

RECEIVED

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Disclosure Report Cover

JAN 24 2024

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: Friends of Brandy Whittaker
b. Mailing Address: Brandy Whittaker, 3248 Castlerock Dr, Burlington, NC 27215
c. ID Number
d. Date Filed: 1/25/24
e. Phone Number: 336 263 1492

2. Report Year: 2023
3. Period Start Date: 7/13/23
4. Period End Date: 12/31/23
5. Treasurer Full Name: Brandy Whittaker

6. Type of Committee: Candidate Campaign
9. Type of Report: Year End
10. Special Report Name

11. Account Information
a. Financial Institution Full Name: Truiant Credit Union
d. Period Begin Balance: \$780.39

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.

Brandy Whittaker (Printed Name of Signer)
Brady Whittaker (Signature of Appointed Treasurer)
1/25/24 (Date)

FOR OFFICE USE ONLY

Date Received: 1-25-24
Employee: Jessica
Delivery Method: Hand Delivered

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
 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 of Brandy Whittaker	EOY		
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <u>780.39</u>	\$ <u>0</u>	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ <u>410</u>	
6) Contributions from Individuals (CRO-1210)	\$ <u>140</u>	\$ <u>2365</u>	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ <u>100</u>	
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>2875</u>	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>6.10</u>	\$ <u>1960.71</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)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>6.10</u>	\$ <u>1960.71</u>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>914.29</u>	\$ <u>914.29</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)	\$	\$	

Aggregated Contributions from Individuals

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) Friends of Brandy Whittaker	2. ID Number
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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		CC		7/22/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		7/25/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		7/26/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		7/29/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/1/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/2/23	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/4/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/10/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/15/23	\$ 30
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/24/23	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/24/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/25/23	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/30/23	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/30/23	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/30/23	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/30/23	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		8/31/23	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		9/1/23	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CC		9/15/23	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		7/22/23	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 400 410
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5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 400 410
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Contributions from Individuals

Pg 1 of 7

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) Friends of Brandy Whittaker	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jill Gervinger 3246 Van Dr Burlington, NC 27215	b. Job Title/Profession QCM	d. Comments	e. Election Sum to Date \$ 340
	c. Employer's Name/Specific Field Medical		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>		CC		7/7/23	\$ 50
<input checked="" type="checkbox"/>		CC		8/7/23	\$ 50
<input checked="" type="checkbox"/>		CC		9/7/23	\$ 50

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jill Gervinger	b. Job Title/Profession	d. Comments	e. Election Sum to Date \$
	c. Employer's Name/Specific Field		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>		CC		10/7/23	\$ 50
<input checked="" type="checkbox"/>		CC		11/7/23	\$ 50
<input checked="" type="checkbox"/>		CC		8/31/23	\$ 40

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jill Gervinger	b. Job Title/Profession	d. Comments	e. Election Sum to Date \$
	c. Employer's Name/Specific Field		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CC		12/7/23	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$240/340
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$
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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
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Diane Heath 3027 Maple Ave E1 Burlington, NC 27215				Unemployed		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		8/3/23	\$ 25	
<input checked="" type="checkbox"/>		CC		7/9/23	\$ 25	
<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
Ron Osbourne 2585 Nealwood Ave Graham, NC 27253				Unemployed		
				c. Employer's Name/Specific Field		
						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 checked="" type="checkbox"/>		CC		8/12/23	\$ 25	
<input checked="" type="checkbox"/>		CC		8/12/23	\$ 25	
<input checked="" type="checkbox"/>		CC		9/12/23	\$ 25	
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
Ron Osbourne (Continued)						
				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 checked="" type="checkbox"/>		CC		10/12/23	\$ 25	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 150
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$

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	
Friends of Brandy Whittaker						
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
Deena Hayes-Greene 454 Gorrell St Greensboro, NC 27406				Organizer		
				c. Employer's Name/Specific Field		
				Racial Equality Institute		
				e. Election Sum to Date		
				\$ 300		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		8/14/23	\$ 300	
<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
Elizabeth Kennett 324 W Willowbrook Dr Burlington, NC 27215				Clergy		
				c. Employer's Name/Specific Field		
				WIFUBMC		
				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 checked="" type="checkbox"/>		CC		8/24/23	\$ 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
Ian Baltutis 702 W Davis St Burlington, NC 27215				Entrepreneur		
				c. Employer's Name/Specific Field		
				Vibration Solution LLC		
				e. Election Sum to Date		
				\$ 500		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		9/17/23	\$ 500	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 900	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

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	
Friends of Brandy Whittaker						
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	
Shameka White 2405 Grand Oaks Blvd Burlington, NC 27215			Asst Director			
			c. Employer's Name/Specific Field			
			CSS Orange County		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 checked="" type="checkbox"/>		CC		10/4/23	\$ 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	
Ruth Koester 512 Meadowood Dr Burlington, NC 27215			Scientist			
			c. Employer's Name/Specific Field			
			Labcorp		e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		10/7/23	\$ 50	
<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	
Janet Braekus			Act Manager			
			c. Employer's Name/Specific Field			
			ORA inc		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 checked="" type="checkbox"/>		CC		7/7/23	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

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	
Friends of Brandy Kluttaker						
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
Amanda Johnson 4130 Argyle Trc Burlington, NC 27215				Case Manager		
				c. Employer's Name/Specific Field		
				UHC		
				e. Election Sum to Date		
						\$ 110
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		7/9/23	\$ 50	
<input checked="" type="checkbox"/>		CC		8/9/23	\$ 50	
<input checked="" type="checkbox"/>		CC		8/24/23	\$ 10	
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
Amanda Johnson Becky Mock 5563 Thaw Rd Mebane, NC 27302				Unemployed		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
						\$ 50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		7/21/23	\$ 50	
<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
Patricia Kluttaker 1025 Flats Ave Apt 108 Mebane, NC 27302				CFO		
				c. Employer's Name/Specific Field		
				Thalle		
				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 checked="" type="checkbox"/>		CC		7/21/23	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 260 260	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

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	
Friends of Brandy Whittaker						
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	
Faith Grant 911 W Davis St Burlington, NC 27215			Realtor			
			c. Employer's Name/Specific Field			
			Smith Group		e. Election Sum to Date	
					\$ 120	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		7/7/23	\$ 20	
<input checked="" type="checkbox"/>		CC		8/7/23	\$ 20	
<input checked="" type="checkbox"/>		CC		9/7/23	\$ 20	
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	
Faith Grant (continued)						
			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 checked="" type="checkbox"/>		CC		10/7/23	\$ 20	
<input type="checkbox"/>		CC		11/7/23	\$ 20	
<input type="checkbox"/>		CC		12/7/23	\$ 20	
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	
William Traynor 7 South Shore Dr Pelham, NH 03076			Unemployed			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		CC		7/25/23	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 130 170	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

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	
Friends of Brandy Whitaker							
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	
Jessica Norman 1820 Dunbar Pl Burlington, NC 27215				Unemployed			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>		CC		7/25/23	\$ 50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
John Coleman 817 Kenwood Dr Burlington, NC 27215				Carrier			
				c. Employer's Name/Specific Field			
				USPS		e. Election Sum to Date	
						\$ 145	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>		cash		8/2/23	\$ 25		
<input checked="" type="checkbox"/>		CC		8/30/23	\$ 100		
<input checked="" type="checkbox"/>		CC		9/15/23	\$ 20		
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	
Ricardo Hurtado 507 N main St Graham, NC 27253				Consultant			
				c. Employer's Name/Specific Field			
				Frontline Solutions		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 checked="" type="checkbox"/>		CC		8/31/23	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 295	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

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
Friends of Brandy Whittaker						
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
Act Blue 366 Summer St Somerville, MA 02144						CC Fees
				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:		\$ 6.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CC	0	11/7/23	\$ 3.05		
	CC	0	12/7/23	\$ 3.05		
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
				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:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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
				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:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 6.10
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>						
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
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other		
* Codes require detailed explanation in required remarks field (k)						