

# 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 <b>CALLAWAY FOR CITY COUNCIL</b>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>307 GRESHAM AVE DURHAM, NC 27704</b>			d. Date Filed <b>10/02/2017</b>	
			e. Phone Number <b>919-695-3232</b>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
<b>2017</b>	<b>08/30/17</b>	<b>09/25/17</b>		
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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <b>LATINO COMMUNITY CREDIT UNION</b>		a. Financial Institution Full Name <b>PAYPAL</b>		
b. Purpose <b>CAMPAIGN FUND</b>	c. Account Code <b>LAT2</b>	b. Purpose <b>CAMPAIGN FUND</b>	c. Account Code <b>PAYP</b>	
	d. Period Begin Balance <b>\$ 992.04</b>		d. Period Begin Balance <b>\$ 150.00</b>	
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.				
<b>BRIAN CALLAWAY</b>				<b>10/02/2017</b>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<b>10/02/17</b>	Employee:	<b>BMS</b>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				


IN PERSON  
OCT 02 2017  
DURHAM BOE

# 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 <b>CALLAWAY FOR CITY COUNCIL</b>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>307 GRESHAM AVE DURHAM, NC 27704</b>			d. Date Filed <b>10/02/2017</b>	
			e. Phone Number <b>919-695-3232</b>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
<b>2017</b>	<b>08/30/17</b>	<b>09/25/17</b>		
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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <b>0</b>		10. Special Report Name <b>IN PERSON</b>		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <b>LATIWO COMMUNITY CREDIT UNION</b>		a. Financial Institution Full Name <b>VENMO</b>		
b. Purpose <b>CAMPAIGN FUND</b>	c. Account Code <b>LAT</b>	b. Purpose <b>CAMPAIGN FUND</b>	c. Account Code <b>VENM</b>	
	d. Period Begin Balance <b>\$ 98.01</b>		d. Period Begin Balance <b>\$ 0.00</b>	
<b>CERTIFICATION</b>				
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.				
<b>BRIAN CALLAWAY</b> Printed Name of Signer		 Signature of Appointed Treasurer		<b>10/02/2017</b> Date
FOR OFFICE USE ONLY				
Date Received: <b>10/02/17</b>	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Scanned: _____	Employee: _____			
Date Data Entered: _____	Employee: _____			
<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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
CALLAWAY FOR CITY COUNCIL	PRE-PRIMARY		
Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1240.05	\$ 0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ -	\$ -	
6) Contributions from Individuals (CRO-1210)	\$ 942.57	\$ 4670.01	
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)	\$ -	\$ 0.05	
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)	\$ 942.57	\$ 4670.06	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 449.03	\$ 459.03	
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)	\$ 842.57	\$ 3320.01	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1291.60	\$ 3779.04	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 891.02	\$ 891.02	
<b>ADDITIONAL INFORMATION</b>			
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)	\$ 98.01		
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

Amendment

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
CALLAWAY FOR CITY COUNCIL						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BRIAN CALLAWAY 307 CRESHAM AVE DURHAM, NC 27704 919.695.3232			ENERGY MANAGER			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			DURHAM PUBLIC SCHOOLS		\$ 3398.01	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	-	IN-KIND	PRINTED FLYERS	09/01/2017	\$ 803.00	
<input type="checkbox"/>	-	IN-KIND	GOOGLE WEB SERVICES	09/01/2017	\$ 12.58	
<input type="checkbox"/>	-	IN-KIND	SQUARESPACE WEB HOSTING	09/03/2017	\$ 16.00	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHARLES WOOD 2013 WILSON ST DURHAM, NC 27705 919.684.8111			DOCTOR			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			DUKE UNIVERSITY SCHOOL OF MEDICINE		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	PAYP	ELECTRONIC		09/18/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ALEXANDRA VALLADARES 1111 EAST ELLERBEE ST DURHAM, NC 27704 919.949.6020			PROGRAM ASSISTANT			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			DUKE UNIVERSITY SCHOOL OF MEDICINE		\$ 6.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	-	IN-KIND	FACEBOOK ADVERTISING	09/04/2017	\$ 6.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 937.58	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 942.57	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
CALLAWAY FOR CITY COUNCIL						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
BRIAN CALLAWAY 307 GRESHAM AVE DURHAM, NC 27704 919.695.3232				ENERGY MANAGER		
				<b>c. Employer's Name/Specific Field</b>		
				DURHAM PUBLIC SCHOOLS		
						<b>e. Election Sum to Date</b>
						\$ 3398.01
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	—	IN-KIND	EMAIL SERVICES	09/20/2007	\$ 4.99	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b>		
						<b>e. Election Sum to Date</b>
						\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b>		
						<b>e. Election Sum to Date</b>
						\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 4.99
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 942.57

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
CALLAWAY FOR CITY COUNCIL						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FACEBOOK, INC. 1601 WILLOW ROAD MENLO PARK, CA 94025-1452 PHONE N/A					"Boosting" content displayed on site for advertising	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 28.88	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
PAYP	ELECTRONIC	A	08/31/2017	\$ 3.83	Online advertising	
PAYP	ELECTRONIC	A	09/24/2017	\$ 25.05	Online advertising	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
STILKER-MULE 411 LAFAYETTE ST - 6TH FLOOR NEW YORK, NY 10003 718.218.4615					Stickers for promotion	
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
LAT2	DEBIT CARD ONLINE	B	09/06/2017	\$ 362.50	stickers	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FEDEX OFFICE 610 NINTH ST DURHAM, NC 27705 919.286.1000						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
LAT2	DEBIT CARD	B	09/12/2017	\$ 22.36	Printed materials	
LAT2	DEBIT CARD	B	09/13/2017	\$ 32.09	Lamination of materials	
<b>5. Total only this Page</b>						\$ 445.83
<b>6. Total of ALL CRO-1310 Pages</b> (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)						\$ 449.03
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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)						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>ID Number</b>
CALLAWAY FOR CITY COUNCIL						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
PAYPAL 224 NORTH FIRST STREET SAN JOSE, CA 95131 1.888.221.1161						Fees associated with online donor contribution
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3.20
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
PAYP	ANQ/ELECTRONIC	C	09/18/2017	\$ 3.20	FEES FOR ONLINE DONATION	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>5. Total only this Page</b>						\$ 3.20
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 449.03
(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)						
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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)						

# In-Kind Contributions

Pg 1 of 1 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	
CALLAWAY FOR CITY COUNCIL			
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	
BRIAN CALLAWAY 307 GRESHAM AVE DURHAM, NC 27704 919.695.3232	<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 \$ 3298.01	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Printed door-hangers for canvassing	09/01/2017	\$ 803.00	
Email and web services from Google (monthly)	09/01/2017	\$ 12.58	
Web hosting services from Squarespace (monthly)	09/03/2017	\$ 16.00	
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	
BRIAN CALLAWAY 307 GRESHAM AVE DURHAM, NC 27704 919.695.3232	<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	
Email services for domain by GoDaddy (monthly)	09/20/2017	\$ 4.99	
		\$	
		\$	
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	
ALEXANDRA VALLADARES 1111 EAST ELLERBEE ST DURHAM, NC 27704 919.949.6020	<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		
		d. Election Sum to Date \$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Facebook advertising fees to "boost" public posts	09/04/2017	\$ 6.00	
		\$	
		\$	
4. Total only this Page		\$ 842.57	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1188)		\$ 842.57	



# Account Transfers Within the Committee

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CALLAWAY FOR CITY COUNCIL					
3. Transfer Information					
a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	LAT	LAT2	09/18/2017	\$ 98.01	
<input type="checkbox"/> Add <input type="checkbox"/> Remove				S	
<input type="checkbox"/> Add <input type="checkbox"/> Remove				S	
<input type="checkbox"/> Add <input type="checkbox"/> Remove				S	
<input type="checkbox"/> Add <input type="checkbox"/> Remove				S	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove				S	
<b>4. Total only this Page</b>				\$ 98.01	
<b>5. Total of ALL CRO-1720 Pages</b>				\$ 98.01	
<small>(This line must be on line 24 of Detailed Summary Page CRO-1100)</small>					