Amendment

Disclosure Report Cover

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 In	formation								
a. Full Name								c. ID Number	
COMMITTEE	TO ELECT W	HITE FOR SH	ERIFF						
b. Mailing Addre	ss (include Ci	ty, State and Zij	Code)					d. Date Filed	
P.O. BOX 283 BURLINGTON	J NC 27216							07/11/2022	
DOREMOTOR	1,110 2/210							e. Phone Number	
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy	5. Treasu	rer Full Name	
2022		5/01/2022			06/30/2	KELLY V			
6. Type of Comn	nittee (Check (	One)	9. Typ	e of Repor	t (ci	heck only on	e type of rep	ort from one category)	
X Candidate Can			Munte			State/Count		Referendum	
☐ Joint Fundraise	er 🔲 PA	c		Organizatio	nal	Organizat	ional	Organizational	
Referendum	Leg	gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum	
7. Type of Fund	7. Type of Fund (if applicable, check one)			Pre-primar	у	First		Final	
Booster Fund	11			Pre-election	n.	Secon	ıd	Supplemental Final	
Building Fund				Pre-runoff		Third	l	☐ Annual	
Presidential El	ection Year Can	didates Fund	<u> </u>	Semi-annua	1	Fourt	h	Special	
NC Public Campaign Financing Fund				Mid Ye	ar	Semi-anni	ıal		
-				Year E	nd	Mid Y	/ear	10. Special Report Name	
Other:			l⊟	Final		Year	End		
8. Number of Fu	ndraisers this	Report		Special		Final			
0			_			Special			
. Account Information					3. Acc	ount Informs	tion		
. Financial Institution Full Name			a. Financial Institution Full N			ion Full Nam	l <b>e</b>		
TRUIST BANK	_								
b. Purpose		c. Account Cod	e		b. Purp	ose	***************************************	c. Account Code	
FO RECEIPTS	AND		1						
EXPENSES			*						
		d. Period Begir	Balan	ce				d. Period Begin Balance	
		\$						\$	
Chapter 163 of	ne Committee of the NC Gener	al Statutes and	that no	funds are	commi	ngled with pr	ohibited or c	2A, 22B & 22D-22M of other non-disclosed ed by the NC State Board	
Kall	. I. Shit	o		<	ZH	<del></del>		07/11/2022	
116116	inted Name of S	ioner		Sion	ature of	Appointed Tre	acırer	Date	
FOR OFFICE US		-6101	<del></del>			пррописати			
Date Receive		1-11-2a	_	Emplo	yee: _	T	— <u>De</u> l	ivery Method Normal Mail	
Date Postmar	rked:	<del> </del>	_	Emplo	yee: _	<u>-</u>		Registered Mail Hand Delivered	
Date Scanne	d:	1-11-22	_	Employ	yee: _	#		Electronically Filed	
Date Data En	tered:			Employ	yee: _		_	Signer has not received mandatory training	
	assistar	annot be used t it treasurer, cus d the Statement	todian	ofbooks i	ıformat	ion, or accou	nt informatio		

Amendment ☐ Yes 🏻 🛣 No

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

Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of Re		3. ID	Number
COMMITTEE TO ELECT WHITE FOR SHERIFF	2022 Second	<del></del>		
Start of Election Cycle: January 1, 2019		Total this Reporting Perio	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,823.	66 \$	0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 410.	00 \$	595.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,125.	00 \$	3,625.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00 \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00 \$	0,00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00 \$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00 \$	0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 \$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00 \$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00 \$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00 \$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1,535.0	00 \$	4,220.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1,577.8	37 \$	2,424.87
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 29.6	58 \$	44.02
15) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	00 \$	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.0	00 \$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$ 1,607.5	55 \$	2,468.89
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 1,751.1	1 \$	1,751.11
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	2000 2000 2000 2000	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	200	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	00	
25) Administrative Support	(CRO-1710)	\$ 0.0	00 \$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.0	00 \$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	0 \$	0.00
28) Contributions to be Refunded  NC State Board	(CRO-1215)	\$ 0.0	0 \$	0.00 August 2008

Amendment Aggregated Contributions from Individuals

Page 1 of 1 Yes No
Optional form used to report NC Contributions From Individuals of \$50 or less

		Fund if applicable)	FIORE HUIVERIALS OF S		2. ID	Number	··.
COMMITT	EE TO ELECT W	HITE FOR SHERIF	F	·			
					<u> </u>		
	tor Information	1	1	1 2 4 6		<del> </del>	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/уууу)	f. Amount	
☐ Add ☐ Remove	1	Credit Card		06/28/202	22	\$	50.00
☐ Add ☐ Remove	1	Credit Card		06/21/202	22	\$	50.00
☐ Add ☐ Remove	1	Credit Card		06/20/202	22	\$	50.00
Add Remove	1	Credit Card		06/20/202	22	\$	25.00
☐ Add ☐ Remove	1	Credit Card		06/26/202	22	\$	50.00
☐ Add ☐ Remove	1	Credit Card		06/27/202	22	\$	50.00
Add Remove	1	Credit Card		06/28/202	22	s	25.00
Add Remove	1	Credit Card		06/20/202	22	\$	25.00
☐ Add ☐ Remove	1	Credit Card		06/28/202	22	\$	25.00
Add Remove	1	Credit Card		06/22/202	22	\$	50.00
Add Remove	1	Credit Card		05/22/2022		\$	5.00
Add Remove	1	Credit Card		06/22/202	22	\$	5.00
4. Total o	nly this Page		\$		\$410.00		
	5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						\$410.00
CRO-1205	Je on mie o oj D	<u> </u>	C State Board of Elections				April 2007

CRO-1205

NC State Board of Elections

April 2007

## Amendment **Contributions from Individuals** $1_{-of}$ Yes Yes X 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 WHITE FOR SHERIFF ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RN KAORI BRAHNA c. Employer's Name/Specific Field 5174 Swepsonville Saxapahaw Rd GRAHAM, NC 27253 UNC HOSPITALS e. Election Sum to Date 100.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Credit Card 06/24/2022 \$ 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) UNKNOWN ANTHONY FORIEST c. Employer's Name/Specific Field 2211 QUAIL DR. GRAHAM, NC 27253 UNKNOWN e. Election Sum to Date \$ 100.00 h. Form of Payment i. In-Kind Description k. Amount f. Prior g. Account Code j. Date (mm/dd/yyyy) Check 06/21/2022 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTATNT **BRIAN KENNEDY** c. Employer's Name/Specific Field 654 Spanish Oak Rd ELON, NC 27244 SELF e. Election Sum to Date

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amoun	t
	1	Credit Card		06/20/2022	\$	100.00
					\$	
					\$	
4. Tot	al only this Pa	ge			\$	300.00
	al of ALL CR line must be on line		\$	1,125.00		

100.00

			Amendment				
Pg	2	of	3	☐ Yes	No No		

**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 WHITE FOR SHERIFF ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) TEACHER ELIZABETH OSBORNE c. Employer's Name/Specific Field 2585 Nealwood Ave GRAHAM, NC 27253 THE HAWBRIDGE SCHOOL e. Election Sum to Date 100.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Credit Card 06/20/2022 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PSYCHOTHERAPIST LYSANDRA PENN-BARTOO c. Employer's Name/Specific Field 5312 BYRD RD SELF EMPLOYED **BURLINGTON, NC 27217** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Cash 06/28/2022 \$ 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROGRAM MANAGER KAREN SESSOMS c. Employer's Name/Specific Field 5605 GENERAL ARTHURS LANE JAMESTOWN, NC 27282 **GUILFORD COUNTY** e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Credit Card 1 05/04/2022 \$ 75.00 \$ \$ 275.00 4. Total only this Page \$

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

## **Contributions from Individuals**

				Amendm	ent
Pg	3	of	3	Yes Yes	X No
und	er \$50	if forn	CRO 120	5 is not us	ed
			-	TT N	

Use thi	s form to report in	dividual contributions	s over \$50 or co	ontributions u	nder \$50 if form CRO	205	is not used	l
1. Com	mittee Full Name	(and Fund if applicabl	le)		•	2.	D Number	
COMN	AITTEE TO ELE	CT WHITE FOR SHE	ERIFF					
3. Cont	ributor Informati	on		Add 🔲 R	emove			
	Name, Mailing Add		· <del></del>	b. Job Title/P	rofession	d. (	Comments	<del></del>
(inclu	ide city, state, & z	ip)		RETIRED E	DUCATOR		· · · · · · · · · · · · · · · · · · ·	
STEVI	E VANPELT					1		
2700 J	AMESTOWN CI	Γ		c. Employer's	Name/Specific Field			
BURL	INGTON, NC 27	215		RETIRED				
1						e. I	dection Sun	1 to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check		<del>,</del>	06/28/2022		\$	250.00
							\$	
				<del> </del>			\$	
3. Cont	ributor Informati	on		Add 🔲 Re	emove		l	
	Vame, Mailing Add			b. Job Title/P		d. C	Comments	
	ide city, state, & zi			RETIRED			•	
	ANIEL WARD							
1	331 EAST MOREHEAD STREET			c. Employer's	Name/Specific Field			
	BURLINGTON, NC 27215			RETIRED				
	-			•		e. I	lection Sun	ı to Date
						\$		200.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	<b>1</b>	Cash			06/05/2022		\$	200.00
							\$	
						·	\$	,
3. Cont	ributor Informatio	on		Add 🔲 Re	move		· · · · · · ·	
a. Full N	vame, Mailing Add	lress & Phone		b. Job Title/Pr	rofession	d. C	omments	<del> </del>
(inclu	ide city, state, & zi	lp)		NOT EMPLO	DYED			
	WRIGHT			701	N			
	oodlawn Road				Name/Specific Field			
MEBA	NE, NC 27302			NOT EMPL	OYED	a Ti	lection Sun	to Date
:						C. E	iccion Sun	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	······································
	1	Credit Card			06/20/2022		\$	100.00
				<del>-</del>			\$	
						-	\$	
4. Tota	al only this Pa	ge	<u> </u>		<b>.</b>	\$		550.00
5. Tota	Total of ALL CRO-1210 Pages					\$		1,125.00
		(This line must be on line 6 of Detailed Summary Page CRO-1100)						> 1/3 (III)

T:	4-						_			dment
Disbursen						Pg _			_	
	report expenditures		ee for c	perati	ng exper	ises, c	ontributi	ons to	candidate	e/political
	coordinated party e									
	ull Name (and Fund								2. ID Nur	nber
COMMITTEE	TO ELECT WHITE	FOR SHERIFF								
3. Type of Disbu	rsement <i>Please</i>	use separate CRO	D-1310	forms	for eac	h type	of Disbu	rseme	nt.)	
X Operating Exp	penses Cont	ributions to Candidat	tes/Polit	ical Co	nmittees		☐ Co	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add		Remo	ve			
	ailing Address & Ph	one		b. Ce	ordinate	d Com	mittee N	ame	d. Comme	nts
(include city, sta	_									•
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NC				c. Lev	el Regis	tered (	Specify)			
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				ŀ					s	74.73
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						\$		WIN	DOWS O	N MAC
4. Payee Inform	ation			Add		Remo	ve			
a. Full Name, Ma	ailing Address & Pho	one		b. Coo	rdinate	d Com	mittee Na	ıme	d. Comme	nts
(include city, sta	te, & zip)									
SIR SPEEDY										
602 EDWARD	IA DRIVE				el Regis	tered (				
GREENSBORG	), NC 27409			☐ Fe			County:			
				<u>□</u> St	ate		Municip	ality:	e. Hection	Sum to Date
									\$	183.61
6 A	- F	h Burnosa Coda	l. n	<u> </u>	134	3 4	4	le De	quired Ren	a n alza
	g. Form of Payment		····		ld/yyyy)	j. Amo				HHIKS
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(include city, sta	_			<b></b>			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			
	SULTING ,LLC			1						
1890 CHERRY	•			c. Lev	el Regist	tered (S	pecify)			
HAW RIVER,				☐ Fe	deral		County:			
				St	ate		Municip	ality:	e. Election	Sum to Date
									\$	162,17
f. Account Code	g. Form of Payment		i. Date	(mm/d	d/yyyy)	_		k. Re	quired Ren	1arks
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						\$				
# 190 4 3 3 13 13 13 13 13 13 13 13 13 13 13 13 13		<u> </u>					<del></del>			400.51
5. Total only thi					i				\$	420.51
6. Total of ALL	CRO-1310 Pages									
(This line goes is	n line 13a of Detailed S	ummary Page CRO	·1100 if	Operati	ing Expe	nses)			\$	1,577.87
	n line 13b of Detailed S		-					omm)	7	2,0 . ,
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordii	nated Par	ty Expe	enditures)			
	des (List detailed	<del> </del>								
A* - Media	B* - Printin		C* - F		-				ier Candid	
E - Salaries	F* - Equipme		G-Po		-					fice Expenses
I - Postage	J - Penaltie	5	K* - O	ffice E	xpenses	}	Q* - De	onatio	n to Legal	Expense Fund
O* Other	- 3-4-91. 3			.130						
	e detailed explanation								<del></del>	D
CRO-1310		NC S	tate Boa	ra ot B	ections					December 2009

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 Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number    Committee Full Name (and Fund if applicable)   2. ID Number (applicable)   2. ID Number (applicable (applicable)   2. ID Number (applicable (applicable)   2. ID Number (applicable (applicable)   2. ID Number (applicable)   2. ID Number (applicable (applicable)   2. ID Number (applica		_							A	mendme	nt
Committee Full Name (and Fund if applicable)   2. ID Number	Disbursen	ents				Pg		·	2_ [	] Yes	X No
3. Type of Disburs ement   Please use separate CRO-1310 forms for each type of Disbursement.)    Operating Expenses   Contributions to Candidates/Political Committees   Coordinated Party Expenditures   Add   Remove				e for o	perating expen	ıses,	contribut	ions to	cand	idate/po	litical
3. Type of Disburs ement	1. Committee F	ull Name (and Fund	if applicable)		· · · · · · · · · · · · · · · · · · ·			-	2. ID	Number	
A Payee Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  VISTA PRINT  275 WYMAN STREET  WALTHAM, MA 02451  Debit Card	COMMITTEE	TO ELECT WHITE	FOR SHERIFF								
A Payee Information  a. Full Name, Mailing Address & Phone (Include city, state, & zip)  VISTA PRINT  275 WYMAN STREET  WALTHAM, MA 02451  Debit Card	2 Time of Dish	Plage	use separate CDO	_1210	forms for and	le for	e of Dish	TEGENA	2004)		
4. Payee Information										v Expend	itures
a. Full Name, Mailing Address & Phone (include city, state, & zip)  VISTA PRINT 275 WYMAN STREET  WALTHAM, MA 02451    Pederal   County:   Edection Sum to Date   Sate   Municipality:   Edection Sum to Date										<i>y</i> =	
VISTA PRINT  275 WYMAN STREET  WALTHAM, MA 02451    Federal			one			_		ame	d. Co	mments	
275 WYMAN STREET WALTHAM, MA 02451    Garal   County:   Edection Sum to Date   State   Municipality:   Edection Sum to Date	(include city, sta	ite, & zip)									
WALTHAM, MA 02451    Federal   County:   E. Election Sum to Date   Sate   Municipality:   E. Election Sum to Date   Election Sum to Date   E. Election Sum to Date   Sate   Municipality:   E. Election Sum to Date   Election Sum	VISTA PRINT								]		
Sate   Municipality:   Effection Sum to Date	275 WYMAN \$	· · · ·				tered					
\$ 1,157.36  f. Account Code g. Form of Payment h. Purpose Code l. Date (mm/dd/yyyy) j. Amount k. Required Remarks  1 Debit Card B 06/01/2022 \$ 217.81 POSTCARDS  1 Debit Card B 06/20/2022 \$ 939.55 POSTCARDS/SIGNS/BUS.  CARDS  5. Total only this Page \$ 1,157.36  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 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)	WALTHAM, M	IA 02451			<del></del>		= -		. 100	ation C	- to Data
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  1 Debit Card B 06/01/2022 \$ 217.81 POSTCARDS  1 Debit Card B 06/20/2022 \$ 939.55 POSTCARDS/SIGNS/BUS.  CARDS  5. Total only this Page \$ 1,157.36  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)  7. Purpose Codes (List detailed expenditure code in (h.) above)  A*-Media B*-Printing C*-Fundraising D-To Another Candidate 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)					7 2rare		Withhel	ранту.	e. De	CHOR SU.	m to pate
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