

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information	
a. Full Name <i>Friends To Elect Emanuel Hunt</i>	c. ID Number <i>ETH24</i>
b. Mailing Address (include City, State and Zip Code) <i>901827 Laurel Run Dr - Kingstown, N.C.</i>	d. Date Filed
	e. Phone Number <i>704-671-8553</i>

2. Report Year <i>2024</i>	3. Period Start Date (mm/dd/yy) <i>03-01-2024</i>	4. Period End Date (mm/dd/yy) <i>06-30-24</i>	5. Treasurer Full Name <i>SHARON MARTIN</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> 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 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 <i>0</i>			

10. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	<i>CLEVELAND COUNTY BOE</i>
b. Purpose	c. Account Code	b. Purpose	<i>JUL 10 '24 PM 1:49</i>
	d. Period Begin Balance \$ <i>0</i>		d. Period Begin Balance \$

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.

Sharon Martin
 Printed Name of Signer

Sharon Martin
 Signature of Appointed Treasurer

07-10-2024
 Date

FOR OFFICE USE ONLY

Date Received: *7-10-24* Employee: *CP*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

02-24-06-30-2024

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Friends To Elect O. Hunt		158922	EN 24
Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 1,720.24	\$
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)		\$	\$ CLEVELAND COUNTY BOE
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$ JUL 10 '24 4:54
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 260.39	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 260.39	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1459.85	\$
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

Pg 1 of 7

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) FRIENDS TO Elect E. Hunt 2. ID Number ETH 24

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PAM Devoe 704-466 1531
130 DELTA PARK
ShekBY, N.C. 28150

b. Job Title/Profession Not Employed

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
 \$ 25.00

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"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ROD Powerh 704-975-7525
252 CORINTH CHUR
CASAR, N.C. 28020

b. Job Title/Profession Retired

c. Employer's Name/Specific Field School Teacher

d. Comments

e. Election Sum to Date
 \$ 20.00

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"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) GLORIA MITCHELL 704-284-4225
1163 COUNTY HOME RD.
ShekBY, N.C. 28152

b. Job Title/Profession MANA GIER

c. Employer's Name/Specific Field CY Press Eked
ShekBY NC
28150

d. Comments

e. Election Sum to Date
 \$ 20.00

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 \$ 65.00

5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CLEVELAND COUNTY BOE
 JUL 10 '24 PM 4:49

Contributions from Individuals

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

Amendment
 Yes No

1. Committee Full Name (and Fund, if applicable) **FRIENDS TO ELECT E. HUNT** 2. ID Number **EN24**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAMELA MADDON
1202 MASONIC DR.
SHELBY, NC 28152

b. Job Title/Profession
EDUCATOR

c. Employer's Name/Specific Field
RUTHERFORD COUNTY, NC

d. Comments

e. Election Sum to Date
\$ 10.00

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"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
MARTIN MANGIELLO
301 CLEVELAND AVE
GROVER, N.C. 28073

b. Job Title/Profession
CEO

c. Employer's Name/Specific Field
U.S. PRESIDENTIAL SERVICE CENTER

d. Comments

e. Election Sum to Date
\$ 20.24

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"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
770-803-0636
JOE STONE
1589 TWIN CT LANSW
MARIETTA GA 30008

b. Job Title/Profession
Not Empl

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 25.00

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 **\$ 55.24**

5. Total of ALL CRO-1210 Pages **\$**

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CLEVELAND COUNTY BO
 JUL 10 '24 PM 4:49

Contributions from Political Party Committees

Pg 3 of 7

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) Friends to Elect Comm. Dist. E. H. 24						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brend Ellis 704-692-7611 P.O. Box 3418 Shelby, N.C. 28151						b. Comments CR.	
						c. Election Sum to Date \$ 100.00	
d. Account Code	e. Form of Payment	f. In-Kind Description			g. Date (mm/dd/yyyy)	h. Amount	
						\$	
						\$	
						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cecelia Merchant 704-434-7369 Moorestown, N.C. 28114						b. Comments	
						c. Election Sum to Date \$ 50.00	
d. Account Code	e. Form of Payment	f. In-Kind Description			g. Date (mm/dd/yyyy)	h. Amount	
						\$	
						\$	
						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY HUNT - 2908 SCARLETT CHARLOTTE, N.C. 28273						b. Comments CR.	
						c. Election Sum to Date \$ 25.00	
d. Account Code	e. Form of Payment	f. In-Kind Description			g. Date (mm/dd/yyyy)	h. Amount	
						\$	
						\$	
						\$	
4. Total only this Page						\$ 175.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)						\$	

CLEVELAND COUNTY BOARD OF ELECTIONS
 JUL 10 '24 4:49

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) <i>Friends to Elect Crauneh Kent</i>	2. ID Number <i>EH24</i>
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>LAMARTINE GIBSON 209 KATHLYN LANE KINGS Mt. 28086 704-300-7164</i>			b. Job Title/Profession <i>Retired</i>		d. Comments <i>CK</i>
			c. Employer's Name/Specific Field <i>Retired</i>		e. Election Sum to Date \$ <i>125.00</i>
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount \$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>SCOTT MARABLE 210 OSBORNE ST. SHELBY, N.C. 28150 704-487-8333</i>			b. Job Title/Profession <i>Real Estate Broker</i>		d. Comments <i>CK</i>
			c. Employer's Name/Specific Field <i>Self Retired</i>		e. Election Sum to Date \$ <i>500.00</i>
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount \$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>CAROL MADDOX 411 Kildare Dr. SHELBY, N.C. 28152 704-477-3830</i>			b. Job Title/Profession <i>Retired</i>		d. Comments <i>CK</i>
			c. Employer's Name/Specific Field <i>Retired</i>		e. Election Sum to Date \$ <i>200.00</i>
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount \$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ <i>825.00</i>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$

CLEVELAND COUNTY BOULDER
JUL 10 '24 4:49

Contributions from Individuals

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Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS TO CLERT C. HEART						ETH 24	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TEARSA OLSEN 704-473-7596 2320 NEW HOUSE RD. SHEKBY, N.C. 28157				UNEMPL N/A.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 25.00	
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"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANTOINETTE S. MAUNDY 116 TALLEY DR. UNION, S.C. 29379				RN UMC.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 200.00	
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"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HATHKEEN CHAMPION 704-258-3645 403 W. MT. ST. KINGS, MT, NC 28086				N/A.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 25.00	
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						\$ 250.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

CLEVELAND COUNTY BO
 JUL 10 '24 P 4:49

Contributions from Individuals

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Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS TO Elect. Emmaueh Hunt						EH 24	
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	
CHARLES SHIVERS 110 DeBBie ST. SLehBY, N.C. 28150 704-482-4576				Retired Military			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 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"/>					\$		
<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	
VICKIE RUFF #838-464-3191 c/o 605 N. ASHE AV. Newton, N.C. 28658				TEACHER Newton Schools			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 25.00	
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"/>					\$		
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	
DARRACK Thompson UNKNOWN?							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 25.00	
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						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

CLEVELAND COUNTY BO
 JUL 10 '24 PM 4:49

Contributions from Individuals

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

Pg 7 of 7

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) **Friends To Elect E. Hunt** 2. ID Number **EH24**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) **7119 CHARLOTTE JACKSON 1809 COUNTRY GARDEN DR SHELBY, NC. 28150**

b. Job Title/Profession **Not Employed**

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date \$ **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"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) **704-477- BEISY WELLS BAAT 1725 DIXSON SCHOOL RD KINGS MT. 28086**

b. Job Title/Profession **Retired**

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date \$ **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"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date \$

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

4. Total only this Page \$ **200.00**

5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$

CLEVELAND COUNTY BOE
 JUL 10 '24 PM 4:49

Disbursements

Pg ____ of ____

Amendment
 Yes No

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) **FRIENDS TO ELECT EMANUEL HUNT** 2. ID Number **EH2024**

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
PAM HARMON

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

d. Comments

e. Election Sum to Date
\$ 260.39

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	B	05-2-2024	\$ 100.	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Pam Harmon

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

d. Comments

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
	CK	B	06-04-2024	\$ 145.00	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Pam Harmon

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

d. Comments

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
	CK. B	B	06-25-2024	\$ 15.39	

5. Total only this Page **\$**

6. Total of ALL CRO-1310 Pages **\$ 260.39**
 (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)

CLEVELAND COUNTY BOE
 JUL 10 '24 14:54