

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

## 1. Committee Information

|   |                 |  |  |
|---|-----------------|--|--|
| a. Full Name  | c. ID Number    |  |  |
| SHANNON 4 MOORE ED                                    | 076309          |  |  |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed   |  |  |
| 113 CHEEK LN<br>CARTHAGE, NC 28327                    | 07/05/2022      |  |  |
|   | e. Phone Number |  |  |
|   | 910-295-6628    |  |  |

|                |                                 |                               |                        |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2022           | 05/01/2022                      | 06/30/2022                    | N* CAROL WHEELDON      |

|   |   |  |  |
|---|---|--|--|
| 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<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund        | Municipal   | State/County   | Referendum   |
|   | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input checked="" type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one)  | 10. Special Report Name   |  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other: |   |  |  |
| 8. Number of Fundraisers this Report  | 0   |  |  |

|                                    |                                    |            |                         |
|------------------------------------|------------------------------------|------------|-------------------------|
| 3. Account Information             | 3. 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 CHECKING                  | A                                  |            |                         |
|                                    | d. Period Begin Balance            |            | d. Period Begin Balance |
|                                    | \$ 3,392.96                        |            | \$                      |

## 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

Carol Wheeldon

Printed Name of Signer

Carol Wheeldon

07/05/2022

Date

## FOR OFFICE USE ONLY

|  |             |           |     |   |
|--|-------------|-----------|-----|---|
| Date Received:   | 7/6/2022    | Employee: | APP | Delivery Method   |
| Date Postmarked:   | RECEIVED    | Employee: |     | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |
| Date Scanned:  | JUL 06 2022 | Employee: |     |   |
| Date Data Entered:   | MOORE BOE   | Employee: |     | <input type="checkbox"/> Signer has not received mandatory training   |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. |             |           |     |   |
| <b>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</b>   |             |           |     |   |

## Detailed Summary

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

Amendment  
 Yes  No

|   |   |                                    |                                  |
|---|---|------------------------------------|----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>SHANNON 4 MOORE ED        | <b>2. Type of Report</b><br>2022 Second Quarter | <b>3. ID Number</b><br>076309      |                                  |
| <b>Start of Election Cycle: January 1, 2021</b>                                     |   | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| <b>4) Cash on Hand at Start</b>   |   | \$ 3,392.96                        | \$ 0.00                          |
| <b>RECEIPTS</b>   |   |                                    |                                  |
| <b>5) Aggregated Contributions from Individuals</b>                                 | (CRO-1205)                                      | \$ 0.00                            | \$ 167.00                        |
| <b>6) Contributions from Individuals</b>  | (CRO-1210)                                      | \$ 208.20                          | \$ 2,658.20                      |
| <b>7) Contributions from Political Party Committees</b>                             | (CRO-1220)                                      | \$ 0.00                            | \$ 1,000.00                      |
| <b>8) Contributions from Other Political Committees</b>                             | (CRO-1230)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>9) Loan Proceeds</b>   | (CRO-1410)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>10) Refunds/Reimbursements to the Committee</b>                                  | (CRO-1240)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>11) Other Receipt Sources</b>  |   |                                    |                                  |
| <b>11a) Interest on Bank Accounts</b>   | (CRO-1250)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>11b) Contributions from Not-For-Profit Organizations</b>                         | (CRO-1250)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>11c) Outside Sources of Income</b>   | (CRO-1250)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>11d) Legal Expense Fund - Other Sources</b>                                      | (CRO-1270)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>11e) Exempt Purchase Price Sales</b>   | (CRO-1265)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |   | \$ 208.20                          | \$ 3,825.20                      |
| <b>EXPENDITURES</b>   |   |                                    |                                  |
| <b>13) Disbursements</b>  |   |                                    |                                  |
| <b>13a) Operating Expenditures</b>  | (CRO-1310)                                      | \$ 0.00                            | \$ 138.07                        |
| <b>13b) Contributions to Candidates/Political Committees</b>                        | (CRO-1310)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>13c) Coordinated Party Expenditures</b>  | (CRO-1310)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>14) Aggregated Non-Media Expenditures</b>  | (CRO-1315)                                      | \$ 10.20                           | \$ 34.19                         |
| <b>15) Loan Repayments</b>  | (CRO-1420)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>16) Refunds/Reimbursements from the Committee</b>                                | (CRO-1320)                                      | \$ 982.14                          | \$ 997.12                        |
| <b>17) In-Kind Contributions</b>  | (CRO-1510)                                      | \$ 0.00                            | \$ 47.00                         |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |   | \$ 992.34                          | \$ 1,216.38                      |
| <b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18) |   | \$ 2,608.82                        | \$ 2,608.82                      |
| <b>ADDITIONAL INFORMATION</b>   |   |                                    |                                  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b>                             | (CRO-1330)                                      | \$ 0.00                            |                                  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b>                      | (CRO-1430)                                      | \$ 0.00                            |                                  |
| <b>22) Debts and Obligations owed by the Committee</b>                              | (CRO-1610)                                      | \$ 0.00                            |                                  |
| <b>23) Debts and Obligations owed to the Committee</b>                              | (CRO-1620)                                      | \$ 0.00                            |                                  |
| <b>24) Account Transfers Within the Committee</b>                                   | (CRO-1720)                                      | \$ 0.00                            |                                  |
| <b>25) Administrative Support</b>   | (CRO-1710)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>26) Forgiven Loans</b>   | (CRO-1440)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>27) 48-Hour Notice Reports Sum</b>   | (CRO-2220)                                      | \$ 0.00                            | \$ 0.00                          |
| <b>28) Contributions to be Refunded</b>   | (CRO-1215)                                      | \$ 982.14                          | \$ 997.12                        |

# 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  |   |           |
| SHANNON 4 MOORE ED   |                 |                     | 076309  |   |           |
| 3. Contributor Information   |                 |                     | <input type="checkbox"/> Add <input type="checkbox"/> Remove<br>a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>ANTHONY MARZILLI<br>215 ALMOND DR<br>CAMERON, NC 28326         |   |           |
|  |                 |                     | b. Job Title/Profession   | d. Comments   |           |
|  |                 |                     | NOT PROVIDED  | c. Employer's Name/Specific Field<br>e. Election Sum to Date<br>\$ 52.05  |           |
|  |                 |                     |   |   |           |
|  |                 |                     |   |   |           |
| f. Prior   | g. Account Code | h. Form of Payment  | i. In-Kind Description  | j. Date (mm/dd/yyyy)  | k. Amount |
| <input type="checkbox"/>   | A               | Electric Funds Tran |   | 06/21/2022  | \$ 52.05  |
| <input type="checkbox"/>   |                 |                     |   |   | \$        |
| <input type="checkbox"/>   |                 |                     |   |   | \$        |
| 3. Contributor Information   |                 |                     | <input type="checkbox"/> Add <input type="checkbox"/> Remove<br>a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>CHRISTINA MCCALL<br>745 LAKE DORNOCH DR<br>PINEHURST, NC 28374 |   |           |
|  |                 |                     | b. Job Title/Profession   | d. Comments   |           |
|  |                 |                     | HOSPITALITY MGMT  | c. Employer's Name/Specific Field<br>e. Election Sum to Date<br>\$ 52.05  |           |
|  |                 |                     |   |   |           |
|  |                 |                     | PINEHURST RESORT  |   |           |
| f. Prior   | g. Account Code | h. Form of Payment  | i. In-Kind Description  | j. Date (mm/dd/yyyy)  | k. Amount |
| <input type="checkbox"/>   | A               | Electric Funds Tran |   | 06/24/2022  | \$ 52.05  |
| <input type="checkbox"/>   |                 |                     |   |   | \$        |
| <input type="checkbox"/>   |                 |                     |   |   | \$        |
| 3. Contributor Information   |                 |                     | <input type="checkbox"/> Add <input type="checkbox"/> Remove<br>a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>STEPHEN WOODWARD<br>180 LINDEN RD<br>PINDHURST, NC 28374       |   |           |
|  |                 |                     | b. Job Title/Profession   | d. Comments   |           |
|  |                 |                     | NOT CURRENTLY<br>EMPLOYED   | c. Employer's Name/Specific Field<br>e. Election Sum to Date<br>\$ 104.10 |           |
|  |                 |                     |   |   |           |
|  |                 |                     | NOT CURRENTLY<br>EMPLOYED   |   |           |
| f. Prior   | g. Account Code | h. Form of Payment  | i. In-Kind Description  | j. Date (mm/dd/yyyy)  | k. Amount |
| <input type="checkbox"/>   | A               | Electric Funds Tran |   | 06/24/2022  | \$ 104.10 |
| <input type="checkbox"/>   |                 |                     |   |   | \$        |
| <input type="checkbox"/>   |                 |                     |   |   | \$        |
| 4. Total only this Page  |                 |                     |   |   | \$ 208.20 |
| 5. Total of ALL CRO-1210 Pages<br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                 |                     |   |   | \$ 208.20 |

# Aggregated Non-Media Expenditures

Page 1 of 1Amendment  
 Yes  No

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

| 1. Committee Full Name (and Fund if applicable)  |                 |                      | 2. ID Number                         |                      |           |                     |
|--|-----------------|----------------------|--------------------------------------|----------------------|-----------|---------------------|
| SHANNON 4 MOORE ED   |                 |                      | 026309                               |                      |           |                     |
| 3. Payee Information   |                 |                      |                                      |                      |           |                     |
| a. Amend   | b. Account Code | c. Form of Payment   | d. Purpose Code                      | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                    | A               | Draft                | O                                    | 06/01/2022           | \$ 2.00   | BANK FEE            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                    | A               | Electric Funds Tran  | O                                    | 06/21/2022           | \$ 2.05   | COLLECTION FEE      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                    | A               | Electric Funds Tran  | O                                    | 06/24/2022           | \$ 6.15   | COLLECTION FEE      |
| 4. Total only this Page  |                 |                      |                                      |                      | \$        | 10.20               |
| 5. Total of ALL CRO-1315 Pages<br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                 |                      |                                      |                      | \$        | 10.20               |
| 6. Purpose Codes (List detailed expenditure code in (d) above)                                     |                 |                      |                                      |                      |           |                     |
| E - Salaries   | B* - Printing   | C* - Fundraising     | D - To Another Candidate             |                      |           |                     |
| I - Postage  | F* - Equipment  | G - Political Party  | H* - Holding Public Office Expenses  |                      |           |                     |
| O* - Other   | J - Penalties   | K* - Office Expenses | Q* - Donations to Legal Expense Fund |                      |           |                     |

\* Codes require detailed explanation in required remarks field (g)

CRO-1315

NC State Board of Elections

December 2009

# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment  
 Yes  No

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

|  |                                   |                                     |  |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|--|-----------------------------------|-------------------------------------|--|---------------------------------|---|--|----------------------|--|-------------|---|--|------------------------------------|------------------------------|--|--|--|-------------------------------------|--------------------------------|--|--|--|-------------------------------|--|--------------------------|--|--|----------------------------------|----------------------------------|------------|--|--|--------------------------------|--|--|--|--|--|--|----------------------------|--|--|--|--|-----------|-------------------------|-----------------------------------|-----------------------------------|-------------------------|-----------------|--|--|---|----------|---|-----------------|--------------------|---------------------|----------------------|-------------------------|---|-------|-------------------------|------------|-----------|---|--------------------|---------------------|----------------------|-----------|--|-------|----------------------|------------|-------------|---|--|------------------------------------|------------------------------|--|---|--|-------------------------------------|--------------------------------|---------------------------------|---|--|------------------------------------|------------------------------|--------------------------|--|--|-------------------------------------|----------------------------------|------------|--|--|--------------------------------|--|--------------------------|--|--|----------------------------------|----------------------------------|----------------------------|--|--|--------------------------------|--|-----------|-------------------------|-----------------------------------|-----------------|-------------------------|----------------------------|--|--|---|----------|-----------|-------------------------|-----------------------------------|---------------------|-------------------------|-----------|---|-------|-------------------------|------------|-----------|-----------------------------------|--------------------|---------------------|----------------------|-----------|--|-------|--------------------|------------|-----------|---|--|--|--|--|---|--|-----------------------------|--|---------------------------------|---|--|------------------------------------|------------------------------|--|--|--|-------------------------------------|--------------------------------|--|--|--|-------------------------------|--|--------------------------|--|--|----------------------------------|----------------------------------|------------|--|--|--------------------------------|--|--|--|--|--|--|----------------------------|--|--|--|--|-----------|-------------------------|-----------------------------------|-----------------|-------------------------|--|--|--|---|----------|--|-----------------|--------------------|---------------------|----------------------|-----------|---|-------|-------------------------|------------|-----------|-----------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|-----------------------------|--|-----------------------------|--|---------------------------------|-------------------------------|--|----------|--|--|--|--|--|--|--|
| 1. Committee Full Name (and Fund if applicable)  |                                   |                                     | 2. ID Number                           |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| SHANNON 4 MOORE ED   |                                   |                                     | 026309                                 |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove<br><table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</td> <td colspan="2">d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td colspan="2">SHANNON DAVIS<br/>113 CHEEK LN<br/>CARTHAGE, NC 28327</td> <td><input type="checkbox"/> Candidate</td> <td><input type="checkbox"/> PAC</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Referendum</td> <td><input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">e. Level Registered (Specify)</td> <td>h. Original Receipt Date</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td>06/17/2022</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>i. Original Receipt Amount</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$ 90.66</td> </tr> <tr> <td colspan="2">b. Job Title/Profession</td> <td colspan="2">c. Employer's Name/Specific Field</td> <td>f. Purpose Code</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>P</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>j. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$ 47.00</td> </tr> <tr> <td>k. Account Code</td> <td>l. Form of Payment</td> <td>m. Required Remarks</td> <td>n. Date (mm/dd/yyyy)</td> <td>o. 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|  |                                   | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party         |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | e. Level Registered (Specify)       |  | h. Original Receipt Date        |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:       | 06/17/2022                      |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> State      | <input type="checkbox"/> Municipality: |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | i. Original Receipt Amount      |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | \$ 90.66                        |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| b. Job Title/Profession  |                                   | c. Employer's Name/Specific Field   |  | f. Purpose Code                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | P                               |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | j. Election Sum to Date         |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | \$ 47.00                        |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| k. Account Code  | l. Form of Payment                | m. Required Remarks                 | n. Date (mm/dd/yyyy)                   | o. Amount                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| A  | Check                             | POSTCARDS                           | 06/17/2022                             | \$ 90.66                        |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove<br><table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</td> <td colspan="2">d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td colspan="2">SHANNON DAVIS<br/>113 CHEEK LN<br/>CARTHAGE, NC 28327</td> <td><input type="checkbox"/> Candidate</td> <td><input type="checkbox"/> PAC</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Referendum</td> <td><input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">e. Level Registered (Specify)</td> <td>h. Original Receipt Date</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td>06/23/2022</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>i. Original Receipt Amount</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$ 540.35</td> </tr> <tr> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> <td>f. Purpose Code</td> <td colspan="2">j. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>P</td> <td colspan="2">\$ 47.00</td> </tr> <tr> <td>k. Account Code</td> <td>l. Form of Payment</td> <td>m. Required Remarks</td> <td>n. Date (mm/dd/yyyy)</td> <td>o. Amount</td> </tr> <tr> <td>A</td> <td>Check</td> <td>CAMPAIGN MATERIALS</td> <td>06/23/2022</td> <td>\$ 540.35</td> </tr> <tr> <td colspan="5"> <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove<br/> <table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</td> <td colspan="2">d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td colspan="2">SHANNON DAVIS<br/>113 CHEEK LN<br/>CARTHAGE, NC 28327</td> <td><input type="checkbox"/> Candidate</td> <td><input type="checkbox"/> PAC</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Referendum</td> <td><input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">e. Level Registered (Specify)</td> <td>h. 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Total only this Page \$ 982.14</td> </tr> <tr> <td colspan="5">5. Total of ALL CRO-1320 Pages \$ 982.14<br/>(This line must be on line 15 of Detailed Summary Page CRO-1100)</td> </tr> <tr> <td colspan="5">6. Purpose Codes (List detailed disbursement code in (f) above)</td> </tr> <tr> <td colspan="2">L - Returned to Contributor</td> <td colspan="2">M - Overpayment for Service</td> <td>N - Exceeded Contribution Limit</td> </tr> <tr> <td colspan="2">P* - Reimbursement of In-Kind</td> <td colspan="2">O* Other</td> <td></td> </tr> <tr> <td colspan="5">* Codes require detailed explanation in required remarks field (m)</td> </tr> </table> </td> </tr> </table>  |                                   |                                     |  |                                 | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |  | d. Type of Committee |  | g. Comments | SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327 |  | <input type="checkbox"/> Candidate | <input type="checkbox"/> PAC |  |  |  | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party |  |  |  | e. Level Registered (Specify) |  | h. Original Receipt Date |  |  | <input type="checkbox"/> Federal | <input type="checkbox"/> County: | 06/23/2022 |  |  | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: |  |  |  |  |  | i. Original Receipt Amount |  |  |  |  | \$ 540.35 | b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code                   | j. Election Sum to Date |                 |  |  | P | \$ 47.00 |   | k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount               | A | Check | CAMPAIGN MATERIALS      | 06/23/2022 | \$ 540.35 | <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove<br><table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</td> <td colspan="2">d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td colspan="2">SHANNON DAVIS<br/>113 CHEEK LN<br/>CARTHAGE, NC 28327</td> <td><input type="checkbox"/> Candidate</td> <td><input type="checkbox"/> PAC</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Referendum</td> <td><input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">e. Level Registered (Specify)</td> <td>h. Original Receipt Date</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td>06/24/2022</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>i. 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| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                                   | d. Type of Committee                |  | g. Comments                     |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327  |                                   | <input type="checkbox"/> Candidate  | <input type="checkbox"/> PAC           |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party         |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | e. Level Registered (Specify)       |  | h. Original Receipt Date        |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:       | 06/23/2022                      |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> State      | <input type="checkbox"/> Municipality: |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | i. Original Receipt Amount      |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | \$ 540.35                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| b. Job Title/Profession  | c. Employer's Name/Specific Field | f. Purpose Code                     | j. Election Sum to Date                |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | P                                   | \$ 47.00                               |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| k. Account Code  | l. Form of Payment                | m. Required Remarks                 | n. Date (mm/dd/yyyy)                   | o. Amount                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| A  | Check                             | CAMPAIGN MATERIALS                  | 06/23/2022                             | \$ 540.35                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove<br><table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</td> <td colspan="2">d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td colspan="2">SHANNON DAVIS<br/>113 CHEEK LN<br/>CARTHAGE, NC 28327</td> <td><input type="checkbox"/> Candidate</td> <td><input type="checkbox"/> PAC</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Referendum</td> <td><input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">e. Level Registered (Specify)</td> <td>h. Original Receipt Date</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td>06/24/2022</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>i. Original Receipt Amount</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$ 351.13</td> </tr> <tr> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> <td>f. Purpose Code</td> <td colspan="2">j. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>P</td> <td colspan="2">\$ 47.00</td> </tr> <tr> <td>k. Account Code</td> <td>l. Form of Payment</td> <td>m. Required Remarks</td> <td>n. Date (mm/dd/yyyy)</td> <td>o. Amount</td> </tr> <tr> <td>A</td> <td>Check</td> <td>CAMPAIGN EVENT SUPPLIES</td> <td>06/24/2022</td> <td>\$ 351.13</td> </tr> <tr> <td colspan="5">4. Total only this Page \$ 982.14</td> </tr> <tr> <td colspan="5">5. Total of ALL CRO-1320 Pages \$ 982.14<br/>(This line must be on line 15 of Detailed Summary Page CRO-1100)</td> </tr> <tr> <td colspan="5">6. Purpose Codes (List detailed disbursement code in (f) above)</td> </tr> <tr> <td colspan="2">L - Returned to Contributor</td> <td colspan="2">M - Overpayment for Service</td> <td>N - Exceeded Contribution Limit</td> </tr> <tr> <td colspan="2">P* - Reimbursement of In-Kind</td> <td colspan="2">O* Other</td> <td></td> </tr> <tr> <td colspan="5">* Codes require detailed explanation in required remarks field (m)</td> </tr> </table>  |                                   |                                     |  |                                 | a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |  | d. Type of Committee |  | g. Comments | SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327 |  | <input type="checkbox"/> Candidate | <input type="checkbox"/> PAC |  |  |  | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party |  |  |  | e. Level Registered (Specify) |  | h. Original Receipt Date |  |  | <input type="checkbox"/> Federal | <input type="checkbox"/> County: | 06/24/2022 |  |  | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: |  |  |  |  |  | i. Original Receipt Amount |  |  |  |  | \$ 351.13 | b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code                   | j. Election Sum to Date |                 |  |  | P | \$ 47.00 |   | k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount               | A | Check | CAMPAIGN EVENT SUPPLIES | 06/24/2022 | \$ 351.13 | 4. Total only this Page \$ 982.14   |                    |                     |                      |           | 5. Total of ALL CRO-1320 Pages \$ 982.14<br>(This line must be on line 15 of Detailed Summary Page CRO-1100) |       |                      |            |             | 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) |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                                   | d. Type of Committee                |  | g. Comments                     |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327  |                                   | <input type="checkbox"/> Candidate  | <input type="checkbox"/> PAC           |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> Referendum | <input type="checkbox"/> Party         |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | e. Level Registered (Specify)       |  | h. Original Receipt Date        |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> Federal    | <input type="checkbox"/> County:       | 06/24/2022                      |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | <input type="checkbox"/> State      | <input type="checkbox"/> Municipality: |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | i. Original Receipt Amount      |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   |                                     |  | \$ 351.13                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| b. Job Title/Profession  | c. Employer's Name/Specific Field | f. Purpose Code                     | j. Election Sum to Date                |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
|  |                                   | P                                   | \$ 47.00                               |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| k. Account Code  | l. Form of Payment                | m. Required Remarks                 | n. Date (mm/dd/yyyy)                   | o. Amount                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| A  | Check                             | CAMPAIGN EVENT SUPPLIES             | 06/24/2022                             | \$ 351.13                       |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| 4. Total only this Page \$ 982.14  |                                   |                                     |  |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| 5. Total of ALL CRO-1320 Pages \$ 982.14<br>(This line must be on line 15 of Detailed Summary Page CRO-1100)   |                                   |                                     |  |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |
| 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)   |                                   |                                     |  |                                 |   |  |                      |  |             |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                                   |                         |                 |  |  |   |          |   |                 |                    |                     |                      |                         |   |       |                         |            |           |   |                    |                     |                      |           |  |       |                      |            |             |   |  |                                    |                              |  |   |  |                                     |                                |                                 |   |  |                                    |                              |                          |  |  |                                     |                                  |            |  |  |                                |  |                          |  |  |                                  |                                  |                            |  |  |                                |  |           |                         |                                   |                 |                         |                            |  |  |   |          |           |                         |                                   |                     |                         |           |   |       |                         |            |           |                                   |                    |                     |                      |           |  |       |                    |            |           |   |  |  |  |  |   |  |                             |  |                                 |   |  |                                    |                              |  |  |  |                                     |                                |  |  |  |                               |  |                          |  |  |                                  |                                  |            |  |  |                                |  |  |  |  |  |  |                            |  |  |  |  |           |                         |                                   |                 |                         |  |  |  |   |          |  |                 |                    |                     |                      |           |   |       |                         |            |           |                                   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |                             |  |                             |  |                                 |                               |  |          |  |  |  |  |  |  |  |

**Contributions to be Reimbursed**

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.  
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

|  |                             |   |                  |
|--|-----------------------------|---|------------------|
| <b>1. Committee Full Name</b>  |                             | <b>2. ID Number</b>   |                  |
| SHANNON 4 MOORE ED   |                             | 076309  |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                           |                             |   |                  |
| <b>Full Name &amp; Mailing Address of the Payee<br/>(the original vendor)</b>  |                             | <b>Full Name &amp; Mailing Address of the Reimbursee<br/>(the person to whom the campaign check is written)</b> |                  |
| SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327  |                             | SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327   |                  |
| <b>a. Contribution Description</b>   | <b>b. Date (mm/dd/yyyy)</b> | <b>c. Credit Card Y/N</b>   | <b>d. Amount</b> |
| POSTCARDS  | 06/17/2022                  | N   | \$ 90.66         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                           |                             |   |                  |
| <b>Full Name &amp; Mailing Address of the Payee<br/>(the original vendor)</b>  |                             | <b>Full Name &amp; Mailing Address of the Reimbursee<br/>(the person to whom the campaign check is written)</b> |                  |
| SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327  |                             | SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327   |                  |
| <b>a. Contribution Description</b>   | <b>b. Date (mm/dd/yyyy)</b> | <b>c. Credit Card Y/N</b>   | <b>d. Amount</b> |
| CAMPAIGN SUPPLIES  | 06/23/2022                  | N   | \$ 540.35        |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                           |                             |   |                  |
| <b>Full Name &amp; Mailing Address of the Payee<br/>(the original vendor)</b>  |                             | <b>Full Name &amp; Mailing Address of the Reimbursee<br/>(the person to whom the campaign check is written)</b> |                  |
| SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327  |                             | SHANNON DAVIS<br>113 CHEEK LN<br>CARTHAGE, NC 28327   |                  |
| <b>a. Contribution Description</b>   | <b>b. Date (mm/dd/yyyy)</b> | <b>c. Credit Card Y/N</b>   | <b>d. Amount</b> |
| CAMPAIGN EVENT SUPPLIES  | 06/24/2022                  | N   | \$ 351.13        |
| <b>4. Total only this Page</b> \$ 982.14   |                             |   |                  |
| <b>5. Total of ALL CRO-1215a Pages</b> \$ 982.14<br><i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> |                             |   |                  |