

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

I. Committee Information	
a. Full Name Committee to Elect Jillian Johnson	c. ID Number
b. Mailing Address (include City, State and Zip Code) 902 Arnette Ave Durham, NC 27701	d. Date Filed 10/26/2015
	e. Phone Number 919.485.9329

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 09/23/2015	4. Period End Date (mm/dd/yy) 10/19/2015	5. Treasurer Full Name Melissa Norton
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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	Municipal	State/County	Referendum
<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
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	Mid Year	
		<input type="checkbox"/> Final	Year End	
		<input type="checkbox"/> Special	Final	
			Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose	c. Account Code 1	b. Purpose IN PERSON	c. Account Code
	d. Period Begin Balance \$ 18,692.29	OCT 26 2015	d. Period Begin Balance
		DURHAM BOE	\$

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.

MELISSA NORTON [Signature] 10/26/2015
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10/26/15 Employee: [Signature] Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____

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

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 Jillian Johnson					
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 18,692.29		\$ -----	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 874.00		\$ 3,199.38	
6) Contributions from Individuals (CRO-1210)		\$ 6,045.00		\$ 34,546.93	
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)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6,919.00		\$ 37,746.31	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 8,205.45		\$ 19,232.11	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 125.58		\$ 334.13	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$ 900.31	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,331.03		\$ 20,466.05	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 17,280.26		\$ 17,280.26	
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Aggregated Contributions from Individuals

Page

1 of 2

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

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add		credit card		09/22/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/22/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/23/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/24/2015	\$ 18	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/24/2015	\$ 20	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/24/2015	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/27/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/08/2015	\$ 36	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/10/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/13/2015	\$ 10	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 444.00	
5. Total of ALL CRO-1205 Pages					\$ 874.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

IN PERSON
OCT 26 2015
DURHAM BOE

Aggregated Contributions from Individuals

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Jillian Johnson	

3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add		credit card		09/22/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/22/2015	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/23/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/24/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/24/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/24/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		09/27/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		credit card		10/07/2015	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		10/07/2015	\$ 20	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		cash		10/07/2015	\$ 20	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		10/08/2015	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		09/26/2015	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		check		10/01/2015	\$ 50	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	

IN PERSON
 OCT 26 2015
 DURHAM BOE

4. Total only this Page	\$ 430.00
5. Total of ALL CRO-1205 Pages	\$ 874.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	

Contributions from Individuals

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	
Committee to Elect Jillian Johnson							
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	
Jacob Harold 1700 Kalorama Rd NW Washington DC, 20009				nonprofit executive			
				c. Employer's Name/Specific Field			
				Guide Star			
						e. Election Sum to Date	
						\$ 55.00	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		creditcard		9/23/2015		\$ 55.00	
<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	
Chris Heavener 139 Beusol Lane Pittsboro, NC 27312				GM			
				c. Employer's Name/Specific Field			
				Videri Chocolate Factory			
						e. Election Sum to Date	
						\$ 250.00	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		creditcard		9/24/2015		\$ 250.00	
<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	
Lynn Fontana 115 E Main St Durham, NC 27701				attorney			
				c. Employer's Name/Specific Field			
				self.			
						e. Election Sum to Date	
						\$ 110.00	
l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		creditcard		9/25/2015		\$ 110.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 415.00	
5. Total of ALL CRO-1210 Pages						\$ 6,045.00	
<i>(This line may be an item 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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	
Committee to Elect Jillian Johnson						
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	
Rachel Harold 3360 Mount Pleasant St NW Washington DC, 20010			resident			
			c. Employer's Name/Specific Field			
			Georgetown Hospital			
			e. Election Sum to Date			
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		9/27/2015	\$ 55.00	
<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	
Carolyn McAllaster 2111 W Club Blvd Durham, NC 27714			Clinical Law Professor			
			c. Employer's Name/Specific Field			
			Duke University			
			e. Election Sum to Date			
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		9/27/2015	\$ 55.00	
<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	
Anita Earles 6 Superior Ct Durham, NC 27714			attorney			
			c. Employer's Name/Specific Field			
			SCSJ			
			e. Election Sum to Date			
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		9/28/2015	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 220.00	
5. Total of ALL CRO-1210 Pages					\$ 6,045.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

IN PERSON
 OCT 26 2014
 DURHAM BOE

Contributions from Individuals

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	
Committee to Elect Jillian Johnson						
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	
Susan Yaggy 3518 Ridge Road Durham, NC 27705			retired MPA			
			c. Employer's Name/Specific Field			
			Duke University Medical Center (retired)			
			e. Election Sum to Date			
					\$ 110.00	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/04/2015	\$ 110.00	
<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	
Stacie Nagy 1306 Stadium Dr Durham, NC 27704			procurement			
			c. Employer's Name/Specific Field			
			NVIDIA Corporation			
			e. Election Sum to Date			
					\$ 250.00	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/07/2015	\$ 250.00	
<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	
Bridgette Burge 1116 Culpepper Lane Raleigh, NC 27610			program director			
			c. Employer's Name/Specific Field			
			NC Center for Non-Profits			
			e. Election Sum to Date			
					\$ 55.00	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/07/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 415.00	
5. Total of ALL CRO-1210 Pages					\$ 6,045.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

IN PERSON
OCT 26 2015

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Committee to Elect Jillian Johnson							
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	
Lorisa Seibel 2410 Par Pl Durham, NC 27705				Housing Director			
				c. Employer's Name/Specific Field			
				Reinvestment Partners			
						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"/>		creditcard		10/10/2015		\$ 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	
Stephen Bendich 42 Grove St NY, NY 10014				retired psychologist			
				c. Employer's Name/Specific Field			
				retired			
						e. Election Sum to Date	
						\$ 210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		creditcard		10/12/2015		\$ 110.00	
<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	
Ben Cooke 4107 Peachway Dr Durham, NC 27705				instructor			
				c. Employer's Name/Specific Field			
				Duke			
						e. Election Sum to Date	
						\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		creditcard		10/07/2015		\$ 110.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 320.00	
5. Total of ALL CRO-1210 Pages						\$ 6,045.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Committee to Elect Jillian Johnson						
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	
William Martin 23 Rossmore St Somerville, MA 21433			resident physician			
			c. Employer's Name/Specific Field			
			Greater Lawrence family practice			
			e. Election Sum to Date		\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/13/2015	\$ 55.00	
<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	
Jasmina Nogo 1033 N Fourth St Tuscon, AZ 85705			attorney			
			c. Employer's Name/Specific Field			
			Florence Immigrant & Refugee Rights Project			
			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"/>		creditcard		10/13/2015	\$ 25.00	
<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	
Deborah Tornabech 1234 Millerdale Ave Wenatchee, WA 98801			HR Specialist			
			c. Employer's Name/Specific Field			
			Confluence Health			
			e. Election Sum to Date		\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/13/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 135.00	
5. Total of ALL CRO-1210 Pages					\$ 6,045.00	
<i>(This line must be on line 4 of Detailed Summary Page CRO-1100)</i>						

IN PERSON
OCT 9 8 2015

DURHAM BOE

Contributions from Individuals

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	
Committee to Elect Jillian Johnson						
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	
Amy Gillian 50 Beverly Dr Durham, NC 27707			resident physician			
			c. Employer's Name/Specific Field			
			Greater Lawrence family practice			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/13/2015	\$ 55.00	
<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	
Robert Lancaster 3434 Edwards Mail Rd Raleigh, NC 27612			consultant			
			c. Employer's Name/Specific Field			
			BREE			
					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"/>		creditcard		10/15/2015	\$ 200.00	
<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	
Tony Macias 1443 Clifton ST NW Washington, DC 20009			translator			
			c. Employer's Name/Specific Field			
			research square			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/17/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 310.00	
5. Total of ALL CRO-1210 Pages					\$ 6,045.00	
<i>(This line must be on the 6 of Detailed Summary) Page CRO-1100</i>						

Contributions from Individuals

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	
Committee to Elect Jillian Johnson						
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	
Georgina Drew 2906 Steamboat Is NW Olympia, WA 98502			educator			
			c. Employer's Name/Specific Field			
			University of Adelaide			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		10/05/2015	\$ 55.00	
<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	
Charles Bentley 2940 Welcome Dr Durham, NC 27705			attorney			
			c. Employer's Name/Specific Field			
			Bentley Law Offices, PA			
					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"/>		check		09/25/2015	\$ 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	
David Roswell 905 Lancaster St Durham, NC 27701			artist			
			c. Employer's Name/Specific Field			
			self			
					e. Election Sum to Date	
					\$ 3,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		09/28/2015	\$ 3,100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,225.00	
5. Total of ALL CRO-1210 Pages					\$ 6,045.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Committee to Elect Jillian Johnson						
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	
Laura Stephenson 510 Oakwood ST Durham, NC 27701			student			
			c. Employer's Name/Specific Field			
			UNC			
					e. Election Sum to Date	
					\$ 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"/>		check		10/05/2015	\$ 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	
Eddie Davis 405 Stinhurst Dr Durham, NC 27713			retired			
			c. Employer's Name/Specific Field			
			DPS			
					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"/>		check		10/07/2015	\$ 75.00	
<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	
Paul Luebke PO Box 61716 Durham, NC 27715			legislator			
			c. Employer's Name/Specific Field			
			State of NC			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		10/07/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 825.00	
5. Total of ALL CRO-1210 Pages					\$ 6,045.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>						

IN PERSON
OCT 26 2015

DURHAM BLUE

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Committee to Elect Jillian Johnson						
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	
Elena Everett 601 Swan St Durham, NC 27701			director			
			c. Employer's Name/Specific Field			
			Southern Vision Alliance			
					e. Election Sum to Date	
					\$ 105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		cash		10/05/2015	\$ 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	
Burhan Ghanayem 1 Pine Top Pl. Durham, NC 27705						
			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"/>		check		09/26/2015	\$ 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					\$ 50.00	
5. Total of ALL CRO-1210 Pages					\$ 46,045.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1200)</i>						

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	10/01/2015	\$ 20.59	Facebook
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	10/07/2015	\$ 29.00	Nation Builder
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	10/05/2015	\$ 10.00	Google Apps
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	9/30/2015	\$ 33.03	Democracy Engine Processing Fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	10/05/2015	\$ 4.32	Dem. engine Processing Fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	10/07/2015	\$ 5.08	Dem engine Processing fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	creditcard	O	10/14/2015	\$ 23.56	Dem engine Processing fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 125.58	
5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>					\$ 125.58	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
H - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

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
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	
Universal Printing 2410 HWY 54 E Durham, NC 27713				Mailer printing & postage	
		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:		\$ 3,624.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	B	09/25/2015	\$684.73	mailer printing
1	creditcard	B/I	10/2/2015	\$2,940.14	mailer printing & postage
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	
NGP VAN, Inc. 48 Grove St, 202 Somerville, MA 02144				predictive dialer	
		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:		\$ 504.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard)	10/01/2015	\$224.00	predictive dialer
1	creditcard	O	10/18/2015	\$280.00	predictive dialer
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	
Sijal Nasralla 1513 Echo Rd Durham, NC 27707					
		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:		\$ 2,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	E	10/04/2015	\$1,000.00	
				\$	
5. Total only this Page					\$ 5,128.87
6. Total of ALL CRO-1310 Pages (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)					\$ 8,205.45
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)					

IN PERSON
OCT 6 2015

DURHAM BC

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
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Melissa Norton 1102 Wall St Durham, NC 27701					
			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:		\$ 2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	E	10/04/2015	\$1,000.00	
				\$	
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
NAACP Durham Branch 315 E Chapel Hill St, 206 Durham, NC 27701					banquet tickets
			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:		\$ 128.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard)	10/01/2015	\$224.00	banquet tickets
				\$	
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
Concerned Citizens of Durham 2022 W Club Blvd Durham, NC 27705					contribution GOTV
			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:		\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	O	10/12/2015	\$1,000.00	contribution GOTV
				\$	
5. Total only this Page					\$ 2,128.58
6. Total of ALL CRO-1310 Pages <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>					\$ 8,205.45
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)					

IN PERSON
 OCT 26 2015
 DURHAM BOE

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
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
INDY Week					print & online ads
Durham, NC 27701			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:		\$ 948.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	A	10/19/2015	\$948.00	print & online ads
				\$	
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
			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:		\$
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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
IN PERSON					
OCT 26 2015			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:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		DURHAM BOE		\$	
				\$	
5. Total only this Page					\$ 948.00
6. Total of ALL CRO-1310 Pages					\$ 8,205.45
(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					