

# 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>01/26/18</b>
		e. Phone Number <b>919-695-3232</b>

2. Report Year <b>2017</b>	3. Period Start Date (mm/dd/yy) <b>09/26/17</b>	4. Period End Date (mm/dd/yy) <b>12/31/17</b>	5. Treasurer Full Name <b>BRIAN CALLAWAY</b>
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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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input checked="" 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 <b>0</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>LAT 2</b>	b. Purpose <b>CAMPAIGN FUND</b>	c. Account Code <b>PAYP</b>
	d. Period Begin Balance <b>\$ 673.10</b>		d. Period Begin Balance <b>\$ 221.12</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.

BRIAN CALLAWAY  
Printed Name of Signer

Brian Callaway  
Signature of Appointed Treasurer

01/26/2018  
Date

## FOR OFFICE USE ONLY

Date Received:	<u>1/26/18</u>	Employee:	<u>DSHart</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	<b>IN PERSON</b>	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	<u>JAN 26 2018</u>	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.

# Disclosure Report Cover Addendum

Amendment

Yes  No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
CALLAWAY FOR CITY COUNCIL			
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
LATINO COMMUNITY CREDIT UNION		VENMO	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUND	LAT	CAMPAIGN FUND	VENM
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$ 0.00
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
IN PERSON			
JAN 26 2018	d. Period Begin Balance		d. Period Begin Balance
DURHAM BOE	\$		\$
<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		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

BRIAN CALLAWAY

Printed Name of Signer

Brian Callaway

Signature of Appointed Treasurer

01/26/2018

Date

**Please Note:** This cover sheet cannot be used to amend committee information such as the committee name 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	YEAR-END		
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 894.22	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ -	\$ -
6) Contributions from Individuals (CRO-1210)		\$ 50.00	\$
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)		\$ 0.09	\$ 0.14
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)		\$ 50.09	\$
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 854.12	\$
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)		\$ 90.19	\$
17) In-Kind Contributions (CRO-1510)		\$ -	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 944.31	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -0-	\$
<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)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum <b>IN PERSON</b> (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

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>	
CALLVAT 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>
STUART ROBINSON 1716 JAMES ST DURHAM, NC 27707				ENGINEER		
				<b>c. Employer's Name/Specific Field</b>		
				ORACLE		
						<b>e. Election Sum to Date</b>
						\$ 50.00
<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	ONLINE		10/06/2007	\$ 50.00	
<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>
				<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>
IN PERSON JAN 26 2018 DURHAM BOE						
				<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>					\$	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	



# 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</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DURHAM CENTRAL PARK PO Box 1526 DURHAM, NC 27702 919-794-8194				IN PERSON JAN 26 2018 DURHAM BOE		Table at public event / space rental	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LATZ	ONLINE VIA PAYPAL	A	09/27/2017	\$ 50.00	Booth rental at event		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
LATINO COMMUNITY CREDIT UNION 100 W MORGAN ST DURHAM, NC 27701 919-530-8800						MONTHLY ACCOUNT FEE	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 40.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LATZ	AUTO DEDUCT	0	09/28/2017	\$ 8.00	BANK MAINTENANCE FEE		
LATZ	AUTO DEDUCT	0	10/26/2017	\$ 8.00	BANK MAINTENANCE FEE		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
LATINO COMMUNITY CREDIT UNION 100 W MORGAN ST DURHAM, NC 27701 919-530-8800						MONTHLY ACCOUNT FEE	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 40.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LATZ	AUTO DEDUCT	0	11/29/2017	\$ 8.00	BANK MAINTENANCE FEE		
LATZ	AUTO DEDUCT	0	12/28/2017	\$ 8.00	BANK MAINTENANCE FEE		
<b>5. Total only this Page</b>						\$ 82.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 854.12 DC	
<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>						<del>\$ 849.17</del>	
<b>7. Purpose Codes</b> (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)							



# 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</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BL PHOTOS 2104 WEST LIND BLVD DURHAM, NC 27705 804-878-1380						PROFESSIONAL PHOTOGRAPHY SERVICES	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 241.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LATZ	ONLINE VIA PAYPAL	A	09/30/2017	\$ 241.88	PHOTOGRAPHY SERVICES		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FACEBOOK, INC 1601 WILLOW ROAD MENLO PARK, CA 94025-1452 PHONE N/A						"Boosting" content displayed on site	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 396.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
PAYP	ONLINE	A	09/26/2017	\$ 50.10	ONLINE ADVERTISING		
PAYP	ONLINE	A	09/30/2017	\$ 74.02	ONLINE ADVERTISING		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FACEBOOK, INC 1601 WILLOW ROAD MENLO PARK, CA 94025-1452 <span style="color:blue">IN PERSON</span> <span style="color:blue">JAN 26 2018</span> <span style="color:blue">DURHAM BOE</span>						"Boosting" content displayed on site	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 396.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
PAPP	ONLINE	A	10/11/2017	\$ 142.05	ONLINE ADVERTISING		
LATZ	ONLINE VIA PAYPAL	A	10/11/2017	\$ 101.59	ONLINE ADVERTISING		
<b>5. Total only this Page</b>						\$ 609.64	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 854.12 <sup>00</sup>	
<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>						<del>\$ 849.67</del>	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (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)							



**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</b> (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SQUARE SPACE 225 VANLICK STREET, 12TH FLOOR NEW YORK, NY 10014						WEB SITE HOSTING	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 32.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LAT2	ONLINE	A	10/05/2017	\$ 16.00	WEBSITE HOSTING		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PIE PUSHERS <b>IN PERSON</b> 117 W MAIN ST <b>JAN 26 2018</b> DURHAM, NC 27701 <b>DURHAM BOE</b> 919-294-8408						ELECTION NIGHT WITH PARTY FOOD	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 58.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LAT2	DEBIT CARD	O	10/10/2017	\$ 58.75	FOOD AT PUBLIC EVENT		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HEAVENLY BUFFALOES 1807 W MARKHAM AVE DURHAM, NC 27705 919-238-2358						ELECTION NIGHT WITH PARTY FOOD	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 82.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LAT2	DEBIT CARD	O	10/10/2017	\$ 82.78	FOOD AT PUBLIC EVENT		
				\$			
<b>5. Total only this Page</b>						\$ 157.53	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 854.12 BC	
(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)						\$ <del>849.17</del>	
<b>7. Purpose Codes</b> (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)							



# 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>	
PAYPAL 2211 NORTH FIRST STREET SAN JOSE, CA 95131					DEDUCTION FOR ONLINE DONATION SERVICE FEE	
			<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:		\$ 4.95	
<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	AUTO FEE	0	09/19/2017	\$ 3.20	ACCOUNTING FEE	
PAYP	AUTO FEE	0	10/06/2017	\$ 1.75	ACCOUNTING FEE	
<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>	
IN PERSON  JAN 26 2018  DURHAM BOE						
			<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>					\$ 4.95	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 854.12	
<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>						
<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)						



# 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.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
CALLAWAY FOR CITY COUNCIL				
<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
BRIAN CALLAWAY 307 GRESHAM AVE DURHAM, NC 27704 919-695-3232		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		MULTIPLE/07/24/2017
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3398.01/\$100
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		L - from \$100 cash donation		\$ 3307.82
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
ENERGY MANAGER	DURHAM PUBLIC SCHOOLS	RENDED ACCOUNT FOR CLOSURE		LAT2
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
CASHIERS CHECK	FROM \$100 CASH DONATION ON 07/24/2017	12/29/2017	\$ 90.19	
<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
IN PERSON JAN 26 2018 DURHAM BOE		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
			\$	
<b>3. 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>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
			\$	
<b>4. Total only this Page</b>				\$ 90.19
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 90.19
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>				
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)				