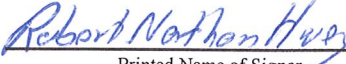
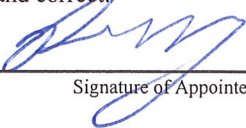


Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Friends for Robert Nathan Huey		47-3156566	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
112 W Sebastian Ct Mebane NC 27302		02/25/2015	
		e. Phone Number	
		919-568-8100	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Robert Nathan Huey			Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
112 W Sebastian Ct Mebane NC 27302		Mayor	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-568-8100	RNHuey@gmail.com	2015	City of Mebane
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Robert Nathan Huey		Robert Nathan Huey	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
112 W Sebastian Ct Mebane NC 27302		112 W Sebastian Ct Mebane NC 27302	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 568 8100	RNHuey@gmail.com	919 568 8100	RNHuey@gmail.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		PNC Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
<input type="checkbox"/> Email copy of notices			
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		8/6/2015 Date	



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: Robert Nathan Huey
Treasurer Name: Robert Nathan Huey
Treasurer Address: 112 W Sebastian Ct
(include city, state, & zip) Mebane NC 27302

Treasurer Phone: 919-568-8100

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

8/6/2015
Date Signed

[Signature]
Signature of Candidate

Disclosure Report Cover

08-06-15 16:45 RCVD

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	
Friends for Robert Nathan Huey		47-3156566	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
112 W Sebastian Ct, Mebane NC 27302-2268		08/06/2015	
		e. Phone Number	
		919-568-8100	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	02/26/2015	06/30/2015	Robert Nathan Huey
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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report _____		10. Special Report Name _____	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
PNC Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Account	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
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 of Elections.			
_____ Robert Nathan Huey Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date 8/6/2015	
FOR OFFICE USE ONLY			
Date Received:	8/6/2015	Employee:	JG
Date Postmarked:	_____	Employee:	_____
Date Scanned:	8/6/2015	Employee:	JG
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. VD			

Detailed Summary

Amendment
 Yes 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	
Friends for Robert Nathan Huey	Mid-Year	47-3156566	
Start of Election Cycle: January 1, <u>2011</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>0</u>	\$ <u>0</u>
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <u>126-</u>	\$ <u>126-</u>
6) Contributions from Individuals (CRO-1210)		\$ <u>200-</u>	\$ <u>200-</u>
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ <u>326-</u>	\$ <u>326-</u>
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ <u>17.17</u>	\$ <u>17.17</u>
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ <u>220-</u>	\$ <u>220-</u>
17) In-Kind Contributions (CRO-1510)		\$ <u>6-</u>	\$ <u>6-</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>243.17</u>	\$ <u>243.17</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>82.83</u>	\$ <u>82.83</u>
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	\$
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	\$
23) Debts and Obligations owed to the Committee (CRO-1620)		\$	\$
24) Account Transfers Within the Committee (CRO-1720)		\$	\$
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$ <u>220-</u>	\$ <u>220-</u>

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	
Friends for Robert Nathan Huey						47-3156566	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Robert Nathan Huey 112 W Sebastian Ct Mebane NC 27302-2268				Telecommunicator			
				c. Employer's Name/Specific Field			
				State of NC			
						e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	CC Online		04/30/2015		\$ 100	
<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	
Fred Johnson 419 Derby Ct Mebane NC 27302-9452							
				c. Employer's Name/Specific Field			
				Clinical Laboratory			
						e. Election Sum to Date	
						\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	CC Online		05/09/2015		\$ 100	
<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	
				c. Employer's Name/Specific Field			
						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	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200-	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 200-	

Contributions to be Reimbursed

Pg 1 of 1

Amendment
 Yes No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.
 Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Friends for Robert Nathan Huey		47-3156566	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Facebook.com 1 Hacker Way Menlo Park, CA 94025		Robert Nathan Huey 112 W Sebastian Ct Mebane, NC 27302	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertising	5/20/2015	Y	\$ 110-
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
facebook.com 1 Hacker Way Menlo Park, CA 94025			
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Advertising	5/20/2015	Y	\$ 110-
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page		\$ 220-	
5. Total of ALL CRO-1215 Pages		\$ 220-	
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			

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) <i>Friends for Robert Mathon Hugy</i>					2. ID Number <i>47-3156566</i>
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) <i>RaiseTheMoney.com</i>		b. Coordinated Committee Name		d. Comments <i>CC Merchant Fee Prior to Deposit</i>	
		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 <i>\$ 3,93</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>3/9/2015</i>	<i>\$ 2.70</i>	<i>Fee</i>
<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>3/10/2015</i>	<i>\$ 1.23</i>	<i>Fee</i>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>RaiseTheMoney.com</i>		b. Coordinated Committee Name		d. Comments <i>CC Merchant Fee Prior to Deposit</i>	
		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 <i>\$ 10.55</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>3/14/2015</i>	<i>\$ 1.47</i>	<i>Fee</i>
<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>4/30/15</i>	<i>\$ 5.15</i>	<i>"</i>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>RaiseTheMoney.com</i>		b. Coordinated Committee Name		d. Comments <i>CC Merchant Fee Prior To Deposit</i>	
		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 <i>\$ 17.17</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>5/9/15</i>	<i>\$ 5.15</i>	<i>Fee</i>
<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>5/12/15</i>	<i>\$ 1.47</i>	<i>"</i>
5. Total only this Page					<i>\$ 17.17</i>
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>					<i>\$ 17.17</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)				

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Friends for Robert Nathan Huey			47-3156566		
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Robert Nathan Huey 112 W Sebastian Ct Mebane NC 27302		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		5/20/2015	
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		f. Purpose Code		j. Election Sum to Date	
		0		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
Telecommunicator		State of NC		Reimbursement	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
Check				5/21/2015	
				o. Amount	
				\$ 110	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Robert Nathan Huey 112 W Sebastian Ct Mebane NC 27302		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		f. Purpose Code		j. Election Sum to Date	
		0		\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
Telecommunicator		State of NC		Reimbursement	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
Check				5/21/2015	
				o. Amount	
				\$ 110	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page				\$ 200-	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 200-	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Friends for Robert Nathan Huey		47-3156566	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Robert Nathan Huey 112 W Sebastiam Ct. Mebane NC 27302		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments Filing Fee	
		d. Election Sum to Date	
		\$ 6	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		7/6/2015	\$ 6
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 6-	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 6-	