

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			c. ID Number	
COMMITTEE TO ELECT KRISTEN POWERS				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 372 SAXAPAHAW, NC 27340			01/06/2020	
			e. Phone Number	
			(336) 525-1446	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2019	07/01/2019	12/31/2019	KRISTEN POWERS	
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
WELLS FARGO				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
FOR CAMPAIGN RELATED ACTIVITY	KP	RECEIVED JAN 06 2020 BY: JG		
	d. Period Begin Balance		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				
<u>Kristen Powers</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		<u>01/06/2020</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>1/8/20</u>	Employee:	<u>JG</u>	
Date Postmarked:	<u> </u>	Employee:	<u> </u>	
Date Scanned:	<u>3/12/2020</u>	Employee:	<u>JG</u>	
Date Data Entered:	<u> </u>	Employee:	<u> </u>	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <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.				

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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 KRISTEN POWERS	2019 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,416.46	\$ 2,066.66
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2,240.00	\$ 2,290.00
6) Contributions from Individuals (CRO-1210)		\$ 2,125.00	\$ 2,275.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 4,365.00	\$ 4,565.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 4,066.28	\$ 4,860.98
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 467.87	\$ 523.37
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,534.15	\$ 5,384.35
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,247.31	\$ 1,247.31
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT KRISTEN POWERS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/30/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/22/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/21/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		12/14/2019	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/24/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/17/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/30/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/06/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/29/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/08/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/02/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash		12/13/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/11/2019	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 30.00	
4. Total only this Page					\$ 522.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,240.00	

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT KRISTEN POWERS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/19/2019	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran		07/29/2019	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/20/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/13/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/20/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash		11/07/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/21/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/03/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/20/2019	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash		11/07/2019	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		11/07/2019	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/18/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/15/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/29/2019	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/18/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/01/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/28/2019	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/19/2019	\$ 20.00	
4. Total only this Page					\$ 561.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,240.00	

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT KRISTEN POWERS					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/03/2019	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/01/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash		11/07/2019	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/31/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/02/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/19/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/05/2019	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/29/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/31/2019	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/26/2019	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		12/27/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/03/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		12/14/2019	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/31/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/20/2019	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/06/2019	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/26/2019	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/26/2019	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/29/2019	\$ 26.00
4. Total only this Page				\$	\$643.00
5. Total of ALL CRO-1205 Pages				\$	\$2,240.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT KRISTEN POWERS						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/15/2019	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/05/2019	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/24/2019	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/21/2019	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/13/2019	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/31/2019	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/29/2019	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/23/2019	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/22/2019	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/30/2019	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/31/2019	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		12/02/2019	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/31/2019	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/22/2019	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		11/01/2019	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/20/2019	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/18/2019	\$	5.00
4. Total only this Page					\$	\$514.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$2,240.00

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)						2. ID Number
COMMITTEE TO ELECT KRISTEN POWERS						
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		
SUSAN ABERNATHY 423 W DAVIS ST BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED	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"/>	KP	Check		12/30/2019	\$ 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		
CAROLINE ANSBACHER 1132 W DAVIS ST BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED	e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Check		12/16/2019	\$ 200.00	
<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		
BOB CHANDLER 3240 COVENTRY PL BURLINGTON, NC 27215			READY MIXED CONCRETE			
			c. Employer's Name/Specific Field			
			CHANDLER CONCRETE CO	e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Check		12/14/2019	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,125.00	

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)						2. ID Number
COMMITTEE TO ELECT KRISTEN POWERS						
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	
SONIA FRISCHEMEIER 110 WINSOME LN CHAPEL HILL, NC 27516			NONPROFIT STAFF			
			c. Employer's Name/Specific Field BOOMERANG YOUTH INC			
					e. Election Sum to Date	
					\$ 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"/>	KP	Credit Card		10/30/2019	\$ 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	
THOMAS GRAHAM 5127 MT OLIVE CHURCH RD PITTSBORO, NC 27312			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Cash		11/22/2019	\$ 20.00	
<input type="checkbox"/>	KP	Cash		12/01/2019	\$ 50.00	
<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	
TRINA HARRISON 5127 MT OLIVE CHURCH RD PITTSBORO, NC 27312			NOT EMPLOYED			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Credit Card		08/29/2019	\$ 100.00	
<input type="checkbox"/>	KP	Cash		12/01/2019	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 470.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,125.00	

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 KRISTEN POWERS						
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	
GARY HASTINGS 30 HERITAGE WAY NORTH READING, MA 01864			SYSTEMS ENGINEER			
			c. Employer's Name/Specific Field			
			MITRE		e. Election Sum to Date	
					\$ 126.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Credit Card		11/12/2019	\$ 126.00	
<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	
DIANE HEATH 3027 MAPLE AVE E1 BURLINGTON, NC 27215			ACCOUNTING			
			c. Employer's Name/Specific Field			
			HOSPICE OF ALAMANCE-CASWELL		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Credit Card		08/21/2019	\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		12/02/2019	\$ 25.00	
<input type="checkbox"/>	KP	Electric Funds Tran		12/31/2019	\$ 50.00	
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	
ANDY HUNT 2602 EDGEWOOD AVE BURLINGTON, NC 27215			BPM CONSULTANT			
			c. Employer's Name/Specific Field			
			SELF		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"/>	KP	Credit Card		11/05/2019	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 351.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,125.00	

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)						2. ID Number
COMMITTEE TO ELECT KRISTEN POWERS						
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	
JAY KENNETT 324 W WILLOWBROOK DR BURLINGTON, NC 27215			PASTOR			
			c. Employer's Name/Specific Field			
			HILLSBOROUGH UNITED CHURCH OF CHRIST		e. Election Sum to Date	
					\$ 51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Credit Card		08/18/2019	\$ 25.00	
<input type="checkbox"/>	KP	Credit Card		10/30/2019	\$ 26.00	
<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	
KINSEY MORRISON 13207 SNOWDEN VALLEY GOSHEN, KY 40026			SALES DEVELOPMENT REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			CAPTURE HIGHER ED		e. Election Sum to Date	
					\$ 51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Credit Card		08/18/2019	\$ 25.00	
<input type="checkbox"/>	KP	Credit Card		10/30/2019	\$ 26.00	
<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	
CYNTHIA PARKS 450 CEDARWOOD DR BURLINGTON, NC 27215			SMALL BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			OUTDOOR LIGHTING AND ENERGY		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	KP	Credit Card		09/03/2019	\$ 100.00	
<input type="checkbox"/>	KP	Credit Card		09/03/2019	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 302.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,125.00	

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 KRISTEN POWERS						
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		
ALA SALAMEH 14240 S LONGVIEW LN PLAINFIELD, IL 60544			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
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"/>	KP	Credit Card		10/30/2019	\$ 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		
SARAH SALAMEH 683 BRANNAN ST SAN FRANCISCO, CA 94107			ENGINEER			
			c. Employer's Name/Specific Field			
			CARBON3D			
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"/>	KP	Credit Card		08/27/2019	\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		11/29/2019	\$ 50.00	
<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		
BETSY SAUL 111 WINSOME LANE CHAPEL HILL, NC 27516			FOUNDER			
			c. Employer's Name/Specific Field			
			HEAL MOBILE VET			
e. Election Sum to Date						
\$ 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"/>	KP	Check		11/03/2019	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,125.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 KRISTEN POWERS							
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		
RUTH STANTON 13 DONNYBROOK CT DURHAM, NC 27713			MEDICAL				
			c. Employer's Name/Specific Field				
			DUKE		e. Election Sum to Date		
					\$ 52.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KP	Credit Card		10/30/2019	\$ 52.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 52.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,125.00	

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 KRISTEN POWERS						
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)				b. Coordinated Committee Name		d. Comments
ALAMANCE COUNTY BOARD OF ELECTIONS 115 S MAPLE ST GRAHAM, NC 27253						
				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
						\$ 105.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	O	12/02/2019	\$ 105.00	FILING FEE	
				\$		
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
BMO HARRIS BANK 111 WEST MONTRO ST CHICAGO, IL 60603						
				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
						\$ 119.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Electric Funds Tran	O	10/02/2019	\$ 97.25	MERCHANT FEES	
				\$		
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
CRYSTAL CAVALIER 5123 N NC HWY 119 MEBANE, NC 27302						
				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
						\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	E	12/19/2019	\$ 150.00		
				\$		
5. Total only this Page						\$ 352.25
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 4,066.28
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

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 KRISTEN POWERS	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGAUX ESCUTIN 13 DRAKESWAY CT DURHAM, NC 27713			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Check	E	12/06/2019	\$ 2,000.00	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Electric Funds Tran	A	10/18/2019	\$ 25.00	FB ADS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DMITRI MCKINNEY 3836 STONEY CREEK CHURCH RD ELON, NC 27244			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Check	E	07/24/2019	\$ 600.00	
KP	Check	E	08/16/2019	\$ 100.00	

5. Total only this Page	\$ 2,725.00
6. Total of ALL CRO-1310 Pages	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 4,066.28

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

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 KRISTEN POWERS						
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)			b. Coordinated Committee Name		d. Comments	
NORTH CAROLINA DEMOCRATIC PARTY 220 HILLSBOROUGH ST RALEIGH, NC 27603						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	F	10/30/2019	\$ 500.00	VOTEBUILDER	
				\$		
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	
PACKAGING EXPRESS 4711 HOPE VALLEY RD DURHAM, NC 27707						
			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:		\$ 51.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	B	08/05/2019	\$ 51.59	LITERATURE	
				\$		
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	
SQUARESPACE 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014						
			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:		\$ 236.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	A	12/23/2019	\$ 92.00	WEBSITE RENEWAL	
				\$		
5. Total only this Page					\$ 643.59	
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)					\$ 4,066.28	
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

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 KRISTEN POWERS						
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)			b. Coordinated Committee Name		d. Comments	
TILDE LANGUAGE JUSTICE CENTER 732 9TH ST BOX 681 DURHAM, NC 27705						
			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:			
					\$ 182.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Electric Funds Tran	A	09/10/2019	\$ 182.40	TRANSLATIONS	
				\$		
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	
UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340						
			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:			
					\$ 163.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	08/29/2019	\$ 9.75		
KP	Debit Card	I	09/11/2019	\$ 55.00		
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	
UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340						
			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:			
					\$ 163.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	11/18/2019	\$ 55.00		
KP	Debit Card	I	12/09/2019	\$ 4.29		
5. Total only this Page					\$ 306.44	
6. Total of ALL CRO-1310 Pages					\$ 4,066.28	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
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

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 KRISTEN POWERS						
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)				b. Coordinated Committee Name		d. Comments
UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340				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
						\$ 163.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	12/26/2019	\$ 39.00		
				\$		
5. Total only this Page						\$ 39.00
6. Total of ALL CRO-1310 Pages						\$ 4,066.28
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
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)						

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

2. Committee Full Name (and fund if applicable)	2. ID Number
COMMITTEE TO ELECT KRISTEN POWERS	

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	07/01/2019	\$ 2.50	MERCH FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	08/02/2019	\$ 2.50	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	08/03/2019	\$ 18.45	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/05/2019	\$ 11.68	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/10/2019	\$ 1.08	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	10/03/2019	\$ 4.52	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	10/09/2019	\$ 10.52	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	11/06/2019	\$ 19.19	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	11/12/2019	\$ 32.25	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	12/04/2019	\$ 8.13	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	12/10/2019	\$ 19.41	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check	O	09/12/2019	\$ 50.00	PRIDE FESTIVAL TENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/03/2019	\$ 2.50	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	11/04/2019	\$ 2.50	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	12/02/2019	\$ 2.50	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	B	11/06/2019	\$ 16.01	SURVEYS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	B	11/13/2019	\$ 21.35	SURVEYS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	B	11/20/2019	\$ 21.35	LITERATURE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	O	08/29/2019	\$ 28.18	EVENT FOOD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/11/2019	\$ 50.00	EVENT DONATION

4. Total only this Page	\$ 324.62
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 467.87

6. Purpose Codes (List detailed expenditure code in (d) above)			
B* - Printing	C - Fundraising	D - To Another Candidate	
E - Salaries	F - Equipment	H - Holding Public Office Expenses	
I - Postage	J - Penalties	G - Political Party	K - Office Expenses
O* - Other		Q* - Donations to Legal Expense Fund	

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT KRISTEN POWERS							
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (m/m/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	F	10/07/2019	\$ 34.16	OFFICE SUPPLIES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	F	12/09/2019	\$ 17.07	OFFICE SUPPLIES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	O	10/04/2019	\$ 35.92	EVENT FOOD	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	07/09/2019	\$ 10.00	DIRECT PAY	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	08/08/2019	\$ 10.00	DIRECT PAY	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	F	08/20/2019	\$ 36.10	CHECKBOOK	
4. Total only this Page						\$	143.25
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						\$	467.87
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C - Fundraising		D - To Another Candidate		H* - Holding Public Office Expenses	
E - Salaries		F - Equipment		G - Political Party		Q* - Donations to Legal Expense Fund	
I - Postage		J - Penalties		K* - Office Expenses			
O* - Other							
* Codes require detailed explanation in required remarks field (g)							