



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

RECEIVED

OCT 31 2016

MOORE BOE

Kim Westbrook Strach
Executive Director

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

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name: Committee to elect Betty Wells Brown
Treasurer Name: Nancy Waddington
Treasurer Address: 35 Vernon Ave
(include city, state, & zip) Pinehurst, NC 28374

Treasurer Phone: 910 215 0729

Check One:
 I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

27 Oct 16
Date Signed

Betty Wells Brown
Signature

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. OCT 31 2016

I. Committee Information			
a. Full Name		c. ID Number	
Committee To Elect Dr. Betty MOORE BOE Wells Brown		1H4W97	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
125 Horseshoe Rd. Southern Pines, NC 28387			
		e. Phone Number	
		910-280-8079	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016		10/31/16	Nancy S. Waddington
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	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
II. Account Information		II. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wells Fargo			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Funds	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 500.00		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<u>Nancy S. Waddington</u> Printed Name of Signer		<u>Nancy S. Waddington</u> Signature of Appointed Treasurer	
		<u>10/31/16</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>10-31-16</u>	Employee:	<u>mb</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<p>Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>			

Detailed Summary

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee To Elect ^{Dr} Betty Wells Brown	County-First	1H4W97	
Start of Election Cycle: January 1, 2016	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ —	\$ —	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ —	\$ —	
6) Contributions from Individuals (CRO-1210)	\$ 1,501.83	\$ 1,501.83	
7) Contributions from Political Party Committees (CRO-1220)	\$ —	\$ —	
8) Contributions from Other Political Committees (CRO-1230)	\$ —	\$ —	
9) Loan Proceeds (CRO-1410)	\$ —	\$ —	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ —	\$ —	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ —	\$ —	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ —	\$ —	
11c) Outside Sources of Income (CRO-1250)	\$ —	\$ —	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ —	\$ —	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ —	\$ —	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1,501.83	\$ 1,501.83	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 194.42	\$ 194.42	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ —	\$ —	
13c) Coordinated Party Expenditures (CRO-1310)	\$ —	\$ —	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ —	\$ —	
15) Loan Repayments (CRO-1420)	\$ —	\$ —	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ —	\$ —	
17) In-Kind Contributions (CRO-1510)	\$ 901.83	\$ 901.83	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,096.25	\$ 1,096.25	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 405.58	\$ 405.58	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ —	\$ —	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ —	\$ —	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ —	\$ —	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ —	\$ —	
24) Account Transfers Within the Committee (CRO-1720)	\$ —	\$ —	
25) Administrative Support (CRO-1710)	\$ —	\$ —	
26) Forgiven Loans (CRO-1440)	\$ —	\$ —	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ —	\$ —	
28) Contributions to be Refunded (CRO-1215)	\$ —	\$ —	

Contributions from Individuals

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

30P

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Dr. Betty Wells Brown					1H4W97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
E. Katherine Wells 800 Kipling Dr. Columbia, SC 29205			Lawyer			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Legal		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		11/26/15	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ann Petersen 545 Orchard Dr. Southern Pines, NC 28387			Educator			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Education		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		01/03/16	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mrs. Jean Petersen			Retired		Now Deceased	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	cash		01/03/2016	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Dr. Betty Wells Brown					1 H 4 W 97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28387 910-280-8079			Educator		Candidate	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Public University		\$ 707.51	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		IN-KIND	Filing Fee/Candidacy	12/01/15	\$ 47.00	
<input type="checkbox"/>		IN-KIND	Mileage	01/05/16 - 10/22/16 VARIOUS	\$ 92.34	
<input type="checkbox"/>		IN-KIND	Donation of street signs/frames	10/14/16	\$ 568.17	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nancy S. Waddington 35 Vernon Lane Pinehurst, NC 28374 910-215-0729			Retired		Committee Treasurer	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 4.32	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		IN-KIND	Mileage: Compliance Trng.	01/05/16	\$ 4.32	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jose & Mabel Rivera 151 Michael Lane Aberdeen, NC 28315 910-757-0323			Educators			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Public University		\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		IN-KIND	Food For Meet & Greet	10/09/16	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 751.83	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Dr. Betty Wells Brown					1H4W97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Virginia Fayed 100 Harlow Dr. Pinehurst, NC 28374 910-235-4643			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Education		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		IN-KIND	Food For "Meet & Greet"	10/18/16	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28387 910-280-8079			Educator		Candidate	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Public University		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		IN-KIND	Tip \$ for two students to distribute street signs	10/18/16	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1,501.83	

In-Kind Contributions

Pg 1 of 3 Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee To Elect Dr. Betty Wells Brown		1H4W97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28387 910-280-8079		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 47.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee For Candidacy		12/01/15	\$ 47.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Nancy S. Waddington 35 Vernon Lane Pinehurst, NC 28374 910-215-0729		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 4.32	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Mileage: Compliance Trng. Class		01/05/16	\$ 4.32
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Jose & Mabel Rivers 151 Michael Lane Aberdeen, NC 28315 910-757-0323		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 40.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Hosted "Meet & Greet" (Food)		10/09/16	\$ 40.00
			\$
			\$
4. Total only this Page		\$ 91.32	
5. Total of ALL CRO-1510 Pages		\$	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee To Elect Dr. Betty Wells Brown		1 H 4 W 97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Virginia Fayed 100 Harlow Dr. Pinehurst, NC 28374 910-235-4643		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 50.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Hosted "Meet & Greet" (Food)		10/18/16	\$ 50.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28387 910-280-8079		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 92.34	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Compliance TRNG. class Mileage; Forums		09/19/16 09/29/16 10/13/16	\$ 3.24 5.40 5.40
Fall visits		10/20/16 10/21/16 10/22/16 10/29/16	\$ 5.16 10.26 10.26
Meet & greets Robbins Fall Festival (campaigning)		10/09/16 10/13/16 10/22/16	\$ 10.26 4.32 5.94
			\$ 21.60
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28387 910-280-8079		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 568.17	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Donation of street signs/frames to campaign		10/14/16	\$ 568.17
			\$
			\$
4. Total only this Page		\$ 710.51	
5. Total of ALL CRO-1510 Pages		\$	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee To Elect Dr. Betty Wells Brown		1H4W97
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28387 910-280-8079	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Tip \$ for two students to distribute street signs	10/18/16	\$ 100.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 100.00
5. Total of ALL CRO-1510 Pages		\$ 901.83
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee To Elect Dr. Betty Wells Brown						1H4W97
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Daphne's Hallmark 7 Pinecrest Plaza Southern Pines, NC 28387 910-692-7333						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 42.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	VISA	0	11/27/2015	\$ 42.70	Thank You Cards	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Vistaprint www.vistaprint.com 866-614-8002						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 114.72
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	VISA	0	09/03/2016	\$ 114.72	Business Cards & Postcards	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Staples, Inc. 290 Turner St. Southern Pines, NC 28387 910-692-9958						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 37.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	VISA	B	09/15/2016	\$ 37.00	Labels	
				\$		
5. Total only this Page						\$ 194.42
6. Total of ALL CRO-1310 Pages						\$ 194.42
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
Codes require detailed explanation in required remarks field (k)						