

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	2020 Third Quarter		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,063.90	\$ 2,731.66
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,409.00	\$ 5,606.99
6) Contributions from Individuals (CRO-1210)		\$ 13,835.00	\$ 21,239.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 550.00	\$ 700.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 1,325.00	\$ 1,325.00
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)		\$ 17,119.00	\$ 28,870.99
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 13,150.13	\$ 22,750.54
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)		\$ 271.37	\$ 1,080.72
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	\$ 9.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 13,421.50	\$ 23,841.25
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,761.40	\$ 7,761.40
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		08/14/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/07/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/10/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/10/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/30/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/28/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/07/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/13/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/09/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/07/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/24/2020	\$ 36.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/29/2020	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		09/24/2020	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/30/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/08/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/29/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/28/2020	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash		07/11/2020	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		07/11/2020	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/02/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		07/27/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/11/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/11/2020	\$ 6.00	
4. Total only this Page					\$ 727.00	
5. Total of ALL CRO-1205 Pages					\$ 1,409.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment
 Yes 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		09/11/2020	\$ 6.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/11/2020	\$ 6.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/11/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/27/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/05/2020	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/28/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/27/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/14/2020	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/25/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/01/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/18/2020	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/09/2020	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/17/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/30/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash		07/11/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/08/2020	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/30/2020	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/24/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/30/2020	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/11/2020	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/21/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/08/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/23/2020	\$ 50.00
4. Total only this Page				\$	\$607.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$1,409.00

Aggregated Contributions from Individuals

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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		07/04/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		08/04/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/04/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		10/04/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		09/01/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		07/11/2020	\$ 10.00	
4. Total only this Page					\$ 75.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,409.00	

CRO-1205

NC State Board of Elections

April 2007

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	
ROBERT BAKER 100 PARK 40 PLAZA DURHAM, NC 27713				STATISTICIAN			
				c. Employer's Name/Specific Field			
				METAMETRICS			
						e. Election Sum to Date	
						\$ 300.00	
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		07/25/2020		\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		08/02/2020		\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		08/30/2020		\$ 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	
ROBERT BAKER 100 PARK 40 PLAZA DURHAM, NC 27713				STATISTICIAN			
				c. Employer's Name/Specific Field			
				METAMETRICS			
						e. Election Sum to Date	
						\$ 300.00	
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		09/14/2020		\$ 100.00	
<input type="checkbox"/>	KP	Credit Card		10/05/2020		\$ 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	
LEE BARBIERI 109 ARCH WAY CT ELON, NC 27244				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						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 checked="" type="checkbox"/>	KP	Credit Card		05/20/2020		\$ 40.00	
<input type="checkbox"/>	KP	Credit Card		08/12/2020		\$ 15.00	
<input type="checkbox"/>	KP	Credit Card		10/14/2020		\$ 15.00	
4. Total only this Page						\$ 330.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,835.00	

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
KAT CALVIN 8601 LINCOLN BLVD SUITE 18 LOS ANGELES, CA 90045				CEO		
				c. Employer's Name/Specific Field		
				PROJECT ID ACTION FUND		
						e. Election Sum to Date
						\$ 1,000.00
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		08/17/2020	\$ 1,000.00	
<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
JOHN CARELLA 2200 SPRUNT AVE DURHAM, NC 27705				ATTORNEY		
				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		09/19/2020	\$ 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
DANA COURTNEY 2521 ROGERS RD GRAHAM, NC 27253				RETIRED		
				c. Employer's Name/Specific Field		
				RETIRED		
						e. Election Sum to Date
						\$ 90.00
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		09/01/2020	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,110.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,835.00

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	
ANDREW FISHER 322 VISTA LINDA DR MILL VALLEY, CA 94941				OWNER			
				c. Employer's Name/Specific Field			
				ARKITEKTURA			
						e. Election Sum to Date	
						\$ 5,400.00	
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		07/28/2020	\$ 5,400.00		
<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	
EILEEN FISHER 321 VISTA LINDA DR MILL VALLEY, CA 94941				ACCOUNTANT			
				c. Employer's Name/Specific Field			
				ARKITKETURA			
						e. Election Sum to Date	
						\$ 5,400.00	
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		07/28/2020	\$ 4,400.00		
<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	
JASON GARDNER 2709 WEBB ST RALEIGH, NC 27069				ATTORNEY			
				c. Employer's Name/Specific Field			
				KILPATRICK TOWNSEND & STOCKTON			
						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		07/09/2020	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 10,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,835.00	

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	
THOMAS GRAHAM 5127 MT OLIVE CHURCH RD PITTSBORO, NC 27312				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		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		09/13/2020		\$ 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	
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	
						\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	KP	Credit Card		05/22/2020		\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		07/11/2020		\$ 100.00	
<input type="checkbox"/>	KP	Credit Card		07/31/2020		\$ 100.00	
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	
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	
						\$ 350.00	
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		09/13/2020		\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		10/04/2020		\$ 50.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,835.00	

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	
JEFF HITCHCOCK 709 STILL RUN LANE GRAHAM, NC 27253		EXECUTIVE DIRECTOR			
		c. Employer's Name/Specific Field			
		CENTER FOR THE STUDY OF WHITE AMERICAN CULTURE, INC.		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		09/22/2020	\$ 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	
JAMES JOHNSON 215 PADDLE LN MEBANE, NC 27302		ATTORNEY AT LAW			
		c. Employer's Name/Specific Field			
		LAW OFFICES OF JAMES HUNT JOHNSON		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		07/07/2020	\$ 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	
MARY LONGHILL 8719 LINDLEY MILL RD SNOW CAMP, NC 27349		SHEEP FARMER			
		c. Employer's Name/Specific Field			
		SELF		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 checked="" type="checkbox"/>	KP	Credit Card		04/21/2020	\$ 50.00
<input type="checkbox"/>	KP	Credit Card		08/19/2020	\$ 100.00
<input type="checkbox"/>	KP	Credit Card		10/15/2020	\$ 100.00

4. Total only this Page					\$ 400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,835.00

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	
WARREN MCPHERSON 2224 NE 36TH AVE PORTLAND, OR 97212			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		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		08/21/2020	\$ 25.00	
<input type="checkbox"/>	KP	Credit Card		08/21/2020	\$ 75.00	
<input type="checkbox"/>	KP	Credit Card		09/21/2020	\$ 25.00	
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	
GREG MURRAY 2194 HOSKINS RD BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 164.00	
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		09/29/2020	\$ 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	
JIM OVERTON 4106 KILDRUMMY CT DURHAM, NC 27705			EXECUTIVE			
			c. Employer's Name/Specific Field			
			SHSC		e. Election Sum to Date	
					\$ 500.00	
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		09/17/2020	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 725.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,835.00	

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	
KIRSTIN RINGELBERG 202 N 7TH ST MEBANE, NC 27302				PROFESSOR			
				c. Employer's Name/Specific Field			
				ELON UNIVERSITY			
						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		07/15/2020	\$ 50.00		
<input type="checkbox"/>	KP	Credit Card		08/29/2020	\$ 100.00		
<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	
BURTON SCOTT 9 TRAPPERS CT DURHAM, NC 27712				PHYSICIAN			
				c. Employer's Name/Specific Field			
				DUKE UNIVERSITY MEDICAL CENTER			
						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 checked="" type="checkbox"/>	KP	Credit Card		03/17/2020	\$ 25.00		
<input checked="" type="checkbox"/>	KP	Check		06/21/2020	\$ 25.00		
<input type="checkbox"/>	KP	Check		09/24/2020	\$ 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	
LOUISE SHULACK 409 DORAL CT MEBANE, NC 27302				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 245.00	
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		09/01/2020	\$ 40.00		
<input type="checkbox"/>	KP	Credit Card		09/27/2020	\$ 30.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 270.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,835.00	

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
JEN SNIDER 1011 BUGLE CT CHAPEL HILL, NC 27516				SOCIAL WORK		
				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		08/23/2020	\$ 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
JAY TIEMANN 740 GIMGHOUL RD CHAPEL HILL, NC 27514				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		07/11/2020	\$ 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
GARY WITTEVRONGEL 513 WILDWOOD LANE 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	Credit Card		07/10/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,835.00

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		
MARTY WOLDORFF 106 CAMILLE CT CHAPEL HILL, NC 27516		PROFESSOR			
		c. Employer's Name/Specific Field	e. Election Sum to Date		
		DUKE UNIVERSITY			
			\$ 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		08/11/2020	\$ 100.00
<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)					\$ 13,835.00

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

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. Comments	
ALAMANCE COUNTY DEMOCRATIC PARTY 122 N MAIN ST BURLINGTON, NC 27217				
			c. Election Sum to Date	
			\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
KP	Check		09/29/2020	\$ 400.00
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
ALAMANCE COUNTY DEMOCRATIC WOMEN PO BOX 1815 BURLINGTON, NC 27215				
			c. Election Sum to Date	
			\$ 150.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
KP	Check		08/17/2020	\$ 150.00
				\$
				\$
4. Total only this Page				\$ 550.00
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 550.00

Contributions from Other Political Committees Pg 1 of 1

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

Use this form to report contributions from other candidate, referendum or PAC committees

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. Type of Committee		d. Comments
COMMITTEE TO ELECT RICKY HURTADO PO BOX 593 MEBANE, NC 27302			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
KP	Check		10/14/2020	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
EQUALITY NC ACTION FUND PAC PO BOX 28766 RALEIGH, NC 27611			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
KP	Check		08/10/2020	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NORTH CAROLINA ASSOCIATION OF EDUCATORS 700 S SALISBURY ST RALEIGH, NC 27601			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 325.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
KP	Check		10/02/2020	\$ 325.00	
				\$	
				\$	
4. Total only this Page				\$ 1,325.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,325.00	

Disbursements

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

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

1. Committee Full Name (and Fund if applicable)						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	
ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144							
				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	
						\$ 375.76	
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	08/11/2020	\$ 74.51	FEES		
KP	Electric Funds Tran	O	09/09/2020	\$ 54.65	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	
ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144							
				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	
						\$ 375.76	
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	10/09/2020	\$ 55.93	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	
ATLANTIC COAST SCREEN PRINTING 2312 AIRPARK DR BURLINGTON, NC 27215							
				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	
						\$ 724.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KP	Debit Card	O	09/22/2020	\$ 218.75	TSHIRTS		
				\$			
5. Total only this Page						\$ 403.84	
6. Total of ALL CRO-1310 Pages						\$ 13,150.13	
<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	
BMO HARRIS BANK 111 WEST MONTRO ST CHICAGO, IL 60603							
				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:		\$ 112.25	
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	10/02/2020	\$ 97.25	BANK 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	
BURLINGTON TIMES-NEWS 707 S MAIN ST BURLINGTON, NC 27215							
				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:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KP	Debit Card	A	10/16/2020	\$ 1,000.00	NEWSPAPER ADS		
				\$			
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	
CAPITOL PROMOTIONS PO BOX 231 GLENSIDE, PA 19038							
				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:		\$ 1,226.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KP	Electric Funds Tran	F	08/03/2020	\$ 1,226.00	YARD SIGNS		
				\$			
5. Total only this Page						\$ 2,323.25	
6. Total of ALL CRO-1310 Pages						\$ 13,150.13	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT KRISTEN POWERS						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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
CIVITECH 205 WATTS ST DURHAM, NC 27701						
				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
						\$ 946.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Electric Funds Tran	O	07/13/2020	\$ 200.00	TECH SUPPORT	
KP	Electric Funds Tran	O	07/13/2020	\$ 746.00	TECH SUPPORT	
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
CLAY STREET PRINTING AND SIGNS 124 W CLAY ST 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
						\$ 680.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	B	07/01/2020	\$ 207.30	LITERATURE	
KP	Check	B	07/15/2020	\$ 85.40	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
CLAY STREET PRINTING AND SIGNS 124 W CLAY ST 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
						\$ 680.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	B	09/23/2020	\$ 113.16	LITERATURE	
KP	Check	B	10/06/2020	\$ 171.86	LITERATURE	
5. Total only this Page						\$ 1,523.72
6. Total of ALL CRO-1310 Pages						\$ 13,150.13
<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 (Last 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																
CLAY STREET PRINTING AND SIGNS 124 W CLAY ST 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																
						\$ 680.46																
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																	
KP	Check	B	10/07/2020	\$ 72.05	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																
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025																						
				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																
						\$ 154.49																
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																	
KP	Debit Card	A	10/09/2020	\$ 154.49	FACEBOOK ADS																	
				\$																		
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																
GEGE THE NEIGHBOR 291 E FRONT ST BURLINGTON, NC 27215																						
				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																
						\$ 88.78																
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																	
KP	Debit Card	O	08/17/2020	\$ 88.78	FOOD																	
				\$																		
5. Total only this Page						\$ 315.32																
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)						\$ 13,150.13																
7. Purpose Codes (List detailed expenditure code in (h.) above)																						
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">A* - Media</td> <td style="width:25%;">B* - Printing</td> <td style="width:25%;">C* - Fundraising</td> <td style="width:25%;">D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table>							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			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																			
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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
MEGAN NOOR 202 W HAGGARD AVE #403 ELON, NC 27244						
				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
						\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	E	09/23/2020	\$ 250.00		
				\$		
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
NORTH CAROLINA DEPARTMENT OF REVENUE 501 N WILMINGTON ST RALEIGH, NC 27604						
				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
						\$ 165.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	O	09/09/2020	\$ 82.76	SALES TAX	
KP	Electric Funds Tran	O	10/07/2020	\$ 82.76	SALES TAX	
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
STAPLES 1710 E FRANKLIN ST CHAPEL HILL, NC 27514						
				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
						\$ 229.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	K	07/06/2020	\$ 83.82	OFFICE SUPPLIES	
				\$		
5. Total only this Page						\$ 499.34
6. Total of ALL CRO-1310 Pages						\$ 13,150.13
<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	
THE MEDA CORPORATION 65 TOWN MOUNTAIN RD ASHEVILLE, NC 28804						
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 7,250.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Check	B	09/14/2020	\$ 7,250.00	MAILER	
				\$		
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	
TOSKR INC 1330 BROADWAY 3RD FLOOR OAKLAND, CA 94612						
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 2,557.68		
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	09/14/2020	\$ 135.96	TEXTING	
				\$		
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						
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1,556.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	07/01/2020	\$ 2.40		
KP	Debit Card	I	07/02/2020	\$ 330.00		
5. Total only this Page						\$ 7,718.36
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)						\$ 13,150.13
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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
						\$ 1,556.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	07/06/2020	\$ 40.30		
KP	Debit Card	I	07/13/2020	\$ 27.50		
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
						\$ 1,556.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	07/13/2020	\$ 33.00		
KP	Debit Card	I	07/22/2020	\$ 40.30		
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
						\$ 1,556.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	07/27/2020	\$ 2.20		
KP	Debit Card	I	07/28/2020	\$ 20.90		
5. Total only this Page						\$ 164.20
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)						\$ 13,150.13
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

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

1. Committee Full Name (and Fund if applicable)	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
UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340	
c. Level Registered (Specify)	d. Comments
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
e. Election Sum to Date	
	\$ 1,556.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	I	08/04/2020	\$ 29.50	
KP	Debit Card	I	08/06/2020	\$ 9.60	

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
UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340	
c. Level Registered (Specify)	d. Comments
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
e. Election Sum to Date	
	\$ 1,556.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	I	09/01/2020	\$ 99.30	
KP	Debit Card	I	09/22/2020	\$ 23.40	

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
UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340	
c. Level Registered (Specify)	d. Comments
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
e. Election Sum to Date	
	\$ 1,556.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	I	10/06/2020	\$ 40.30	
				\$	

5. Total only this Page	\$ 202.10
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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)	\$ 13,150.13
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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	
<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 (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	07/03/2020	\$ 26.50	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	08/05/2020	\$ 36.48	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/03/2020	\$ 32.11	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	10/05/2020	\$ 25.96	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	O	09/23/2020	\$ 25.00	LUNCHEON TICKET
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	07/02/2020	\$ 2.50	BANK MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	08/03/2020	\$ 2.50	BANK MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/02/2020	\$ 2.50	BANK MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Cash	O	09/12/2020	\$ 40.00	EVENT FOOD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	K	07/30/2020	\$ 10.73	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	09/14/2020	\$ 42.72	TEXTING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	K	09/28/2020	\$ 24.37	OFFICE SUPPLIES
4. Total only this Page					\$	271.37
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	271.37
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C - Fundraising		D - To Another Candidate		
E - Salaries		F - Equipment		G - Political Party		
H - Postage		J - Penalties		K - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						