

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>MARK Kleinschmidt for Mayor</i>	c. ID Number <i>7HD2RQ</i>
b. Mailing Address (include City, State and Zip Code) <i>102 Boulder Ln Chapel Hill, NC 27514</i>	d. Date Filed <i>10/1/2013</i>
	e. Phone Number <i>919 260-2488</i>

2. Report Year <i>2013</i>	3. Period Start Date (mm/dd/yy) <i>7/1/2013</i>	4. Period End Date (mm/dd/yy) <i>9/24/2013</i>	5. Treasurer Full Name <i>Michelle L Hoover</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	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 checked="" 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 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		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	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report <i>0</i>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
10. Special Report Name				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Suntrust</i>	b. Purpose <i>Campaign Expenses</i>	a. Financial Institution Full Name	b. Purpose
c. Account Code <i>MK1</i>	d. Period Begin Balance <i>\$ 262.25</i>	c. Account Code	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.

Michelle L. Hoover Printed Name of Signer *Michelle Hoover* Signature of Appointed Treasurer *Oct. 1, 2013* Date

FOR OFFICE USE ONLY

Date Received: <i>10/2/13</i>	Employee: _____	Delivery Method
Date Postmarked: <i>10/1/13</i>	Employee: _____	<input checked="" type="checkbox"/> Normal Mail
Date Scanned: <i>10/7/13</i>	Employee: <i>BSI</i>	<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

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

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

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

1. Committee Full Name (and Fund if applicable) <i>Mark Kleinschmidt for Mayor</i>	2. Type of Report <i>35 DAY</i>	3. ID Number <i>7HD2RQ</i>
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Start of Election Cycle: <i>January 1, 2013</i>	Total this Reporting Period \$ <i>262.25</i>	Total this Election Cycle \$
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RECEIPTS			
4) Cash on Hand at Start		\$	
5) Aggregated Contributions from Individuals (CRO-1205)	\$	<i>0.00</i>	\$ <i>0.00</i>
6) Contributions from Individuals (CRO-1210)	\$	<i>675.00</i>	\$ <i>725.00</i>
7) Contributions from Political Party Committees (CRO-1220)	\$	<i>0.00</i>	\$ <i>0.00</i>
8) Contributions from Other Political Committees (CRO-1230)	\$	<i>0.00</i>	\$ <i>250.00</i>
9) Loan Proceeds (CRO-1410)	\$	<i>0.00</i>	\$ <i>0.00</i>
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	<i>0.00</i>	\$ <i>0.00</i>
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	<i>0.00</i>	\$ <i>—</i>
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	<i>—</i>	\$ <i>—</i>
11c) Outside Sources of Income (CRO-1250)	\$	<i>—</i>	\$ <i>—</i>
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	<i>—</i>	\$ <i>—</i>
11e) Exempt Purchase Price Sales (CRO-1265)	\$	<i>—</i>	\$ <i>—</i>
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	<i>675.00</i>	\$ <i>975.00</i>

EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	<i>68.04</i>	\$ <i>105.79</i>
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	<i>—</i>	\$ <i>—</i>
13c) Coordinated Party Expenditures (CRO-1310)	\$	<i>—</i>	\$ <i>—</i>
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	<i>—</i>	\$ <i>—</i>
15) Loan Repayments (CRO-1420)	\$	<i>—</i>	\$ <i>—</i>
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	<i>59.58</i>	\$ <i>59.58</i>
17) In-Kind Contributions (CRO-1510)	\$	<i>—</i>	\$ <i>—</i>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	<i>127.62</i>	\$ <i>165.37</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	<i>809.63</i>	\$ <i>809.63</i>

ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$		\$
26) Forgiven Loans (CRO-1440)	\$		\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$		\$
28) Contributions to be Refunded (CRO-1215)	\$		\$

CRO-1100

NC State Board of Elections

August 2008



Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Mark Kleinschmidt for Mayor					7HD2RQ	
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	
Rickie White 904 Terry Rd. Hurdle Mills, NC 27541			Farmer			
			c. Employer's Name/Specific Field			
			Waterdog Farms			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MK1	Pay Pal		7/2/2013	\$ 20.00	
<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	
Donna Bickford 10 Banbury Ln Chapel Hill, NC 27517			Director			
			c. Employer's Name/Specific Field			
			Carolina Women's Center at UNC-CH			
					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 checked="" type="checkbox"/>	MK1	Pay Pal		7/2/2013	\$ 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	
Rob Miller 530 John Haywood Way Ste 103 Raleigh, NC 27604			Executive			
			c. Employer's Name/Specific Field			
			GlaxoSmithKline/ medical research			
					e. Election Sum to Date	
					\$ 280.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MK1	Pay Pal		7/2/2013	\$ 280.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	



Contributions from Individuals

Pg 2 of 3

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) Mark Kleinschmidt for Mayor 2. ID Number 7HD2RQ

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Hugh D. Proctor III
1214 Arborgate Cr.
Chapel Hill, NC 27514

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>MK1</u>	<u>PayPal</u>		<u>7/2/2013</u>	<u>\$ 25.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Rob Maitland
2 Couch Rd.
Chapel Hill, NC 27514

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
self-employed
The Maitland Law Firm

d. Comments

e. Election Sum to Date
\$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>MK1</u>	<u>Paypay</u>		<u>7/3/2013</u>	<u>\$ 50.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Glenn Pease
208 Glandon Dr.
Chapel Hill NC 27514

b. Job Title/Profession
Council member

c. Employer's Name/Specific Field
Town of Chapel Hill

d. Comments

e. Election Sum to Date
\$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>MK1</u>	<u>Paypay</u>		<u>7/5/2013</u>	<u>\$ 50.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 125.00

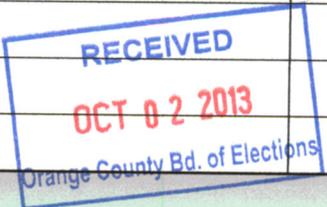
5. Total of ALL CRO-1210 Pages \$ ~~125.00~~ MM
(This line must be on line 6 of Detailed Summary Page CRO-1100)



Contributions from Individuals

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

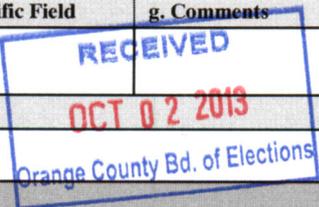
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Mark Kleinschmidt for Mayor					7HD2RQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Arrowood 2100 N Church St. Unit 1714 Charlotte, NC 28202			Attorney			
			c. Employer's Name/Specific Field James McElroy & Diehl			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MK1	paypal		7/5/2013		\$ 100
<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	
James B. Hovland 5023 Nob Hill Dr. Edina, MN 55439			Mayor			
			c. Employer's Name/Specific Field City of Edina, MN			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MK1	check		6/24/2013		\$ 100
<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	
Scott Herman-Giddons 115 Edminster Ln Chapel Hill, NC 27516			Owner			
			c. Employer's Name/Specific Field Karakol Corp/ plumbing fixtures			
					e. Election Sum to Date	
					\$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MK1	paypal		7/6/2013		\$ 25
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 225.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 675.00	



Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

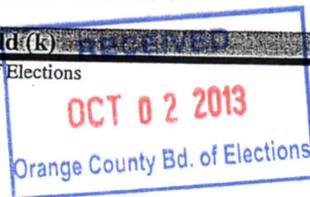
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Mark Kleinschmidt for Mayor			7HD2RQ	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Mark Kleinschmidt 102 Boulder Ln Chapel Hill, NC 27514		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		7/5/13
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 5.00
		f. Purpose Code	j. Election Sum to Date	
		P	\$ 5.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Attorney		Tin Fulton/Law Firm		MK1
i. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Filing Fee Reimbursement			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Mark Kleinschmidt 102 Boulder Ln. Chapel Hill, NC 27514		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		7/11/13
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 8.58
		f. Purpose Code	j. Election Sum to Date	
		P	\$ 13.58	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Attorney		Tin Fulton/Law Firm		MK1
i. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
check	stationary			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Mark Kleinschmidt 102 Boulder Ln. Chapel Hill, NC 27514		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		7/12/13
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 46.00
		f. Purpose Code	j. Election Sum to Date	
		P	\$ 59.58	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Attorney		Tin Fulton/Law Firm		MK1
i. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
check	Stamps			\$
4. Total only this Page				\$ 59.58
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 59.58
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)				



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	
MARK Klemschmidt for Mayor					71 D 2 R Q	
3. Type of Disbursement (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						
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
Suntrust 121 W. FRANKLIN ST. Chapel Hill, NC 27514						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MK 1	Electronic	BANK FEE ^(O)	7/31/2013	\$ 12.00	BANK FEE	
MK 1	Electronic	BANK FEE ^(O)	8/13/2013	\$ 12.00	BANK FEE	
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
Suntrust 121 W. FRANKLIN ST Chapel Hill, NC 27516						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 84.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MK 1	Electronic	0	7/31/2013	\$ 24.95	CHECK ORDER	
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
Pay Pal PO BOX 45950 Omaha, NE 68145						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 14.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MK 1	electronic	0	7/2/2013	\$ 11.36	Bank fee	
MK 1	electronic	0	7/3/2013	\$ 1.75	Bank fee	
5. Total only this Page					\$ 13.11 (MK) 62.06	
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>						
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)						



Disbursements

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
Mark Kleinschmidt for Mayor						7HD2RQ	
3. Type of Disbursement (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							
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	
Pay Pal PO Box 45950 Omaha, NE 68145							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 68.04 @ 20.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MK1	Electronic	0	7/5/2013	\$ 4.95	Bank Fee		
MK1	Electronic	0	7/6/2013	\$ 1.03	Bank Fee		
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	
				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		
				\$			
				\$			
5. Total only this Page						\$ 5.98	
6. Total of ALL CRO-1310 Pages						\$ 68.04	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

