

Dad

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

I. Committee Information	
a. Full Name Committee to elect Doug Medlin	c. ID Number WhCSIS
b. Mailing Address (include City, State and Zip Code) PO BOX 2689 SURFCITY NC 28445	d. Date Filed 7-22-19
	e. Phone Number 910-355-4912

RECEIVED
JUL 29 2019

2. Report Year / Period Start Date / Period End Date / Signer Full Name			
2019	1-1-2019	6-30-2019	CHRISTOPHER C. MEDLIN

6. Type of Committee (Check One)		7. Type of Report (Check One)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<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	

10. Account Information		11. Account Information	
a. Financial Institution Full Name Coastal Bank Trust	a. Financial Institution Full Name	b. Purpose Campaign Finance	b. Purpose
c. Account Code CM	c. Account Code	d. Period Begin Balance \$ 200.00	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.

Douglas Charles Medlin *[Signature]* **7/22/19**
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received: 7/29/19	Employee: <i>[Signature]</i>	Delivery Method	
Date Postmarked: 7/24/19	Employee: <i>[Signature]</i>	<input type="checkbox"/> Normal Mail	<input checked="" type="checkbox"/> Registered Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed
Date Data Entered: _____	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.

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information		2. Candidate Information	
a. Full Name Committee To Elect Doug Medlin		c. ID Number whc515	
b. Mailing Address (include City, State, and Zip Code) Po Box 2684 Surf City NC 28445		d. Date Organized 4-11-2019	
		e. Phone Number 910-358-4907	
a. Full Name Douglas Charles Medlin		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) Po Box 2071 Surf City NC 28445		f. Party Affiliation Non Partisan <small>(Indicate Non-partisan if applicable)</small>	
c. Phone Number 910-358-4907		g. Office Sought Surf City Mayor	
d. Email Address Doug.Medlin@hotmail.com		h. Next Election Year	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction	
3. Treasurer Information		4. Check or ACH Information	
a. Full Name Christopher Charles Medlin		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 2401 Hwy 210 E Hampstead NC 28443		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 910-358-4912		c. Phone Number	
d. Email Address Chris.medlin26443@comcast.net		d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Account Information		6. Account Information	
a. Full Name See above		a. Financial Institution Full Name Coastal Bank + Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Finance	
c. Phone Number		c. Account Code	
d. Email Address		d. Type or Checking	
<input type="checkbox"/> Email copy of notices			
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.			
Christopher C. Medlin		[Signature]	7-22-19
Printed Name of Signer		Signature of Appointed Treasurer	Date

Detailed Summary

Amendment
<input 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 Medina	Semi Annual	WHCSIS
Start of Election Cycle: January 1, 2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 200.00	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 14019.23	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
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)	\$ 14019.23	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2723.73	\$
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)	\$ 2723.73	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 11,295.50	\$
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

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 Medina						Whc515	
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	
10 Pi Mazer Cheney 540-273 1009 S Shore Dr 3096 Surf City NC 28445				Retired			
				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"/>	CM	CK#3678		7-20-19	\$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	
Christopher Rockley 916-538 117 Coral Pl 2145 Holly Ridge NC 28445				Realtor			
				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"/>	CM	CK#1033		7-20-19	\$300		
<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	
J Seaborn Blair II md 2701D S Shore Dr 910329 Surf City NC 28445 9916				Physician			
				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"/>	CM	CK#1698		7-20-19	\$1000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$1400.00	
5. Total of ALL CRO-1210 Pages						\$14019.23	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

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						WhcSis	
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	
Douglas C medlin 910-358 PO Box 2071 4912 Surf City NC 28445				Merchant			
				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"/>	CM	check		4-10-19	\$ 200.00		
<input type="checkbox"/>	CM	check		4-22-19	\$ 2000.00		
<input type="checkbox"/>					\$		
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	
Zander Guy 910-526 PO Box 4180 4181 Surf City NC 28445				Realtor			
				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"/>	CM	CHK#2132		5-10-19	\$ 5,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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	
Anthony Ricciarden 3 Gilbert LN 602-314 Putson Valley NY 10570				Restauranter			
				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"/>	CM	CHK#956		5-10-19	\$ 5400.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 12,600.00	
5. Total of ALL CRO-1210 Pages						\$ 14,019.23	
<small>(This has nothing to do with the original Summary Page CRO-1100)</small>							

Contributions from Individuals

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 Medina						WHCSIS	
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	
LOWES OF SURF CITY 910329 106 WILKES LANE 6952 HARD STEAD NC 28443						Returned	
						contribution	
				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"/>	CM	Debit		5-13-19	\$ 19.23		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. 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"/>					\$		
5. 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"/>					\$		
6. Total on this Page						\$ 19.23	
7. Total of ALL CRO 1210 Pages						\$ 14019.23	

92167

Disbursements

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Full Name (and Date if applicable)		ID Number	
Committee To Elect Doug Medlin		WHCSIS	
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
60 Gas 19 15531 US-17 Hampstead NC 28443			
f. Account Code		g. Form of Payment	h. Purpose Code
CM		Debit card	0
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
4-29-19		\$ 42.00	GAS For Campaign
e. Election Sum to Date		\$	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Wal Mart 910-821-6009 8035 Market St Wilmington NC 28411			
f. Account Code		g. Form of Payment	h. Purpose Code
CM		Debit card	0
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
4-30-19		\$ 216.49	decorations For aft
e. Election Sum to Date		\$	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Dollar General 910-498 14062 NC-50 0992 Surf City NC 28445			
f. Account Code		g. Form of Payment	h. Purpose Code
CM		Debit Card	K
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
5-6-19		\$ 40.57	decorations
e. Election Sum to Date		\$	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
5. Total on this Page		\$ 299.06	
6. Total of ALL CRO-1310 Pages		\$ 2723.73	
(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)			
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			
* Code requires 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) Committee To Elect Doug Median						2. ID Number whc515	
3. Type of Disbursement (None, use separate CRO-1100 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							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Food Lion 910-329 13601 NC-50 1163 SURFCITY NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$	
5. Disbursement Details							
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
CM		Debit card	0	5-8-19	\$40.57	Snacks	
CM		Debit card	0	5-8-19	\$13.87	Snacks	
6. Payee Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 10605 OF SURF CITY 910-329 106 WILKES LN E. 6952 Hampstead NC 28443				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date \$	
7. Disbursement Details							
CM		Debit card	K	5-9-19	\$50.99	Shelves	
CM		Debit	K	5-13-19	\$47.98	Paint	
8. Payee Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marshall's 6814 Parker Farm Rd Wilmington				b. Coordinated Committee Name		d. Comments	
				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 \$	
9. Disbursement Details							
CM		Debit card	K	5-9-19	\$25.64	Curtains	
CM		Debit card	H	6-6-19	\$23.50	Decorations	
5. Total only this Page						\$ 202.54	
6. Total of All CRO-1100 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)						\$ 2723.73	
10. Expense Codes (Use detailed explanation in required remarks field if applicable)							
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							

Disbursements

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

Committee Full Name (and Vendor, if applicable)	CRO Number
Committee to Elect Doug Medina	WHCSIS

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) Dollar Tree 402 Aiston Blvd 1612 Hampstead NC 28443	b. Coordinated Committee Name	d. Comments
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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CM	Debit	K	5-13-19	\$13.78	Decorations
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) Amazon 888 280 PO Box 81226 3321 Seattle WA 98108	b. Coordinated Committee Name	d. Comments
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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CM	Debit		5-15-19	\$159.31	
CM	Debit		5-15-19	\$6.99	

a. Full Name, Mailing Address & Phone (include city, state, & zip) 4 IMPrint 101 Commerce St Oshkosh WI 54901	b. Coordinated Committee Name	d. Comments
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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CM	Debit	B	6-3-19	\$381.02	Fliers/Record
				\$	

5. Total on this Page \$ 561.10

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)
 \$ 2723.73

- Purpose Codes (and letter combinations):**
- 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

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	Whosis

3. Type of Disbursement (Please use separate CRO-1100 forms for coordinated disbursements)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information **Payee** **Party**

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PAT Pat 650-543 Face Book 4800 1 Hacker way Menlo Park CA 94025		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CM	Debit	A	5-22-19	\$ 50.06	Add Boosts
				\$	

4. Payee Information **Payee** **Party**

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
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:		\$

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

4. Payee Information **Payee** **Party**

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
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:		\$

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	\$ 50.06
6. Total of ALL CRO-1310 Pages	\$ 2723.73

(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 (Use detailed explanation in required remarks field if applicable)

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 if applicable