 WILLOUGHBY LANE JACKSONVILLE, NC 28546							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CM	Check	K	12/20/2019	\$ 500.00	CAMPAIGN		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PRINT PLACE 1130 AVE H EAST ARLINGTON, TX 76011							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 512.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CM	Debit Card	B	10/22/2019	\$ 512.50	MARKETING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
910 SIGN CO 614 RICHLANDS HWY JACKSONVILLE, NC 28540							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,007.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CM	Debit Card	A	10/23/2019	\$ 1,007.40	MARKETING		
				\$			
5. Total only this Page						\$ 2,019.90	
6. Total of ALL CRO-1310 Pages						\$ 4,660.16	
<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		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)							

Aggregated Non-Media Expenditures

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

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT DOUG MEDLIN						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Debit Card	K	11/07/2019	\$ 6.41	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Debit Card	K	11/01/2019	\$ 16.75	OPERATING EXPENSE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Debit Card	O	10/24/2019	\$ 49.70	GAS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Debit Card	K	11/01/2019	\$ 42.44	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Electric Funds Tran	O	11/08/2019	\$ 11.65	CONTRIBUTION IN KIND
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Check	K	12/19/2019	\$ 50.00	EXPENSE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CM	Debit Card	K	10/29/2019	\$ 23.49	SUPPLIES
4. Total only this Page					\$	200.44
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	200.44
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						