Disbursements

Pg 1 of 1 | 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
Brannock for City Council	C0U46K

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Joe Brannock 812 4th St. Dr., NW Hickory, NC 28601		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 86.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1221	Check	E	12-20-13	$ 86.11	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
AT+T Wireless 2154 Hwy 70, SE Hickory, NC 28601		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 373.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1221	Check card	K	1-22-14	$ 373.74	cell phone (3 months)
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ 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	$ 459.85
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)*	$ 459.85

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)**

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Refunds/Reimbursements From the Committee

Pg 1 of 2 | Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): Brannock for City Council

2. ID Number: 6DU4614

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Ed Brannock 3395 Overbrook Dr. Conover, NC 28613	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	10/11/13
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 300.00
	f. Purpose Code: L	j. Election Sum to Date: $ 300.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Pilot	American Airlines		1221

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Returned to Contributor	12-20-13	$ 300.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Debbie Brannock 2107 6th Street, NW Hickory, NC 28601	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	9/16/13
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 500.00
	f. Purpose Code: L	j. Election Sum to Date: $ 500.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Homemaker			1221

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Returned to Contributor	12-20-13	$ 500.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Joe Brannock 812 4th Street Dr., NW Hickory, NC 28601	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	7-29-13
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☒ Municipality:	i. Original Receipt Amount: $ 100.00
	f. Purpose Code: L	j. Election Sum to Date: $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Teacher	CCS		1221

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Returned to Contributor	12-20-13	$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

6. Purpose Codes (List detailed disbursement code in (f) above)

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)**

Refunds/Reimbursements From the Committee

Pg 2 of 2 — Amendment: [X] Yes [ ] No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Brannock for City Council	C0U4C6K

3. Payee Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Joe Brannock 812 4th Street Dr., NW Hickory, NC 28601	[X] Candidate [ ] PAC [ ] Referendum [ ] Party	7-19-13
	e. Level Registered: [ ] Federal [ ] County: [ ] State [X] Municipality:	i. Original Receipt Amount: $ 12.00
	f. Purpose Code	j. Election Sum to Date: $ 112.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Teacher	CCS		1221

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Cash	Reimbursement of In-Kind/filing fee	12-20-13	$ 12.00

3. Payee Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	[ ] Candidate [ ] PAC [ ] Referendum [ ] Party	
	e. Level Registered: [ ] Federal [ ] County: [ ] State [ ] Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	[ ] Candidate [ ] PAC [ ] Referendum [ ] Party	
	e. Level Registered: [ ] Federal [ ] County: [ ] State [ ] Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 12.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 912.00

6. Purpose Codes (List detailed disbursement code in (f) above)

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)**

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