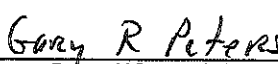




Disclosure Report Cover

RECEIVED
OCT 29 2020

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				c. ID Number	
COMMITTEE TO ELECT ROYCE BENNETT				RHL40	
b. Mailing Address (include City, State and Zip Code)				d. Date Filed	
2475 NORTHWOODS DRIVE JACKSONVILLE, NC 28540				10/22/2020	
				e. Phone Number	
				(910) 389-9638	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name		
2020	07/01/2020	10/17/2020	GARY ROLAND PETERS		
6. Type of Committee (Check One)			9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund			Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)			State/County		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report			10. Special Report Name		
0					
3. Account Information			3. Account Information		
a. Financial Institution Full Name			a. Financial Institution Full Name		
FIRST BANK			PAYPAL		
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
ELECTION FINANCES FOR ELECT ROYCE BENNETT FOR COUNTY COMMISSIONER	COM16	ONLINE CONTRIBUTIONS	PP01		
	d. Period Begin Balance		d. Period Begin Balance		
	\$ 4508.37 4,484.50		\$ 23.97		
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					
 Printed Name of Signer			 Signature of Appointed Treasurer		
			10/22/2020 Date		
FOR OFFICE USE ONLY					
Date Received:	<u>10/27/20</u> 	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Postmarked:	_____	Employee:			
Date Scanned:	_____	Employee:			
Date Data Entered:	_____	Employee:	<input type="checkbox"/> Signer has not received mandatory training		
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>					

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 ROYCE BENNETT	2020 Third Quarter	RHCY40	
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,508.37	\$ 1,499.81
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 230.00
6) Contributions from Individuals (CRO-1210)		\$ 4,950.00	\$ 11,928.81
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4,950.00	\$ 12,158.81
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 4,697.08	\$ 8,294.71 ⁸¹
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 49.74
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 100.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 452.78
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,697.08	\$ 8,897.23 ³³
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,761.29	\$ 4,761.29
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Contributions from Individuals

Pg 1 of 4

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 ROYCE BENNETT						RHCY40	
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 COLLINS 2705 WHITE OAK RIVER ROAD MAYSVILLE, NC 28555				REALTOR			
				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"/>	COM16	Check		09/11/2020		\$ 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	
DOUGLAS GALLANT 106 KEMBERLY CT JACKSONVILLE, NC 28540				RETIRED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	COM16	Check		10/08/2020		\$ 300.00	
<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	
ALFRED BRENT HATLESTAD 301 FOSTER CREEK RD SWANSBORO, NC 28584				RETIRED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	COM16	Check		08/14/2020		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,950.00	

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	
COMMITTEE TO ELECT ROYCE BENNETT					RHLY4D	
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 H HUSKY 514 EDWARDS ROAD JACKSONVILLE, NC 28540-9218			RETIREED USMC			
			c. Employer's Name/Specific Field			
					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"/>	COM16	Check		08/13/2020	\$ 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	
BILLY SEWELL 521 NEW BRIDGE STREET JACKSONVILLE, NC 28540			RESTAURANT OWNER			
			c. Employer's Name/Specific Field			
			GOLDEN CORRAL		e. Election Sum to Date	
					\$ 1,113.59	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	COM16	Check		09/08/2020	\$ 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	
JOHN SUTHERLAND PO BOX 7602 JACKSONVILLE, NC 28546			RETIREED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 2,300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PP01	Electric Funds Tran		09/29/2020	\$ 2,300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,950.00	

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	
COMMITTEE TO ELECT ROYCE BENNETT						RHCY40	
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 VAN GORDER JR 203 DEBORAH PLACE JACKSONVILLE, NC 28540				RETIREED MILITARY			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	COM16	Check		09/08/2020	\$ 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	
JOSEPH WERRELL 120 PIRATE ISLAND DR HUBERT, NC 28539							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	COM16	Check		07/12/2020	\$ 150.00		
<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	
WILLIAM WILLIS 160 APARTMENT DR JACKSONVILLE, NC 28546				CONTRACTOR			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	COM16	Check		09/08/2020	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,950.00	

Contributions from Individuals

Pg 4 of 4

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 ROYCE BENNETT					R4LY40	
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 ZELINSKI 404 SOUTHWEST DR JACKSONVILLE, NC 28540			REALTOR			
			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"/>	COM16	Check		09/07/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,950.00	

CRO-1210

NC State Board of Elections

April 2007

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	
COMMITTEE TO ELECT ROYCE BENNETT						RHCY4D	
3. Type of Disbursement <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							
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	
DOWN EAST BROADCASTING NC							
				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:			
						\$ 405.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	A	10/05/2020	\$ 5.00	ADVERTISING		
COM16	Debit Card	A	10/05/2020	\$ 400.00	ADVERTISING		
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	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				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:			
						\$ 312.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	A	10/01/2020	\$ 35.00	ADVERTISING		
COM16	Debit Card	A	10/03/2020	\$ 75.00	ADVERTISING		
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	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				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:			
						\$ 312.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	A	10/05/2020	\$ 50.00	ADVERTISING		
COM16	Debit Card	A	10/06/2020	\$ 27.08	ADVERTISING		
5. Total only this Page						\$ 592.08	
6. Total of ALL CRO-1310 Pages						\$ 4,697.08	
<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

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	
COMMITTEE TO ELECT ROYCE BENNETT						R4CY40	
3. Type of Disbursement <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							
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	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				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:			
						\$ 312.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	A	10/16/2020	\$ 125.00	ADVERTISING		
				\$			
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	
HOTCARDS.COM 2400 SUPERIOR AVE. E. CLEVELAND, OH 44114							
				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:			
						\$ 231.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	B	09/15/2020	\$ 231.00	HANDOUTS		
				\$			
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	
JACKSONVILLE DAILY NEWS 724 BELL FORK ROAD JACKSONVILLE, NC 28546							
				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:			
						\$ 2,300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	A	09/28/2020	\$ 2,300.00	ADVERTISING		
				\$			
5. Total only this Page						\$ 2,656.00	
6. Total of ALL CRO-1310 Pages						\$ 4,697.08	
<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

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	
COMMITTEE TO ELECT ROYCE BENNETT						RHCY40	
3. Type of Disbursement <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							
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	
ONSLow COUNTY REPUBLICAN PARTY PO BOX 716 JACKSONVILLE, NC 28541 (858) 859-1467							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				Onslow		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Check	B	10/08/2020	\$ 500.00	MAIL CAMPAIGN		
				\$			
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	
PAYPAL 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 type="checkbox"/> Municipality:			
						\$ 68.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
PP01	Electric Funds Tran	O	09/29/2020	\$ 67.00	TRANSACTION 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	
VITAL SIGNS CO 425 MARINE BLVD JACKSONVILLE, NC 28540							
				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:			
						\$ 2,875.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
COM16	Debit Card	B	09/22/2020	\$ 270.00	SIGNS		
				\$			
5. Total only this Page						\$ 837.00	
6. Total of ALL CRO-1310 Pages						\$ 4,697.08	
<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

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT ROYCE BENNETT					RHCY40	
3. Type of Disbursement <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						
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
WSME 410 NEW BRIDGE STREET, STE 3-B JACKSONVILLE, NC 28540						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 612.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
COM16	Check	A	10/06/2020	\$ 612.00	ADVERTISING	
				\$		
5. Total only this Page						\$ 612.00
6. Total of ALL CRO-1310 Pages						\$ 4,697.08
<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 <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)						