

# 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

|  |  |
|--|--|
| <b>1. Committee Information</b>  |  |
| <b>a. Full Name</b><br>Vote Collette Touchette   | <b>c. ID Number</b><br>7DU425          |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>1088 South Brady Ave<br>Newton, NC 28658 | <b>d. Date Filed</b><br>11/24/2015     |
|  | <b>e. Phone Number</b><br>828-464-1570 |

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>2. Report Year</b><br>2015 | <b>3. Period Start Date (mm/dd/yy)</b><br>10/20/2015 | <b>4. Period End Date (mm/dd/yy)</b><br>11/24/2015 | <b>5. Treasurer Full Name</b><br>Collette W. Touchette |
|-------------------------------|--|--|--|

|  |   |  |   |   |
|--|---|--|---|---|
| <b>6. Type of Committee (Check One)</b>                |   | <b>9. Type of Report (check only one type of report from one category)</b> |   |   |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party            | <b>Municipal</b>   | <b>State/County</b>                     | <b>Referendum</b>                           |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Independent                   | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day                                   | Quarterly                               | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Expenditure                   |   |  |   |   |
| <input type="checkbox"/> Legal Expense Fund            |   |  |   |   |
| <b>7. Type of Fund (if applicable, check one)</b>      |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                |   | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                 |   | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual             |
|  |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Other:                        |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |   |
|  |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year       |   |
|  |   | <input checked="" type="checkbox"/> Final                                  | <input type="checkbox"/> Year End       |   |
|  |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final          |   |
|  |   |  | <input type="checkbox"/> Special        |   |
| <b>8. Number of Fundraisers this Report</b><br>0       |   | <b>10. Special Report Name</b>   |   |   |

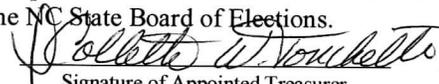
|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>11. Account Information</b>  |   | <b>11. Account Information</b>            |                                      |
| <b>a. Financial Institution Full Name</b><br>State Employees Credit Union |   | <b>a. Financial Institution Full Name</b> |                                      |
| <b>b. Purpose</b><br>Campaign   | <b>c. Account Code</b><br>CWT             | <b>b. Purpose</b>                         | <b>c. Account Code</b>               |
|   | <b>d. Period Begin Balance</b><br>\$ 1.89 |   | <b>d. Period Begin Balance</b><br>\$ |

## 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.

Collette W Touchette

Printed Name of Signer



Signature of Appointed Treasurer

11/24/2015

Date

## FOR OFFICE USE ONLY

|                          |                 |
|--------------------------|-----------------|
| Date Received: _____     | Employee: _____ |
| Date Postmarked: _____   | Employee: _____ |
| Date Scanned: _____      | Employee: _____ |
| Date Data Entered: _____ | Employee: _____ |

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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                       |                                  |
|--|-------------------|------------------------------------|----------------------------------|
| Vote Collette Touchette  | Final Report      | 7DU425                             |                                  |
| <b>Start of Election Cycle:</b> <b>January 1,</b> <b>2015</b>                |                   | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start   |                   | \$ 1.89                            | \$                               |
| <b>RECEIPTS</b>  |                   |                                    |                                  |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)        | \$                                 | \$                               |
| 6) Contributions from Individuals  | (CRO-1210)        | \$ 70.00                           | \$ 2587.00                       |
| 7) Contributions from Political Party Committees                             | (CRO-1220)        | \$                                 | \$                               |
| 8) Contributions from Other Political Committees                             | (CRO-1230)        | \$                                 | \$                               |
| 9) Loan Proceeds   | (CRO-1410)        | \$                                 | \$                               |
| 10) Refunds/Reimbursements To the Committee                                  | (CRO-1240)        | \$                                 | \$                               |
| 11) Other Receipt Sources  |                   |                                    |                                  |
| 11a) Interest on Bank Accounts   | (CRO-1250)        | \$ .03                             | \$ .17                           |
| 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) |                   | \$ 70.03                           | \$ 2587.17                       |
| <b>EXPENDITURES</b>  |                   |                                    |                                  |
| 13) Disbursements  |                   |                                    |                                  |
| 13a) Operating Expenditures  | (CRO-1310)        | \$ 70.55                           | \$ 2268.80                       |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)        | \$                                 | \$                               |
| 13c) Coordinated Party Expenditures  | (CRO-1310)        | \$                                 | \$                               |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)        | \$                                 | \$                               |
| 15) Loan Repayments  | (CRO-1420)        | \$                                 | \$                               |
| 16) Refunds/Reimbursements From the Committee                                | (CRO-1320)        | \$ 1.37                            | \$ 1.37                          |
| 17) In-Kind Contributions  | (CRO-1510)        | \$                                 | \$ 317.00                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                   | \$ 71.92                           | \$ 2587.17                       |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$ 0.00                            | \$ 0.00                          |
| <b>ADDITIONAL INFORMATION</b>  |                   |                                    |                                  |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)        | \$                                 |                                  |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)        | \$                                 |                                  |
| 22) Debts and Obligations owed By the Committee                              | (CRO-1610)        | \$                                 |                                  |
| 23) Debts and Obligations owed To the Committee                              | (CRO-1620)        | \$                                 |                                  |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)        | \$                                 |                                  |
| 25) Administrative Support   | (CRO-1710)        | \$                                 | \$                               |
| 26) Forgiven Loans   | (CRO-1440)        | \$                                 | \$                               |
| 27) 48-Hour Notice Reports Sum   | (CRO-2200)        | \$                                 | \$                               |
| 28) Contributions to be Refunded   | (CRO-1215)        | \$                                 | \$                               |

# Contributions from Individuals

Pg 1 of 1

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            |  |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| Vote Collette Touchette   |                 |                    |                                   |                      | 7DU425                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                             |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| Collette W Touchette<br>1088 S Brady Ave<br>Newton NC 28658   |                 |                    | Instructor                        |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|   |                 |                    | CVCC                              |                      | e. Election Sum to Date |  |
|   |                 |                    |                                   |                      | \$ 2225.00              |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input checked="" type="checkbox"/>   | CWT             | Transfer           |                                   | 10/30/2015           | \$ 20.00                |  |
| <input checked="" type="checkbox"/>   | CWT             | Transfer           |                                   | 11/18/2015           | \$ 50.00                |  |
| <input type="checkbox"/>  |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                             |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(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"/>  |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                             |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(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   |                 |                    |                                   |                      | \$ 70.00                |  |
| 5. Total of ALL CRO-1210 Pages<br><small>(This line must be on the 6 of Duplicated Summary Page (CRO-1210))</small> |                 |                    |                                   |                      | \$ 70.00                |  |

# Other Receipt Sources

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

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

|  |                    |  |                                |  |                                   |
|--|--------------------|--|--------------------------------|--|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)  |                    |  |                                | 2. ID Number                                       |                                   |
| Vote Collette Touchette  |                    |  |                                | 7DU425   |                                   |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>   |                    |  |                                |  |                                   |
| <input checked="" type="checkbox"/> Interest   |                    | <input type="checkbox"/> Contributions from Not-for-Profit Organizations |                                | <input type="checkbox"/> Outside Sources of Income |                                   |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |  |                                |  |                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |  | b. Not-for-Profit Federal ID # | d. Comments  |                                   |
| SECU<br>1130 Fairgrove Church Rd<br>Hickory NC 28602   |                    |  | c. Outside Source Explanation  |  | e. Election Sum to Date<br>\$ .17 |
|  |                    |  |                                |  |                                   |
| f. Account Code  | g. Form of Payment | h. In-Kind Description   | i. Date (mm/dd/yyyy)           | j. Amount  |                                   |
| CWT  | Transfer           |  | 10/30/2015                     | \$ .03   |                                   |
|  |                    |  |                                | \$   |                                   |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |  |                                |  |                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |  | b. Not-for-Profit Federal ID # | d. Comments  |                                   |
|  |                    |  | c. Outside Source Explanation  |  | e. Election Sum to Date<br>\$     |
|  |                    |  |                                |  |                                   |
| f. Account Code  | g. Form of Payment | h. In-Kind Description   | i. Date (mm/dd/yyyy)           | j. Amount  |                                   |
|  |                    |  |                                | \$   |                                   |
|  |                    |  |                                | \$   |                                   |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |  |                                |  |                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |  | b. Not-for-Profit Federal ID # | d. Comments  |                                   |
|  |                    |  | c. Outside Source Explanation  |  | e. Election Sum to Date<br>\$     |
|  |                    |  |                                |  |                                   |
| f. Account Code  | g. Form of Payment | h. In-Kind Description   | i. Date (mm/dd/yyyy)           | j. Amount  |                                   |
|  |                    |  |                                | \$   |                                   |
|  |                    |  |                                | \$   |                                   |
| 5. Total only this Page  |                    |  |                                | \$ .03   |                                   |
| 6. Total of ALL CRO-1250 Pages<br><i>(This line goes in the 11th of Detailed Summary Page (CRO-1100) if Interest)</i><br><i>(This line goes in the 11th of Detailed Summary Page (CRO-1100) if Not-for-Profit Contributions)</i><br><i>(This line goes in the 11th of Detailed Summary Page (CRO-1100) if Outside Sources of Income)</i> |                    |  |                                | \$ .03   |                                   |

# 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        |
| Vote Collette Touchette  |                    |   |                                     |                         | 7DU425              |
| 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<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                                     | d. Comments             |                     |
| Laguna's Printing House<br>PO BOX 11436<br>Hickory NC 28603  |                    |   |                                     |                         |                     |
|  |                    | c. Level Registered (Specify)   |                                     | e. Election Sum to Date |                     |
|  |                    | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                     |                         |                     |
|  |                    |   |                                     | \$ 538.21               |                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount               | k. Required Remarks |
| CWT  | Check              | B   | 11/02/2015                          | \$69.55                 | Brochures           |
|  |                    |   |                                     | \$                      |                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                                     |                         |                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    | b. Coordinated Committee Name   |                                     | d. Comments             |                     |
| SECU<br>1130 Fairgrove Church Rd<br>Hickory NC 28602   |                    |   |                                     |                         |                     |
|  |                    | c. Level Registered (Specify)   |                                     | e. Election Sum to Date |                     |
|  |                    | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                     |                         |                     |
|  |                    |   |                                     | \$ 2.00                 |                     |
| f. Account Code  | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount               | k. Required Remarks |
| CWT  | Transfer           | O   | 10/30/2015                          | \$1.00                  | Service Fee         |
|  |                    |   |                                     | \$                      |                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                                     |                         |                     |
| a. Full Name, Mailing Address & Phone<br>(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:<br><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  |                    |   |                                     |                         | \$ 70.55            |
| 6. Total of ALL CRO-1310 Pages   |                    |   |                                     |                         | \$ 70.55            |
| (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   |                    |   |                                     |                         |                     |

# Refunds/Reimbursements From the Committee

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

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

|  |  |                     |
|--|--|---------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b> |  | <b>2. ID Number</b> |
| Vote Collette Touchette                                |  | 7DU425              |

|  |  |  |  |                                   |
|--|--|--|--|-----------------------------------|
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |  |  |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)         |  | <b>d. Type of Committee</b>  |  | <b>h. Original Receipt Date</b>   |
| Collette Touchette<br>1088 S B rady Ave<br>Newton NC 28658                               |  | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC |  | 10/30/2015                        |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party         |  |                                   |
|  |  | <b>e. Level Registered (Specify)</b>                                       |  | <b>i. Original Receipt Amount</b> |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:                        |  | \$ 20.00   |  |                                   |
| <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:         |  |  |  |                                   |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>   |  |                                   |
| L  |  | \$ 2225.00   |  |                                   |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>   |  | <b>k. Account Code</b>            |
| Professor  | CVCC                                     |  |  | CWT                               |

|                           |                            |                             |                  |
|---------------------------|----------------------------|-----------------------------|------------------|
| <b>l. Form of Payment</b> | <b>m. Required Remarks</b> | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b> |
| Transfer                  |                            | 11/24/2015                  | \$ 1.37          |

|  |  |  |  |                                   |
|--|--|--|--|-----------------------------------|
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |  |  |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)         |  | <b>d. Type of Committee</b>  |  | <b>h. Original Receipt Date</b>   |
|  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC    |  |                                   |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party |  |                                   |
|  |  | <b>e. Level Registered (Specify)</b>                               |  | <b>i. Original Receipt Amount</b> |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:                        |  | \$   |  |                                   |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:                    |  |  |  |                                   |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>                                     |  |                                   |
|  |  | \$   |  |                                   |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>   |  | <b>k. Account Code</b>            |
|  |  |  |  |                                   |

|                           |                            |                             |                  |
|---------------------------|----------------------------|-----------------------------|------------------|
| <b>l. Form of Payment</b> | <b>m. Required Remarks</b> | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b> |
|                           |                            |                             | \$               |

|  |  |  |  |                                   |
|--|--|--|--|-----------------------------------|
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |  |  |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)         |  | <b>d. Type of Committee</b>  |  | <b>h. Original Receipt Date</b>   |
|  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC    |  |                                   |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party |  |                                   |
|  |  | <b>e. Level Registered (Specify)</b>                               |  | <b>i. Original Receipt Amount</b> |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:                        |  | \$   |  |                                   |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:                    |  |  |  |                                   |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>                                     |  |                                   |
|  |  | \$   |  |                                   |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>   |  | <b>k. Account Code</b>            |
|  |  |  |  |                                   |

|                           |                            |                             |                  |
|---------------------------|----------------------------|-----------------------------|------------------|
| <b>l. Form of Payment</b> | <b>m. Required Remarks</b> | <b>n. Date (mm/dd/yyyy)</b> | <b>o. Amount</b> |
|                           |                            |                             | \$               |

|                                |         |
|--------------------------------|---------|
| <b>4. Total only this Page</b> | \$ 1.37 |
|--------------------------------|---------|

|  |         |
|--|---------|
| <b>5. Total of ALL CRO-1320 Pages</b> (this line must be on line 16 of Detailed Summary Page (CRO-1400)) | \$ 1.37 |
|--|---------|

|                               |                             |                                 |
|-------------------------------|-----------------------------|---------------------------------|
| 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)