

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 BRENT HATLESTAD | c. ID Number 1HCSQO |
| b. Mailing Address (include City, State and Zip Code) 204 HARBOUR VIEW DRIVE SWANSBORO NC 28584 | d. Date Filed 10-02-2017 |
| | e. Phone Number 910 581 0142 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2017 | 3. Period Start Date (mm/dd/yy) 07-14-2017 | 4. Period End Date (mm/dd/yy) 09-26-2017 | 5. Treasurer Full Name ALFRED BRENT HATLESTAD |
|-------------------------------|--|--|---|

| | | | | |
|--|---|--|---|---|
| 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 | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input checked="" type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| | | <input type="checkbox"/> Mid Year | Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <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"/> Other: | | | |
| 8. Number of Fundraisers this Report | | | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name FIRST CITIZENS BANK SWANSBORO NC | | a. Financial Institution Full Name | |
| b. Purpose SWANSBORO COMMISSIONER CAMPAIGN | c. Account Code 5054 (KEYWORD 0091) | b. Purpose | c. Account Code 0752 |
| | d. Period Begin Balance \$2,000.00 | | d. Period Begin Balance \$ |

CERTIFICATION **7-17-17 DEPOSIT**

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.

ALFRED BRENT HATLESTAD *Alfred Hatlestad* **10-2-17**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: Employee:

Date Postmarked: Employee:

Date Scanned: Employee:

Date Data Entered: Employee:

RECEIVED
OCT 02 2017

Delivery Method

Normal Mail

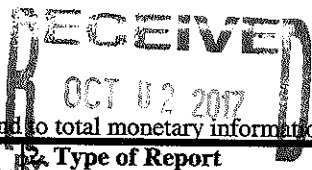
Registered Mail

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.

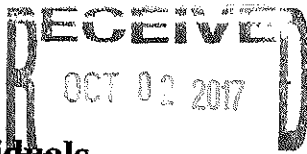


Detailed Summary

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

Amendment
 Yes No

| | | | | | |
|--|--|--|--|-------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BRENT HATLESTAD | | 2. Type of Report 2017 35 DAY MID YEAR | | 3. ID Number 1HCSQ0 | |
| Start of Election Cycle: January 1, 2017 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 2,000.00 | | \$ 2,000.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 311.00 | | \$ 311.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ 559.00 | | \$ 559.00 | |
| 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) | | \$ 870.00 | | \$ 870.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ | | \$ | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 2143.50 | | \$ 2143.50 | |
| 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) | | \$ 61.00 | | \$ 61.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2204.50 | | \$ 2204.50 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 665.50 | | \$ 665.50 | |
| 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) | | \$ | | \$ | |



Contributions from Individuals

Pg 1 of 1

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 |
| COMMITTEE TO ELECT BRENT HATLESTAD | | | | | | 1HC500 |
| 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 | |
| BILLY SEWELL 521 NEW BRIDGE ST JACKSONVILLE NC 28540 | | | OWNER PLATINUM CORRAL | | CAN Hestad BANK | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | GOLDEN CORRAL RESTAURANTS | | \$ 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"/> | | CHECK 3952 | | 09-19-2017 | \$ 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 | |
| DEBBY HATLESTAD 204 HARBOUR VIEW SWANSBORO NC 28584 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | DR. STREETER OFFICE FORMS MGR | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | IN KIND | POSTAGE SHE HAD/STAMPS | 08-15-2017 | \$ 61.00 | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 311.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 311.00 | |

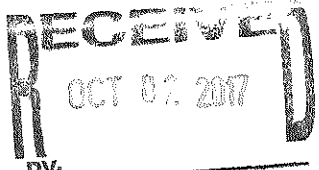


Loan Proceeds

Pg 1 of 2 Amendment Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|---|---------------------|-----------------|-----------------------------------|--------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT BRENT HATKESTAD | | | | 1HCSQ0 | |
| 3. Lender 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 |
| BRENT & DEBBIE HATKESTAD 204 HARBOUR VIEW DRIVE SWANSBORO NC 28584 | | | RETIRED | | TIDLAND NEWSPAPER AD |
| | | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | | COCA-COLA COMPANY ATLANTA GA | | 09172017 |
| | | | | | f. End Date (mm/dd/yyyy) |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| % | | 1 | CHECK | \$ 59.00 | |
| l. Full Name of Lending Institution | | | | | m. Loan Number |
| | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | \$ 59.00 |



Loan Proceeds

Pg 2 of 2 Amendment Yes No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|--|----------------------------|------------------------|--|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT BRENT HATLESTAD | | | | 1HCSQ0 | |
| 3. Lender 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 |
| BRENT & DEBBIE HATLESTAD 204 HARBOUR VIEW DRIVE SWANSBORO NC 28584 910 581 0142 | | | RETIRED | | BANK DEPOSIT |
| | | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | | COCA-COLA COMPANY ATLANTA GA | | 09 18 2017 |
| | | | | | f. End Date (mm/dd/yyyy) |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | | k. Amount |
| % | | 1 | CHECK 91917 | | \$ 500.00 |
| l. Full Name of Lending Institution | | | | | m. Loan Number |
| | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | | |
| | | | d. Percentage | | e. Amount |
| | | | % | | \$ |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | \$ 559.00 |

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | |
|---|---|---|
| 1. Committee Full Name (and Fund if applicable) <i>COMMITTEE TO ELECT BRENT HATLESTAD</i> | | 2. ID Number <i>1HCSQ0</i> |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>DEBORAH NOBLE HATLESTAD 204 HARBOUR VIEW SWANSBORO NC 28584 910 325 8633</i> | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ <i>61.00</i> |
| e. Description <i>POSTAGE HAD ON HAND USED FOR A MAKER TO 40 PEOPLE</i> | f. Date (mm/dd/yyyy) <i>08-15-2017</i> | g. Fair Market Amount \$ <i>61.00</i> |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments d. Election Sum to Date \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount \$ |
| 4. Total only this Page | | \$ <i>61.00</i> |
| 5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> | | \$ <i>61.00</i> |

Disbursements

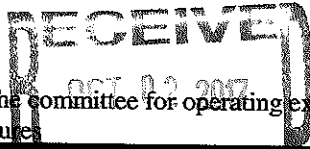
RECEIVED
OCT 02 2017

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) COMMITTEE TO ELECT BRENT HATLESTAD | | | | | | 2. ID Number 1HC5Q0 | |
| 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) ONSLOW COUNTY BOARD OF ELECTIONS 246 GEORGETOWN ROAD JACKSONVILLE NC 28540 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 5.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CASH | H | 07142017 | \$ 5.00 | FILING FEE TO RUN | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) EXPRESS PRINTING 117 N. MARINE BLVD JACKSONVILLE NC 28540 910 455 4554 | | | | b. Coordinated Committee Name | | d. Comments PRINTING MANUAL RACK CARD DOOR HANGER | |
| | | | | 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 \$ 390.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | B | 08012017 | \$ 390.00 | PRINTING CARDS - DOOR HANGER | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SIGNS BY TOMORROW 345 WESTERN BLVD JACKSONVILLE NC 28546 910 353 8109 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 1091.60 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | B | 08072017 | \$ 1091.60 | YARD SIGNS CAR MAGNETICS | | |
| 5. Total only this Page | | | | | | \$ 1,486.60 | |
| 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) | | | | | | | |
| 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) COMMITTEE TO ELECT BRENT HATLESTAD | | | | | | 2. ID Number 1HCSQ0 | |
| 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) SIGNS BY TOMORROW 345 WESTERN BLVD JACKSONVILLE NC 28546 910 353 8109 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 58.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | B | 08292017 | \$ 58.00 | CAR VINYL RETAIL DOOR | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) EXPRESS PRINTING 117 N. MARINE BLVD JACKSONVILLE NC 28540 910 455 4554 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 539.90 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | B | 09012017 | \$ 539.90 | NAME TAGS RACK CARDS DOOR HANGER | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) TIDELAND NEWS 774 W. CORBETT AVE SWANSBORO NC 28584 910 326 5066 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 59.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | CHECK | A | 09182017 | \$ 59.00 | NEWSPAPER AD | | |
| 5. Total only this Page | | | | | | \$ 656.90 | |
| 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) | | | | | | \$ 2,143.50 | |
| 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) | | | | | | | |