Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

RECEIVED
MAR 01 2016
BY:

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name	c. ID Number
JOSEPH PAUL BUCHANAN	DZYKCV
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
402 GREY LAG LANE SWANSBORO, NC 28584	03/01/2016
	e. Phone Number
	910-330-8407

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	01/01/2016	02/29/2016	JOSEPH PAUL BUCHANAN

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☒ Other: CAMPAIGN FUNDS

8. Number of Fundraisers this Report

NONE

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

DISCLOSURE

11. Account Information

a. Financial Institution Full Name	
FIRST CITIZENS BANK	
b. Purpose	**c. Account Code**
CAMPAIGN FUNDS	1
	d. Period Begin Balance
	$ 534.48

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**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 of Elections.

JOSEPH PAUL BUCHANAN — Printed Name of Signer

Joseph Paul Buchanan — Signature of Appointed Treasurer — 03/01/16 Date

FOR OFFICE USE ONLY

Date Received: _____
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____ BY: _____

RECEIVED
MAR 01 2016

Employee: _____
Employee: _____
Employee: _____
Employee: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

☐ 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 ☐ Yes ☒ 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
PAUL BUCHANAN FOR COUNTY COMMISSIONER	SECOND	DZYKCV

Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 534.48	$ 234.80
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1300.00	$ 1300.00
6) Contributions from Individuals	(CRO-1210)	$ 3100.00	$ 3100.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$ 427.68
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 Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 4400.00	$ 4827.68
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2939.69	$ 3067.69
13b) Contributions to Candidates/Political Committees	(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, 15, 16 and 17)		$ 2939.69	$ 3067.69
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1994.79	$ 1994.79
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 ☐ Yes ☒ 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
PAUL BUCHANAN FOR COUNTY COMMISSIONER	D2YKCJ

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	1	CASH		01/06/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/06/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/18/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/18/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/18/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/18/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/21/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/21/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/21/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/21/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/21/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/21/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/22/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/22/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/22/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/22/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/29/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		01/29/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/01/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/01/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/05/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/05/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/16/2016	$ 50.00

4. Total only this Page	$ 1150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1300.00

Aggregated Contributions from Individuals

Page 2 of 2

Amendment ☐ Yes ☑ 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
PAUL BUCHANAN FOR COUNTY COMMISSIONER	DZYKCV

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	1	CASH		02/16/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/16/2016	$ 50.00
☒ Add ☐ Remove	1	CASH		02/16/2016	$ 50.00
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1300.00

Contributions from Individuals

Pg 1 of 3 | Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAUL BUCHANAN FOR COUNTY COMMISSIONER	DZYKCV

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN L. PIERCE 733 HARRIS CREEK ROAD JACKSONVILLE, NC 28540 910-346-9673	OWNER	JOHN L PIERCE + ASSOC.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		01/08/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOSEPH J. HENDERSON II 108 WINESTONE PLACE JACKSONVILLE, NC 28546 910-455-5075	BUILDER	ATLANTIC CONSTRUCTION INC.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		01/14/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TIMOTHY O. CARR 176 SEMPER FI LANE MAYSVILLE, NC 28555 910-340-2768	OWNER	SEMPER FI STORAGE		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		01/17/2016	$ 400.00
☐					$
☐					$

4. Total only this Page	$ 1400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3100.00

Contributions from Individuals

Pg 2 of 3

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAUL BUCHANAN FOR COUNTY COMMISSIONER	D24KCV

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARLAND & CYLESTA SEWELL JR. 145 FOSTER CREEK CT. SUNSBORO, NC 28584 910-389-1920	OWNER	SEWELL INSURANCE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		01/22/2016	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SANDRA FOUNTAIN 145 ALDERSGATE ROAD JACKSONVILLE NC 28546 910-347-5888	BROKER/OWNER	COLDWELL BANKER		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		01/25/2016	$ 300.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TONY CITOW 3218 NORTHWOODS DR. JACKSONVILLE NC 28540 910-330-7768	OWNER	MAI TAI		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		01/30/2016	$ 400.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3100.00

Contributions from Individuals

Pg 3 of 3

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAUL BUCHANAN FOR COUNTY COMMISSIONER	DZYKCV

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ASHLEIGH BACHORT 108 PEYTONS RIDGE DRIVE HUBERT NC 28539 910-347-3141	EXECUTIVE DIRECTOR	SPORTS COMMISSION		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		02/05/2016	$ 150.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHILLIP WINTER PO BOX 235 SWANSBORO, NC 28584 760-994-5482	OWNER	THE WINTER GROUP INSURANCE		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		02/06/2016	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
IDA CRONAN 701 WILLIAM GURGANUS RD. MAPLE HILL, NC 28454 910-455-5586	RETIRED			$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		02/10/2016	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3100.00

Disbursements

Pg 1 of ____ | 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
PAUL BUCHANAN FOR COUNTY COMMISSIONER	D2YKCV

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LOWES HOME CENTERS LLC 401 WB McLEAN DRIVE CAPE CARTERET, NC 28584 252-764-5000		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 81.28

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	01/16/2016	$ 81.28	CAMPAIGN SIGN POSTS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VITAL SIGNS CO. 425 MARINE BLVD JACKSONVILLE NC 28540 910-938-6969		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 1332.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	01/19/2016	$ 1332.15	CAMPAIGN SIGNS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VITAL SIGNS CO. 425 MARINE BLVD JACKSONVILLE NC 28540 910-938-6969		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 44.06

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	01/21/2016	$ 44.06	RTA GRAPHICS
				$	

5. Total only this Page	$ 1457.49
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)*	$ 2939.69

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

Pg 2 of ___ | 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
PAUL BUCHANAN FOR COUNTY COMMISSIONER	D2YKCW

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TOWN OF HOLLY RIDGE PO BOX 145 HOLLY RIDGE, NC 28445 910-329-7081		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 25.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	01/27/2016	$ 25.00	POLITICAL SIGN APPLICATION
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OMH FOUNDATION 317 WESTERN BLVD JACKSONVILLE NC 28546 910-577-2345		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	02/01/2016	$ 250.00	DONATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FIRST CITIZENS BANK CENTRAL BANK OPERATIONS PO BOX 27131 RALEIGH, NC 27611 1-888-323-4732		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 3.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	O	01/29/2016	$ 3.00	ACCOUNT FEE
				$	

5. Total only this Page	$ 278.00
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)*	$ 2939.69

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

Pg 3 of ___ | 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
PAUL BUCHANAN FOR COUNTY COMMISSIONER	DZYKCV

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TIDELAND NEWS 774 W. CORBETT AVE. SWANSBORO, NC 28584 910-326-5066		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 637.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	02/24/2016	$ 637.20	NEWSPAPER ADS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HALIFAX MEDIA- ENC. NEWSPAPERS JACKSONVILLE DAILY NEWS 724 BELL FORK ROAD JACKSONVILLE, NC 28546 910-353-1171		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 567.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	02/25/2016	$ 567.00	NEWSPAPER AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 1204.20
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)*	$ 2939.69

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)**