

# 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              |                 |
|--|------------|-----------------------------|--------------|---------------------------|-----------------|
| Kelly F. Allen Campaign Fund   |            | Final Report                |              |                           |                 |
| Start of Election Cycle: January 1, <u>2019</u>                              |            | Total this Reporting Period |              | Total this Election Cycle |                 |
| 4) Cash on Hand at Start   |            | \$ <u>63.15</u>             |              | \$ <u>0</u>               |                 |
| <b>RECEIPTS</b>  |            |                             |              |                           |                 |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          |              | \$                        |                 |
| 6) Contributions from Individuals  | (CRO-1210) | \$                          |              | \$                        | <u>1,642.00</u> |
| 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) | \$                          |              | \$                        | <u>.04</u>      |
| 11b) Contributions from Not-for-Profit Organizations                         | (CRO-1250) | \$                          |              | \$                        |                 |
| 11c) Outside Sources of Income   | (CRO-1250) | \$                          |              | \$                        |                 |
| 11d) Legal Expense Fund – Other Sources                                      | (CRO-1270) | \$                          |              | \$                        |                 |
| 11 e) Exempt Purchase Price Sales  | (CRO-1265) | \$                          |              | \$                        |                 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |            | \$                          | <u>0</u>     | \$                        | <u>1,642.04</u> |
| <b>EXPENDITURES</b>  |            |                             |              |                           |                 |
| 13) Disbursements  |            |                             |              |                           |                 |
| 13a) Operating Expenditures  | (CRO-1310) | \$                          | <u>42.70</u> | \$                        | <u>1,614.59</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>20.45</u> | \$                        | <u>20.45</u>    |
| 17) In-Kind Contributions  | (CRO-1510) | \$                          |              | \$                        | <u>7.00</u>     |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$                          | <u>63.15</u> | \$                        | <u>1,642.04</u> |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$                          | <u>0</u>     | \$                        | <u>0</u>        |
| <b>ADDITIONAL INFORMATION</b>  |            |                             |              |                           |                 |
| 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) | \$                          | <u>0</u>     | \$                        |                 |

# Refunds/Reimbursements From the Committee

Pg      of      Amendment  Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

|  |                            |  |                             |                                   |
|--|----------------------------|--|-----------------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                            |  | <b>2. ID Number</b>         |                                   |
| Kelly F. Allen Campaign Fund   |                            |  |                             |                                   |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                            |  |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>d. Type of Committee</b>  |                             | <b>h. Original Receipt Date</b>   |
| Kelly F. Allen<br>P.O. Box 501 (731 Keck Rd)<br>Haw River, N.C. 27258  |                            | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC |                             |                                   |
|  |                            | <input type="checkbox"/> Referendum <input type="checkbox"/> Party         |                             |                                   |
|  |                            | <b>e. Level Registered (Specify)</b>                                       |                             |                                   |
|  |                            | <input type="checkbox"/> Federal <input type="checkbox"/> County:          |                             | <b>i. Original Receipt Amount</b> |
|  |                            | <input type="checkbox"/> State <input type="checkbox"/> Municipality:      |                             | \$                                |
|  |                            | <b>f. Purpose Code</b>   |                             | <b>j. Election Sum to Date</b>    |
|  |                            |  |                             | \$                                |
| <b>b. Job Title/Profession</b>   |                            | <b>c. Employer's Name/Specific Field</b>                                   |                             | <b>k. Account Code</b>            |
| Nurse  |                            | Retired  |                             |                                   |
|  |                            | <b>g. Comments</b>   |                             |                                   |
|  |                            | To close committee   |                             |                                   |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b> |  | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
| L  |                            |  | 11-15-19                    | \$ 20.45                          |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                            |  |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>d. Type of Committee</b>  |                             | <b>h. Original Receipt Date</b>   |
|  |                            | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC            |                             |                                   |
|  |                            | <input type="checkbox"/> Referendum <input type="checkbox"/> Party         |                             |                                   |
|  |                            | <b>e. Level Registered (Specify)</b>                                       |                             |                                   |
|  |                            | <input type="checkbox"/> Federal <input type="checkbox"/> County:          |                             | <b>i. Original Receipt Amount</b> |
|  |                            | <input type="checkbox"/> State <input type="checkbox"/> Municipality:      |                             | \$                                |
|  |                            | <b>f. Purpose Code</b>   |                             | <b>j. Election Sum to Date</b>    |
|  |                            |  |                             | \$                                |
| <b>b. Job Title/Profession</b>   |                            | <b>c. Employer's Name/Specific Field</b>                                   |                             | <b>k. Account Code</b>            |
|  |                            |  |                             |                                   |
|  |                            | <b>g. Comments</b>   |                             |                                   |
|  |                            |  |                             |                                   |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b> |  | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
|  |                            |  |                             | \$                                |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                            |  |                             |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>d. Type of Committee</b>  |                             | <b>h. Original Receipt Date</b>   |
|  |                            | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC            |                             |                                   |
|  |                            | <input type="checkbox"/> Referendum <input type="checkbox"/> Party         |                             |                                   |
|  |                            | <b>e. Level Registered (Specify)</b>                                       |                             |                                   |
|  |                            | <input type="checkbox"/> Federal <input type="checkbox"/> County:          |                             | <b>i. Original Receipt Amount</b> |
|  |                            | <input type="checkbox"/> State <input type="checkbox"/> Municipality:      |                             | \$                                |
|  |                            | <b>f. Purpose Code</b>   |                             | <b>j. Election Sum to Date</b>    |
|  |                            |  |                             | \$                                |
| <b>b. Job Title/Profession</b>   |                            | <b>c. Employer's Name/Specific Field</b>                                   |                             | <b>k. Account Code</b>            |
|  |                            |  |                             |                                   |
|  |                            | <b>g. Comments</b>   |                             |                                   |
|  |                            |  |                             |                                   |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b> |  | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b>                  |
|  |                            |  |                             | \$                                |
| <b>4. Total only this Page</b>   |                            |  |                             | \$ 20.45                          |
| <b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)   |                            |  |                             | \$ 20.45                          |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit<br>P* - Reimbursement of In-Kind      O* Other |                            |  |                             |                                   |
| * Codes require detailed explanation in required remarks field (m)   |                            |  |                             |                                   |