

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			08/13/2020	
			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	
2020	02/16/2020	06/30/2020	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 checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input 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				
2				
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			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2,187.60		\$	
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>		<u>Kristen Powers</u>		08/13/2020
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>8/13/2020</u>	Employee:	<u>JG</u>	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	<u>12/30/2020</u>	Employee:	<u>JG</u>	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT KRISTEN POWERS	2020 Second Quarter		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,187.60	\$ 2,731.66
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,788.00	\$ 4,197.99
6) Contributions from Individuals (CRO-1210)		\$ 4,029.00	\$ 7,404.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 150.00	\$ 150.00
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)		\$ 5,967.00	\$ 11,751.99
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 3,877.76	\$ 9,600.41
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)		\$ 212.94	\$ 809.35
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)		\$ 4,090.70	\$ 10,419.75
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,063.90	\$ 4,063.90
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 checked="" type="checkbox"/> Yes	<input 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		04/28/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/16/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/05/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/05/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/28/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/20/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/17/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/16/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/22/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/25/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/21/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/05/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/03/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/11/2020	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/03/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/28/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/30/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/28/2020	\$	45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$	15.00
4. Total only this Page					\$	\$590.00
5. Total of ALL CRO-1205 Pages					\$	\$1,788.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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		06/15/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/05/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/10/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/22/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/11/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/05/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/29/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/20/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/17/2020	\$	7.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/20/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/05/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/30/2020	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		02/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/25/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/28/2020	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/13/2020	\$	45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/28/2020	\$	25.00
4. Total only this Page					\$	\$577.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,788.00

Aggregated Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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		05/25/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/20/2020	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/21/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/10/2020	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/28/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/01/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/26/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/02/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/02/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/11/2020	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/28/2020	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/05/2020	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/25/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/17/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Check		06/21/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/12/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		04/01/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/06/2020	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		05/03/2020	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/25/2020	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		06/17/2020	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Credit Card		03/26/2020	\$ 25.00	
4. Total only this Page					\$ 595.00	
5. Total of ALL CRO-1205 Pages					\$ 1,788.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page 4 of 4

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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		04/24/2020	\$ 26.00
4. Total only this Page				\$ 26.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 1,788.00	

CRO-1205

NC State Board of Elections

April 2007

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	
MORGAN BAKER 407 FIELDSTONE DR BURLINGTON, NC 27215				PROGRAM ASSISTANT			
				c. Employer's Name/Specific Field ELON UNIVERSITY			
						e. Election Sum to Date	
						\$ 75.00	
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		06/28/2020		\$ 75.00	
<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	
JOAN BANKS 12005 BIRCH DR JOPLIN, MO 64804				RETIRED			
				c. Employer's Name/Specific Field RETIRED			
						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	Check		03/16/2020		\$ 500.00	
<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	
MARGARET BERRY 409 DORAL CT MEBANE, NC 27302				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		05/31/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 675.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,029.00	

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input 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	
FRANKIE BLACKBURN 8605 CEDAR ST SILVER SPRING, MD 20910			CONSULTANT			
			c. Employer's Name/Specific Field			
			TRUSTED SPACE PARTNERS		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		06/15/2020	\$ 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	
					\$ 80.00	
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		06/04/2020	\$ 40.00	
<input type="checkbox"/>	KP	Credit Card		06/04/2020	\$ 40.00	
<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	
LYNN DAVIS 2901 SHAGBARK LANE GRAHAM, NC 27253			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		05/25/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 280.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

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	
EILEEN FISHER 321 VISTA LINDA DR MILL VALLEY, CA 94941			ACCOUNTANT			
			c. Employer's Name/Specific Field			
			ARKITKETURA		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		06/24/2020	\$ 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	
ELENA KENNEDY 654 SPANISH OAK RD ELON, NC 27244			PROFESSOR			
			c. Employer's Name/Specific Field			
			ELON		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		06/28/2020	\$ 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	
EMMA KENNETT 324 WILLOWBROOK DR BURLINGTON, NC 27215			REGIONAL CAMPAIGNS MANAGER			
			c. Employer's Name/Specific Field			
			NORTH CAROLINA DEMOCRATIC PARTY		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	Credit Card		04/20/2020	\$ 30.00	
<input type="checkbox"/>	KP	Credit Card		05/05/2020	\$ 15.00	
<input type="checkbox"/>	KP	Credit Card		06/30/2020	\$ 25.00	
4. Total only this Page					\$ 1,170.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input 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	
TANYA KLINE 1211 BROOKVIEW DR ELON, NC 27244			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		02/17/2020	\$ 150.00	
<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	
NANCY LUBLIN 92 HORATIO ST 1A NEW YORK, NY 10014			CEO			
			c. Employer's Name/Specific Field			
			CRISIS TEXT LINE			
					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		03/08/2020	\$ 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	
CHRISTOPHER MASON 1647 SAXAPAHAW-BETHLEHEM CHURCH RD SAXAPAHAW, NC 27340			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
					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		06/16/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	
GREG MURRAY 2194 HOSKINS RD BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 64.00		
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		05/27/2020	\$ 64.00	
<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	
BARRY MUSSELWHITE 1720 OLD SAINT MARKS CHURCH RD APT 3-1A BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 75.00		
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		06/06/2020	\$ 25.00	
<input type="checkbox"/>	KP	Credit Card		06/06/2020	\$ 30.00	
<input type="checkbox"/>	KP	Credit Card		06/16/2020	\$ 10.00	
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	
BARRY MUSSELWHITE 1720 OLD SAINT MARKS CHURCH RD APT 3-1A BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 75.00		
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		06/27/2020	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 139.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input 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	
DAVID PEDEN 546 HUMAN STUDIES FACIL CHAPEL HILL, NC 27514				PHYSICIAN			
				c. Employer's Name/Specific Field			
				UNC			
						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		05/20/2020	\$ 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	
MARGARET POWERS 21 ELM TERRACE BRAINTREE, MA 02184				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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		03/09/2020	\$ 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	
LISA ROWDEN 218 WOODLAWN DR MEBANE, NC 27302				GROOMER			
				c. Employer's Name/Specific Field			
				SELF			
						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		05/21/2020	\$ 100.00		
<input type="checkbox"/>	KP	Credit Card		05/25/2020	\$ 50.00		
<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)						\$ 4,029.00	

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	
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	Check		02/08/2020	\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		02/18/2020	\$ 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	
LOUISE SHULACK 409 DORAL CT MEBANE, NC 27302			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 175.00	
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		03/29/2020	\$ 25.00	
<input type="checkbox"/>	KP	Credit Card		05/05/2020	\$ 50.00	
<input type="checkbox"/>	KP	Credit Card		05/21/2020	\$ 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	
RUTH STANTON 13 DONNYBROOK CT DURHAM, NC 27713			MEDICAL			
			c. Employer's Name/Specific Field			
			DUKE		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		05/11/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	
BILL TRAYNOR PO BOX 220 SAXAPAHAW, NC 27340			PARTNER			
			c. Employer's Name/Specific Field			
			TRUSTED SPACE		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		04/29/2020	\$ 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	
STEVE VAN PELT 580 GRANDVIEW DR GRAHAM, NC 27253			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	Check		05/22/2020	\$ 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	
DANIEL WOLDORFF 106 CAMILLE CT CHAPEL HILL, NC 27516			SALES AND OPERATION COORDINATOR			
			c. Employer's Name/Specific Field			
			SEAL THE SEASONS LLC		e. Election Sum to Date	
					\$ 60.00	
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		05/11/2020	\$ 10.00	
<input type="checkbox"/>	KP	Credit Card		05/11/2020	\$ 25.00	
<input type="checkbox"/>	KP	Credit Card		05/11/2020	\$ 25.00	
4. Total only this Page					\$ 410.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

Contributions from Individuals

Amendment
<input checked="" type="checkbox"/> Yes <input 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			
			DUKE UNIVERSITY			
					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		03/11/2020	\$ 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	
ANN WOOTEN 533 PARKVIEW DR BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 130.00	
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		03/20/2020	\$ 75.00	
<input type="checkbox"/>	KP	Credit Card		05/03/2020	\$ 15.00	
<input type="checkbox"/>	KP	Credit Card		05/22/2020	\$ 40.00	
4. Total only this Page					\$ 230.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,029.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	
SENIOR DEMOCRATS OF ALAMANCE COUNTY 2419 ALTAMAHAW UNION RIDGE RD BURLINGTON, NC 27217				
			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		06/23/2020	\$ 150.00
				\$
				\$
4. Total only this Page				\$ 150.00
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 150.00

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
ATLANTIC COAST SCREEN PRINTING 2312 AIRPARK DR 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:		
		\$ 505.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	O	05/12/2020	\$ 286.75	T-SHIRTS
KP	Debit Card	O	06/18/2020	\$ 218.75	T-SHIRTS

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)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 135.36

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	F	06/19/2020	\$ 51.54	OFFICE SUPPLIES
KP	Debit Card	I	06/22/2020	\$ 83.82	

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		
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:		
		\$ 2,379.00

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	03/17/2020	\$ 1,976.52	TEXTING
KP	Electric Funds Tran	F	04/21/2020	\$ 402.48	TEXTING

5. Total only this Page	\$ 3,019.86
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>	\$ 3,877.76

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.)*
 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 <i>(include city, state, & zip)</i>	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 \$ 857.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	I	05/11/2020	\$ 40.30	
KP	Debit Card	I	05/13/2020	\$ 37.70	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	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 \$ 857.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	I	05/19/2020	\$ 15.60	
KP	Debit Card	I	05/26/2020	\$ 55.00	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	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 \$ 857.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KP	Debit Card	I	06/01/2020	\$ 48.10	
KP	Debit Card	I	06/19/2020	\$ 16.90	

5. Total only this Page \$ 213.60

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)
 \$ 3,877.76

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) UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340				b. Coordinated Committee Name 		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 857.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	06/19/2020	\$ 40.30		
KP	Debit Card	I	06/22/2020	\$ 1.20		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340				b. Coordinated Committee Name 		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 857.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	06/22/2020	\$ 55.00		
KP	Debit Card	I	06/22/2020	\$ 134.80		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 1616 JORDAN DR SAXAPAHAW, NC 27340				b. Coordinated Committee Name 		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 857.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KP	Debit Card	I	06/22/2020	\$ 220.00		
KP	Debit Card	I	06/23/2020	\$ 2.00		
5. Total only this Page						\$ 453.30
6. Total of ALL CRO-1310 Pages						\$ 3,877.76
<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

Amendment
<input checked="" type="checkbox"/> Yes <input 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 <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 <i>(include city, state, & zip)</i>				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	
						\$ 857.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KP	Debit Card	I	06/26/2020	\$ 55.00			
KP	Debit Card	I	06/29/2020	\$ 9.10			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				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	
						\$ 857.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KP	Debit Card	I	06/29/2020	\$ 16.90			
KP	Debit Card	I	06/29/2020	\$ 55.00			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				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	
						\$ 857.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KP	Debit Card	I	06/29/2020	\$ 55.00			
5. Total only this Page						\$ 191.00	
6. Total of ALL CRO-1310 Pages						\$ 3,877.76	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
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.

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	03/04/2020	\$ 8.41	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	03/10/2020	\$ 18.99	ACTBLUE VANTIV FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	04/03/2020	\$ 8.89	ACTBLUE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	05/04/2020	\$ 9.98	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	06/03/2020	\$ 23.35	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	03/02/2020	\$ 2.50	BANK MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	04/02/2020	\$ 2.50	BANKCARD MERCH FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	05/04/2020	\$ 2.50	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	06/01/2020	\$ 2.50	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	B	03/04/2020	\$ 30.69	LITERATURE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Debit Card	O	03/03/2020	\$ 31.15	EVENT FOOD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	04/09/2020	\$ 19.17	ECOMMERCE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	05/11/2020	\$ 22.47	WORLDPAY FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KP	Electric Funds Tran	O	06/09/2020	\$ 29.84	WORLDPAY FEES
4. Total only this Page					\$	212.94
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	212.94
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		K* - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						