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 Ir	aformation								
a. Full Name	noi matton							c. ID Number	
PATRICK MII	LLS FOR CITY	COUNCIL	<u></u>						
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)					d. Date Filed	
1981 GLENKI BURLINGTON	RK DR	***************************************	<u>-</u>	T. T				09/23/2015	
BUKLINGTO	N, INC 2/213							e. Phone Number	
2. Report Year	3. Period Star	t Date (mm/dd/y	y <b>y</b> )	4. Period	End Da	te (m m/dd/yy)	5. Treasur	er Full Name	
2015		8/26/2015			09/21/2		PATRICK		
6. Type of Com	mittee (Check C	One)	9. Typ	e of Report	(ci	heck only one	type of rep	ort from one catego	ry)
X Candidate Car	npaign 🔲 Par		Munic			State/County	<del></del>	Referendum	
☐ Joint Fundrais ☐ Referendum  7. Type of Fund ☐ "Booster Fund ☐ Building Fund ☐ Presidential E	Leg (if applicable d"	gal Expense Fund le, check one)		Organizatio Thirty-five Pre-primary Pre-election Pre-rumoff Semi-annua	day / 1	Organization Quarterly First Second Third Fourth		Organizational Pre-referendum Final Supplemental Fin Annual Special	al
NC Public Car	mpaign Financing	g Fund		Mid Ye	ar	Semi-annua	d		
				Year E	nd	☐ Mid Ye	ear	10. Special Report	Name
Other:				Final		Year E	nd		
8. Number of Fu	undraisers this	Report		Special		☐ Final			
	0		l			☐ Special			
3. Account Info	wmation		<u> </u>		2 Acc	ount Informat	ion		
a. Financial Inst		m e	-			ncial Institution		e	
TRULIANT FO			· · · · · · · · · · · · · · · · · · ·			LIANT FCU			
b. Purpose		c. Account Cod	le		b. Pur	pose		c. Account Code	
CHECKING			A			NGS ACCT T CKING	O OPEN	В	
		d. Period Begin	a Balan	ce				d. Period Begin Bal	ance
		\$		295.97				\$	5.00
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    Op/23/2015									
FOR OFFICE U	SEONLY							<del> ''2 '''</del>	
Date Receiv		9-24-15	_	Emplo	yee: .	JG		livery Method Normal Mail	
Date Postm		0-65-15		Emplo	-	06	- <b>13</b>	Registered Mail Hand Delivered Electronically Filed	l
Date Scanne		000	<u></u>	Emplo		<del> </del>	- n	Signer has not rece	
Date Data E	intered:		_	Emplo	yee:			mandatory training	
	assista	annot be used nt treasurer, cu	stodian	of books i	nforma	tion, or accou	nt informati	ittee address, treasu on.	

Amendment

☐ Yes X No

Detailed Summary
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 Re	port	3. ID	Number
PATRICK MILLS FOR CITY COUNCIL	2015 Pre-Pri	mary		
Start of Election Cycle: January 1,2015		Total this Reporting Perio	nd	Total this Election Cycle
4) Cash on Hand at Start		\$ 300.	97 \$	0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 350.	00 \$	\$ 484.00
6) Contributions from Individuals	(CRO-1210)	\$ 560.	00 \$	2,705.83
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
(1) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	01 \$	0.01
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00 \$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 \$	0.00
11 d) 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)	\$ 910.	01 \$	3,189.84
EXPENDITURES		Company of the state of the sta	Section Programme	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 283.	62 \$	400.71
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)	<b>\$</b> 121.	04 \$	141.98
15) Loan Repayments	(CRO-1420)	\$ 0.	00 \$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00 \$	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.	00 \$	1,840.83
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 404.	66 \$	2,383.52
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 806.	32 \$	806.32
ADDITIONAL INFORMATION		<u></u>	<b>B</b>	ronganista pagasari
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	<del></del>	00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 1,702.	- 1	
23) Debts and Obligations owed to the Committee	(CRO-1620)		00	
24) Account Transfers Within the Committee	(CRO-1720)	<del></del>	00	
25) Administrative Support	(CRO-1710)		00 \$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.	00   1	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.	<del>-  </del>	
28) Contributions to be Refunded  ORO-1100 NC State Boar	(CRO-1215)	\$ 0.	00   1	0.00 August 2008

Aggrega	ated Contril	butions from I	ndividuals Page	1of	1_	Amendmen	nt 🛛 No
			From Individuals of \$				
		Fund if applicable)			2. ID N	Number	
PATRICK 1	MILLS FOR CITY	Y COUNCIL					
2 Comfailme	Yn farmadian		·			•	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd.	/yyyy)	f. Amount	
☐ Add	A	Electric Funds Tran		08/29/201	5	\$	50.00
☐ Remove		Check				1	
Remove	A	Спеск		09/01/201	5	\$	50.00
Add Remove	A	Check		09/06/201	.5	\$	25.00
Add	A	Check		09/06/201	5	\$	45.00
Remove				02/00.20		Ψ	15.00
☐ Add ☐ Remove	A	Check		09/06/201	.5	\$	30.00
☐ Add☐ Remove	A	Check		09/11/201	.5	\$	50.00
Add	A	Check		09/01/201	5	\$	50.00
Remove		~ .					
☐ Add ☐ Remove	A	Check		09/01/201	.5	\$	50.00
4. Total of	nly this Page				\$		\$350.00

5. Total of ALL CRO-1205 Pages
(This line must be on line 5 of Detailed Summary Page CRO-1100) NC State Board of Elections April 2007 CRO-1205

\$

\$350.00

## **Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

RETIRED     RETIRED   RETIRED   RETIRED   RETIRE	1. Com	mittee Full Name	(and Fund if applicabl	e)			2.1	D Number			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  SUSAN HAUSER 7208 CATAMOUNT C⊤N RALEIGH, NC 27615  E. Prior   g. Account Code   h. Form of Payment   h. In-Kind Description   h. Job Title/Profession   d. Comments    BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  BURLINGTON, NC 27215  A Check   h. Form of Payment   h. In-Kind Description   h. Job title/Profession   d. Comments    BURLINGTON, NC 27215  BURLINGTO	PATRI	CK MILLS FOR	CITY COUNCIL								
a. Full Name, Mailing Address & Phone (include city, state, & zip)  SUSAN HAUSER 7208 CATAMOUNT C⊤N RALEIGH, NC 27615  E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   l. In-Kind Description   h. Jobit (mm/dd/yyyy)   k. Amount    E. Prior   g. Account Code   h. Form of Payment   h. Jobit (left)   h. Jobit (left)   h. Jobit (left)    E. Prior   g. Account Code   h. Form of Payment   h. Jobit (left)   h. Jobit (left)    E. Enployer's Name/Specific Field    E. Employer's Name/Spe	3. Cont	ributor Informati	on		Add 🗖 Rea	move					
SUSAN HAUSER   7208 CATAMOUNT CTN   7208 CATAMOUN					b. Job Title/Pr	ofession	d. C	Comments			
Campa	(inclu	de city, state, & z	ip)		LAW PROFE	SSOR					
RALEIGH, NC 27615	SUSAN	N HAUSER					1				
LAW	7208 C	ATAMOUNT C	ΓΝ		c. Employer's	Name/Specific Field					
Common   C	RALEI	GH, NC 27615						- Dastina Cum to Data			
C. Prior   g. Account Code   b. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount					LAW		e. Election Sum to Date				
A   Check   08/28/2015   \$ 300.00							\$	300.00			
A   Check   68/28/2015   \$ 300.00	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	L	k. Amount			
		A	Check			08/28/2015		\$ 300.00			
Add   Remove								\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  ALBERT MILLS 1617 MCCUISTON DR BURLINGTON, NC 27215  ACCOUNTY  C. Employer's Name/Specific Field  ORANGE COUNTY  C. Employer's Name/Specific Field  ORANGE COUNTY  E. Date (mm/dd/yyyy)  k. Amount  A Check  ORANGE COUNTY  A Check  ORANGE COUNTY  S 200.00  A Check  ORANGE COUNTY  Add Remove  A. Full Name, Mailing Address & Phone (include city, state, & zip)  RETIRED  Add RETIRED  Add Remove  A. Full Name, Mailing Address & Phone (include city, state, & zip)  ROBERT THOMPSON 1615 MCCUISTON DR  BURLINGTON, NC 27215  BURLINGTON, NC 27215  A Cash  A Cash  ORANGE COUNTY  i. In-Kind Description  J. Date (mm/dd/yyyy)  k. Amount  C. Employer's Name/Specific Field  UNC HOSPITALS  E. Election Sum to Date  C. Employer's Name/Specific Field  UNC HOSPITALS  E. Election Sum to Date  C. Employer's Name/Specific Field  UNC HOSPITALS  E. Election Sum to Date  C. Employer's Name/Specific Field  S 20.00  A Cash  ORANGE COUNTY  k. Amount  E. Date (mm/dd/yyyy)  k. Amount  D. Date (mm/dd/yyy)  k. Amount  D. Date (mm/dd/yyyy)  k. Amount  D. Date (mm/dd/yyyy)  k. Amount  D. Date (mm/dd/yyyy)  k.								\$			
RETIRED     RETIRED   RETIRED   RETIRED   RETIRE											
ALBERT MILLS   1617 MCCUISTON DR   1617 MCCUISTON, NC 27215   1618 MCCUISTON, NC 27215   1619 MCCUISTON, NC 27215   1619 MCCUISTON, NC 27215   1619 MCCUISTON, NC 27215   1619 MCCUISTON DR   1619 MCCUISTON	a. Full Name, Mailing Address & Phone				b. Job Title/Pr	ofession	d. C	Comments			
1617 MCCUISTON DR   17 MC 27215	(inclu	de city, state, & z	ip)		RETIRED	·					
BURLINGTON, NC 27215						M 16	ł				
Prior											
S   200.00	BURLINGTON, NC 27215				ORANGE CO	DUNTY	e. I	Jection Sum to Date			
Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount							<del> </del>				
A   Check   08/29/2015   \$ 200.00							\$	200.00			
	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	·	k. Amount			
S		Α	Check			08/29/2015		\$ 200.00			
Add   Remove   Add   Remove   Add   Remove   Add   Remove   RETIRED   ROBERT THOMPSON   1615 MCCUISTON DR   BURLINGTON, NC 27215   E. Election Sum to Date   Sum to Date								\$			
D. Job Title/Profession   d. Comments								\$			
RETIRED   RETIRED   RETIRED   RETI	3. Cont	ributor Informati	on	Ō	Add 🔲 Rei	move					
ROBERT THOMPSON   1615 MCCUISTON DR   BURLINGTON, NC 27215   E. Employer's Name/Specific Field   UNC HOSPITALS   e. Election Sum to Date   \$ 100.00	a. Full N	lame, Mailing Ado	iress & Phone		b. Job Title/Profession d. Comments						
1615 MCCUISTON DR   BURLINGTON, NC 27215	(inclu	de city, state, & z	ip)		RETIRED						
BURLINGTON, NC 27215  UNC HOSPITALS  e. Election Sum to Date  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  A Cash 07/30/2015 \$ 20.00  A Cash 08/13/2015 \$ 20.00  A Cash 08/27/2015 \$ 20.00  4. Total only this Page \$ 520.00  5. Total of ALL CRO-1210 Pages					12	V /G 'C' TY 11					
Cash	ı										
Solution	BURL	INGTON, NC 27	215		UNC HOSPI	TALS	e. 1	Jection Sum to Date			
f. Prior       g. Account Code       h. Form of Payment       i. In-Kind Description       j. Date (mm/dd/yyyy)       k. Amount         IM       A       Cash       07/30/2015       \$ 20.00         IM       A       Cash       08/13/2015       \$ 20.00         Image: Company this Page       \$ 520.00         5. Total of ALL CRO-1210 Pages       \$ 520.00							┢──				
X       A       Cash       07/30/2015       \$ 20.00         X       A       Cash       08/13/2015       \$ 20.00         □       A       Cash       08/27/2015       \$ 20.00         4. Total only this Page       \$ 520.00         5. Total of ALL CRO-1210 Pages       \$ 560.00											
X       A       Cash       08/13/2015       \$ 20.00         II       A       Cash       08/27/2015       \$ 20.00         4. Total only this Page       \$ 520.00         5. Total of ALL CRO-1210 Pages       \$ 560.00	f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount			
□       A       Cash       08/13/2015       \$ 20.00         4. Total only this Page       \$ 520.00         5. Total of ALL CRO-1210 Pages       \$ 560.00	X	A				07/30/2015		\$ 20.00			
4. Total only this Page \$ 520.00  5. Total of ALL CRO-1210 Pages \$ 560.00	X	A			<del></del>	08/13/2015		\$ 20.00			
5. Total of ALL CRO-1210 Pages \$ 560.00		A	Cash			08/27/2015					
1.3 2011(11)	4. Tot	al only this Pa	ge				\$	520.00			
(2 into this committee on this of Destrict Districtive of 14ge CRO-1144)	5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)							560.00			

$C_{\Lambda}$	ntribu	tions	from	In	dix	zidne	ı le
<b>T.</b> (1)	E I I I E I I I I I I I I		11.0111		(111)	/	118

				ent		
Pg	2	of	2	Yes	X N	ło

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name		2. ]	ID Number				
PATRI	CK MILLS FOR	CITY COUNCIL						
3. Cont	ributor Informati	on		Add  Re	move			
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. Comments		
(inclu	de city, state, & z	ip)	***************************************	RETIRED				
ROBE	ROBERT THOMPSON							
1615 MCCUISTON DR			c. Employer's	Name/Specific Field	ļ			
BURLINGTON, NC 27215			UNC HOSPI	TALS	e. Flection Sum to Date			
						e. I	dection Sum	to Date
İ						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Cash			09/10/2015		\$	40.00
							\$	
							\$	
4. Tot	4. Total only this Page							40.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)								560.00

CRO-1210

NC State Board of Elections

April 2007

								Amendm	ent
Other Rec	eipt Sources			Pg	1	of .	1	☐ Yes	X No
Use this form to	report income not rep	orted on another fo	rm. i.e. inte	erest	incom	e, not f	or prof	it contribu	tions etc.
1. Committee Fo	all Name (and Fund if	applicable)					2.	ID Numbe	r
PATRICK MIL	LS FOR CITY COUN	NCIL							
3. Type of Recei		se separate CRO-1							
X Interest	Contri	butions from Not-for-	Profit Orgai	nizatio	ons	Outside	e Source	s of Incom	е
4. Contributor I	nformation		Add 🔲	Ren	nove				
a. Full Name, Ma	iling Address & Phone	:	b. Not-for	-Prof	it Fe de	ral ID#	d.	Comment	S
(include city, s	state, & zip)								
TRULIANT FO	CU								
PO BOX 26442	2		c. Outside	Sou	rce Ex	planatio	n		
WINSTON-SA	LEM, NC 27114						<u> </u>	<b>5</b> 6	
							e.	Hection S	um to Date
							\$		0.01
f. Account Code	g. Form of Payment	h. In-Kind Descrip	ption		i. Date	(mm/d	d/yyyy)	j. Amour	it
Α	Cash				0	9/01/20	15	\$	0.01
								\$	
5. Total only	this Page						\$		0.01
	LL CRO-1250 Pa in line 11a of Detailed Su	9	00 if Interes	<i>)</i>			•		0.01

NC State Board of Elections

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

CRO-1250

\$

0.01

December 2007

					Amendme	ent	
Disbursements	Pg	_1_	of	_1_	☐ Yes	X No	
Use this form to report expenditures from the committee for operating exp	enses	contrib	oution	is to ca	ndidate/po	litical	

committees and coordinated party expenditures

committees and	coordinated party ex	penditures							
1. Committee Fr	ull Name (and Fund i	f applicable)		•				2. ID Nun	nber
PATRICK MII	LLS FOR CITY COU	JNCIL							
3. Type of Dis bu	irs ement <i>(Please i</i>	use separate CRO	)- <u>1310</u>	forms for each	h typ	e of Disbu	rseme	<u>nt.)</u>	
X Operating Exp	penses	ibutions to Candidat	es/Politi	ical Committees		Coc	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ame	d. Comments	
(include city, sta	ıte, & zip)								
MARKELL, IN	IC.								
718 E DAVIS ST				c. Level Regis	tered				
BURLINGTON	I, NC 27216			Federal County:  State Municipality:				a Flootice	Sum to Date
				State		within cit	ainy.	c. Mecuo	I Sum to Date
								\$	378.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	nount	k. Re	quired Re	marks
Α	Debit Card	В	09	9/03/2015	3/2015 \$ 130.12 HANDOUT MATERIAL			IATERIAL	
A	Check	В	09	9/10/2015	\$	153.50	HAN	NDOUT MATERIAL	
5. Total only thi	is Page							\$	283.62
(This line goes i (This line goes i	CRO-1310 Pages in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO	-1100 if	Contrib to Cana	lidate		omm)	\$	283.62
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	_		undraising				her Candio	
E - Salaries		A A		litical Party				g Public Office Expenses	
I - Postage	J - Penaltie	S	K* - C	Office Expense	S	Q* - D	onatio	on to Lega	l Expense Fund
O* Other		<b>!</b>		: .1.4.4					
	e detailed explanatio			rd of Elections					December 2009
CRO-1310		NC S	nate DO	na of Elections					Determiner 2009

	Amendment						
Page1_ of1_	☐ Yes	X	No				

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

3. Payee Information a. Amend   b. Account Code   c. Form of Payment   d. Purpose Code   e. Date (mm/dd/yyyy)						n t	g. Required Remarks		
Add Remove	A A	Debit Card	В	09/03/2015	f. Amou	26.69	10 BUTTONS		
Add Remove	Α	Debit Card	K	08/26/2015	\$	46.96	PRINTER INK		
Add Remove	A	Debit Card	В	09/19/2015	\$	45.64 HANDOUT MATERIAL			
Add Remove	Α	Electric Funds Tran	О	08/29/2015	\$	1.75	PAYPAL DONATION CHARGE		
4. Total only this Page					\$		121.04		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$		121.04		
<u>Purpos</u> E - Salar I - Posta	B* ies F*	letailed expenditu - Printing - Equipment Penalties	C* - Fundr G - Political	<b>aising</b> D - 'Party H*.	u ust 3075/160-376/2000	ig Publ	ndidate lic Office Expenses Legal Expense Fur		

Use this form to report any unpaid debts or obligations owed by the committee, to include estamating needs (and purchases).	<b>Debts and Obligati</b>	ons Owed By the	Com	ımitt	tee	Pg	1 of	_1	_ Principality	No No	
A. Full Mane, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address			owed b	y the	commit	tee, to in	clude ca			d purchases.	
3. Creditor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  Fig. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)							2. ID Number				
A. Full Name, Mailing Address & Phone (include city, state, & zip)  Find Circle City, State, & zip)  C. Beginning Balance  \$ 1,702.90 \$ 0.00 \$ 0.00 \$ 1,702.90  g. Incurred Debts (what the committee received this period) gt. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include	PATRICK MILLS FOR CIT	Y COUNCIL									
Form CRO-1319 with the paye listed as this creditor.	3. Creditor Information			Add		Remov	e				
B. Description of Creditor   INNO OF CREDIT	a. Full Name, Mailing Address										
Seginning Balance   d. Total Amount Paid   c. Total Amount Incurred   f. Remaining Balance   s. 1,702.90   s. 1,		Waller 1									
C. Beginning Balance   d. Total Amount Paid   c. Total Amount Incurred   f. Remaining Balance   S											
\$ 1,702.90 \$ 0.00 \$ 0.00 \$ 1,702.90 \$ 1,702.				LINE	JF CREL	и1					
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purpose Code	c. Beginning Balance	d. Total Amount Paid		e. Total Amount Incui		ınt Incur	rred		f. Remaining I	Balance	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code (g5. Required Remarks)  g4. Purpose Code (g5. Required Remarks)  g4. Purpose Code (g5. Required Remarks)  g5. Purpose Code (g5. Required Remarks)  g6. Purpose Code (g5. Required Remarks)  g6. Purpose Code (g5. Required Remarks)  g7. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g7. Purpose Code (g5. Required Remarks)  g8. Purpose Code (g5. Required Remarks)  g9. Date (mm/dd/yyyy)  g1. Amount  g1. Purpose Code (g5. Required Remarks)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code (g5. Required Remarks)  g6. Purpose Code (g5. Required Remarks)  g7. Purpose Code (g5. Required Remarks)  g8. Purpose Code (g5. Required Remarks)  g8. Purpose Code (g5. Required Remarks)  g8. Purpose Code (g5. Required Remarks)  g9. Date (mm/dd/yyyy)  g1. Purpose Code (g5. Required Remarks)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code (g5. Requ	\$ 1,702.90	\$	0.00	\$			0.0	00	\$	1,702.90	
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Required Remarks  gl. Purpose Code  gl. Purp	g. Incurred Debts (what the co	mmittee received this perio	d)	<u> </u>							
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code g5. Required Remarks  g5. Purpose Code g5. Required Remarks  g6. Purpose Code g5. Required Remarks  g6. Purpose Code g5. Required Remarks  g6. Purpose Code g5. Required Remarks  g7. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g7. Purpose Code g5. Required Remarks  g8. Purpose Code g5. Required Remarks  g7. Purpose Code g5. Required Remarks  g8. Purpose Code g5. Required Remarks  g7. Purpose Code g6. Purpose Code g5. Required Remarks  g8. Purpose Code g6. Purpose Code g6. Purpose Code g7. P	g1. Purchase Place Full Name	, Mailing Address & Phone		g2. Date (mm/dd/yyyy) g3. An					mount		
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purpose Code  gl. Purpose	(include city, state, & zip)						\$	\$			
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purpose Code  gl. Purpose				σ4. Pu	rnose (	ode	g5 Rea	mire	d Remarks		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code  g5. Required Remarks  g6. Purpose Code  g7. Required Remarks  g7. Purpose Code  g8. Required Remarks  g8. Purpose Code  g8. Required Remarks  g9. Purpose Code  g9. Required Remarks  g1. Purpose Code  g8. Required Remarks  g9. Purpose Code  g9. Required Remarks  p9. Purpose Code  g9. Required Remarks  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g2. Date (mm/dd/yyyy)  g3. Amount  g6. Purpose Code  g6. Required Remarks  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g1. Purpose Codes  g6. Purpose Code  g6. Required Remarks  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  p2. Date (mm/dd/yyyy)  g3. Amount  g7. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g7. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Cod				<b>5</b>	T POSC C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> 53. 140 y</u>	uire	u icinai ko		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code  g5. Required Remarks  g6. Purpose Code  g7. Required Remarks  g7. Purpose Code  g8. Required Remarks  g8. Purpose Code  g8. Required Remarks  g9. Purpose Code  g9. Required Remarks  g1. Purpose Code  g8. Required Remarks  g9. Purpose Code  g9. Required Remarks  p9. Purpose Code  g9. Required Remarks  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g2. Date (mm/dd/yyyy)  g3. Amount  g6. Purpose Code  g6. Required Remarks  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  g1. Purpose Codes  g6. Purpose Code  g6. Required Remarks  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  p1. Potal of ALL CRO-1610 Pages  (This line must be on line 22 of Detailed Summary Page CRO-1100)  p2. Date (mm/dd/yyyy)  g3. Amount  g7. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Code  g7. Purpose Code  g7. Purpose Code  g7. Purpose Code  g8. Required Remarks  p3. Amount  g1. Purpose Cod	g1. Purchase Place Full Name	, Mailing Address & Phone		g2. Da	te (mm	/dd/vyyy)	g3.	Amo	unt		
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purpose Code   gs. Required Remarks    gl. Purpose Code   gs. Required Rem	_	,		3		33337					
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  gl. Purpose Code   gs. Required Remarks    gl. Purpose Code   gs. Required Rem				g4. Pu	rpose C	ode	g5. Rea	wire	d Remarks		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code (g5. Required Remarks)  g5. Required Remarks  g6. Purpose Code (g5. Required Remarks)  g6. Purpose Code (g5. Required Remarks)  g7. Purpose Code (g6. Required Remarks)  g8. Purpose Code (g6. Required Remarks)  g8. Purpose Code (g6. Required Remarks)  g8. Purpose Code (g6. Required Remarks)  g9. Purpose Cod				0	•		8				
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code g5. Required Remarks  g5. Required Remarks  g6. Purpose Code g5. Required Remarks  g6. Purpose Code g7. Required Remarks  g7. Purpose Code g7. Requir	g1. Purchase Place Full Name	, Mailing Address & Phone		g2. Da	te (mm	/dd/yyyy)	g3.	Amo	unt		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code g5. Required Remarks  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code g5. Required Remarks  g4. Purpose Code g5. Required Remarks  g6. Purpose Code This should be the sum of all items 'g3.' from this page)  g7. Purpose Code g8. Required Remarks  g8. Purpose Code g8. Purpose Code g8. Required Remarks  g8. Purpose Code g8. Purpos	(include city, state, & zip)										
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy) g3. Amount  g4. Purpose Code g5. Required Remarks  g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy) g3. Amount  g2. Date (mm/dd/yyyy) g3. Amount  g4. Purpose Code g5. Required Remarks  g4. Purpose Code g5. Required Remarks  g4. Purpose Code g5. Required Remarks  4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other				g4. Pu	rpose C	Code	g5. Req	uire	d Remarks		
Salaries											
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code  g5. Required Remarks  g4. Purpose Code  g5. Required Remarks  g4. Purpose Code  g5. Required Remarks  g6. Purpose Code  g7. Required Remarks  g6. Purpose Code  g7. Required Remarks  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Required Remarks  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Amount  g7. Purpose Code  g7. Required Remarks  g7. Purpose Code  g7. Required Remarks  g7. Required Remarks  g7. Purpose Code  g7. Purpose	g1. Purchase Place Full Name, Mailing Address & Phone				te (mm	/dd/yyyy)	g3.	Amo	unt		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)  g2. Date (mm/dd/yyyy)  g3. Amount  g4. Purpose Code g5. Required Remarks  4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other	(include city, state, & zip)						\$				
(include city, state, & zip)  g4. Purpose Code g5. Required Remarks  4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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 O*-Other				g4. Pu	rpose C	ode	g5. Req	uire	d Remarks		
(include city, state, & zip)  g4. Purpose Code g5. Required Remarks  4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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 O*-Other											
4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other	g1. Purchase Place Full Name	, Mailing Address & Phone		g2. Da	te (mm	/dd/yyyy)	g3.	Amo	ount		
4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other	(include city, state, & zip)						\$				
4. Total only this Page (This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other				σ4 Pu	rnase (	'ode	g5 Reg	mire	d Remarks	***	
(This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other				57. X U	i post C	- Out	gs. Key	uiic	u itciirai ko		
(This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other											
(This should be the sum of all items 'g3.' from this page)  5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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  O*-Other	4. Total only this Page				<del></del>			φ.		1 700 00	
(This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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 O*-Other						<b>L</b> \$		1,702.90			
(This line must be on line 22 of Detailed Summary Page CRO-1100)  6. Pupose Codes (List detailed expenditure code in (g4.)  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 O*-Other	5. Total of ALL CRO-1						¢.		1 702 00		
A* - MediaB* - PrintingC* - FundraisingD - To Another CandidateE - SalariesF* - EquipmentG - Political PartyH* - Holding Public Office ExpensesI - PostageJ - PenaltiesK* - Office ExpensesO* - Other	(This line must be on line 22					Δ	<del></del>	1,702.90			
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses O* - Other										1	
	E - Salaries F*	🖫 - Poli	itical P	indraising tical Party			H* - Holding Public Office Expenses				
					xpens es	8	0* - 0	ther	•		

Amendment