

Pre Election

Disclosure Report Cover

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

1. Committee Information	
a. Full Name <i>Harold Owen for City Council</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>223 Englemont Avenue Burlington NC 27215</i>	d. Date Filed <i>10/30/2017</i>
	e. Phone Number <i>336-516-6600</i>

2. Report Year	3. Period Start Date (mm/dd/yy) <i>10/3/2017</i>	4. Period End Date (mm/dd/yy) <i>10/30/2017</i>	5. Treasurer Full Name <i>Frank Hope</i>
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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 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 checked="" 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 <i>0</i>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>American National Bank & Trust</i>	a. Financial Institution Full Name	a. Financial Institution Full Name	a. Financial Institution Full Name
b. Purpose	b. Purpose	b. Purpose	b. Purpose
c. Account Code	c. Account Code	c. Account Code	c. Account Code
d. Period Begin Balance <i>\$ 12,729.85</i>	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance <i>\$ 10/3/2017</i>

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.

Harold Owen *Frank Hope* *10-30-17*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <i>10/30/17</i>	Employee: <i>JG</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <i>11-15-17</i>	Employee: <i>JG</i>	
Date Data Entered: _____	Employee: _____	

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.

10-30-17A10:53 RCVD

Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>12,729.85</u>	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ <u>400.00</u>	\$ <u>23,618.05</u>
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$ <u>200.00</u>
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)		\$ <u>400.00</u>	\$ <u>25,818.05</u>
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ <u>7223.65</u>	\$ <u>17,306.72</u>
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)		\$	\$ <u>2,237.14</u>
17) In-Kind Contributions (CRO-1510)		\$	\$ <u>268.05</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>7223.65</u>	\$ <u>19,811.91</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	\$
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	
Harold Owen for City Council							
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	
Frank Hargett, Jr. 3453 Forestdale Drive Burlington, NC 27215				PHoracy			
				c. Employer's Name/Specific Field			
						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"/>	HTU	check			\$ 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	
William Z. Baker 910 Colonial Drive Burlington NC. 27215				Retired Local Gov			
				c. Employer's Name/Specific Field			
						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"/>	HTU	check			\$ 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	
Jennings M. Bryant III 513 Tarleton Avenue Burlington N.C. 27215				LOUISIANE			
				c. Employer's Name/Specific Field			
				Jennings + Bryant		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"/>	HTU	check			\$ 100 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300 ⁰⁰	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 300 ⁰⁰	

Contributions from Individuals

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) Harold Owen for City Council						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard Gunn P.O. Box 1440 Burlington NC 27216			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		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"/>	HTU	check			\$ 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	
			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"/>					\$	
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					\$ 100 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 400 ⁰⁰	

1. Committee Full Name (and Fund if applicable) <i>Harold Owen for City Council</i>						2. ID Number	
3. 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) <i>Office Depot 9 Burlington 1825 S Church Street Burlington NC 27215</i>				b. Coordinated Committee Name		d. Comments <i>Campaign Office Supplies</i>	
				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 <i>\$ 39.19</i>	
f. Account Code <i>HTD</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>R</i>	i. Date (mm/dd/yyyy) <i>10/3/2017</i>	j. Amount <i>\$ 39.19</i>	k. Required Remarks <i>Ink & Paper</i>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Professional Services USA 2355 Harold Road Burlington NC 27215</i>				b. Coordinated Committee Name		d. Comments <i>Campaign Costs</i>	
				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 <i>\$ 26204.14</i>	
f. Account Code <i>HTD</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>B</i>	i. Date (mm/dd/yyyy) <i>10/3/2017</i>	j. Amount <i>\$ 204.14</i>	k. Required Remarks <i>Campaign Costs</i>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamaze Professional Services P.O. Box 5054 Burlington N.C. 27216</i>				b. Coordinated Committee Name		d. Comments <i>Political Signs</i>	
				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 <i>\$ 545.39</i>	
f. Account Code <i>HTD</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>B</i>	i. Date (mm/dd/yyyy) <i>10/3/2017</i>	j. Amount <i>\$ 545.39</i>	k. Required Remarks <i>Sign Printing</i>		
5. Total on this Page						<i>\$ 789.02</i>	
6. Total of All CRO Full 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 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 (s)							

1. Committee Full Name (and Fund if applicable) <i>Karol W. Lee for City Council</i>						2. ID Number
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Lewis J. Burkhalter 125 Huffman Mill Rd Burlington NC 27215</i>				b. Coordinated Committee Name		d. Comments <i>Sign Installation</i>
				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 <i>\$ 127.01</i>
f. Account Code <i>H70</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>0</i>	i. Date (mm/dd/yyyy) <i>10/3/2017</i>	j. Amount <i>\$ 127.01</i>	k. Required Remarks <i>See Installation Equip</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Hemlock News 114 W. Elm Street Graham NC</i>				b. Coordinated Committee Name		d. Comments <i>Advertising</i>
				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 <i>\$ 314.70</i>
f. Account Code <i>H70</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>0</i>	i. Date (mm/dd/yyyy) <i>10/03/2017</i>	j. Amount <i>\$ 314.70</i>	k. Required Remarks <i>314.70 Ads</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Burlington School 1615 Greenwood Terrace Burlington N.C. 27215</i>				b. Coordinated Committee Name		d. Comments <i>Donation to School</i>
				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 <i>\$ 150.00</i>
f. Account Code <i>H70</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>0</i>	i. Date (mm/dd/yyyy) <i>10/04/2017</i>	j. Amount <i>\$ 150.00</i>	k. Required Remarks <i>Donation</i>	
5. Total on this Page						<i>\$ 591.71</i>
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)						\$
7. Purpose Codes						
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 (s)						

1. Committee Full Name (and Road if applicable) <i>Mar. 10 Run for City Council</i>						2. ID Number
3. Type of Expense (Check one 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) <i>Hugh Commins High School 2200 N. Mcbane St Burlington N.C. 27215</i>				b. Coordinated Committee Name		d. Comments <i>Donation for School</i>
				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 <i>\$ 150.⁰⁰</i>
f. Account Code <i>H70</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>0</i>	i. Date (mm/dd/yyyy) <i>10/04/2017</i>	j. Amount <i>\$ 150.⁰⁰</i>	k. Required Remarks <i>Donation</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Burlington Times News 209 S. Main Street Burlington N.C. 27215</i>				b. Coordinated Committee Name		d. Comments <i>Advertising</i>
				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 <i>\$ 250.⁰⁰</i>
f. Account Code <i>H70</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>0</i>	i. Date (mm/dd/yyyy) <i>10/04/2017</i>	j. Amount <i>\$ 250.⁰⁰</i>	k. Required Remarks <i>Advertising</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Herndon News 114 W. Elm Street Graham N.C.</i>				b. Coordinated Committee Name		d. Comments <i>Advertising</i>
				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 <i>\$ 414.70</i>
f. Account Code <i>H70</i>	g. Form of Payment <i>check</i>	h. Purpose Code <i>0</i>	i. Date (mm/dd/yyyy) <i>10/4/2017</i>	j. Amount <i>\$ 100.⁰⁰</i>	k. Required Remarks <i>Advertising</i>	
5. Total only this Page						<i>\$ 500.⁰⁰</i>
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)						\$
7. Purpose Codes (Use all applicable codes)						
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 comments field (k)						

1. Committee Full Name (and Fund if applicable) <i>Harold Owen for City Council</i>						2. ID Number	
3. Type of Disbursement (Please 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Professional Services USA 2355 Hawford Road Burlington NC. 27215</i>				b. Coordinated Committee Name		d. Comments <i>Printing + mailing campaign cards</i>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <i>\$ 2649.30</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>HTO</i>	<i>Check</i>	<i>B</i>	<i>10/13/2017</i>	<i>\$ 2445.24</i>			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Fairways Outdoor Advertising 105-AE II. DRIVE Cornersboro N.C. 27406</i>				b. Coordinated Committee Name		d. Comments <i>Billboard Advertising</i>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <i>\$ 300.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>HTO</i>	<i>check</i>	<i>D</i>	<i>10/12/2017</i>	<i>\$ 300.00</i>	<i>Billboard Advertising</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Burlington Times News 707 S. Main Street Burlington NC. 27215</i>				b. Coordinated Committee Name		d. Comments <i>advertising and e-mail list</i>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <i>\$ 2649.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>HTO</i>	<i>check</i>	<i>D</i>	<i>10/19/2017</i>	<i>\$ 2399.00</i>	<i>advertising + emails</i>		
				\$			
5. Total amount due						<i>\$ 5144.24</i>	
6. Total of APN (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)							
7. Purpose Codes							
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)							

1. Committee Full Name and Fund (if applicable) <i>Harold Swan for City Council</i>						2. ID Number	
3. State (if committee CRO-1100) (one 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	
<i>Office Depot Burlington 1825 S. Church Street Burlington N.C. 27215</i>				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
<i>1470</i>		<i>check</i>	<i>K</i>	<i>10/19/2017</i>	<i>\$ 75.77</i>	<i>Paper + Ink</i>	
					\$		
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	
<i>Sir Speedy Printing 2257 S. Church Street Burlington N.C. 27215</i>				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	
<i>1470</i>		<i>check</i>	<i>R</i>	<i>10/19/2017</i>	<i>\$ 122.91</i>	<i>Printing Letters</i>	
					\$		
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	
				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 on this Page						\$ <i>198.68</i>	
6. Total of All CRO-1100 Page						\$	
(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							
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)							