

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) The Committee to Elect Keith Miller					2. ID Number 6BC9DD
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Alliance Bank 1113 Shelby Road Kings Mountain, NC 28086 704-739-5411			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 12.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit	O	08/31/2023	\$12.00	bank acct. fees
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 12.00
6. Total of ALL CRO-1310 Pages					\$ 12.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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)					

Debts and Obligations Owed By the Committee

Pg 2 of 2

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
The Committee to Elect Keith Miller		6BC9DD	
3. Creditor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
US Postal Service 115 East Gold Street Kings Mountain, NC 28086 704-739-6158		b. Description of Creditor Mail/Postal Delivery	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 0.00	\$ 974.75	\$ 974.75
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
US Postal Service 115 East Gold Street Kings Mountain, NC 28086 704-739-6158	9/24/2022	\$ 974.75	
	g4. Purpose Code	g5. Required Remarks	
	I		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
4. Total only this Page		\$ 974.75	
(This should be the sum of all items, g3, from this page)			
5. Total of ALL CRO-1610 Pages		\$ 1849.75	
(This line must be on line 22 of Detailed Summary, Page CRO-1100)			
6. Purpose Codes (List detailed expenditure code in (g4.)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			