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.

1. Committee Information

a. Full Name: ISENHOWER FOR COMMISSIONER

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 1537 LITTLE HILL ROAD NEWTON, NC 28658

d. Date Filed: 7/12/10

e. Phone Number: 828-465-2143

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	4/17/10	6/30/10	C. RANDALL ISENHOWER

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: FIRST CITIZENS BANK

b. Purpose: CAMPAIGN

c. Account Code: CRI

d. Period Begin Balance: $ 5570.00

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

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.

C. RANDALL ISENHOWER	C. Randall Isenhower	7/12/10
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

RECEIVED JUL 12 2010 By

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 ☐ 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
ISENHOWER FOR COMMISSIONER	2010 2ND QTR REPORT	TDU7NW

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 5570.00	$
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$ 1180.00
6) Contributions from Individuals	*(CRO-1210)*	$ 1650.00	$ 13997.32
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 1000.00	$ 1350.00
9) Loan Proceeds	*(CRO-1410)*	$	$
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$	$
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$
11c) Outside Sources of Income	*(CRO-1250)*	$	$
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$	$
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 2650.00	$ 16527.32
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 6420.45	$ 12430.45
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)*	$	$
17) In-Kind Contributions	*(CRO-1510)*	$	$ 2297.32
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 6420.45	$ 14727.77
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 1799.55	$ 1799.55
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-2200)*	$	$
28) Contributions to be Refunded	*(CRO-1215)*	$	$

Contributions from Individuals

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
EISENHOWER FOR COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHERRIE K. YOUNT 322 44th AVE DR NW HICKORY NC 28601				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		4/20/10	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEE E MORITZ, JR. 309 1st AVE NO. CONOVER, NC 28613	SALES	GOLDTOE MOLETE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		4/19/10	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PENDLETON G. WALDRON 1206 KNOLLS DR. NEWTON, NC 28658	DENTIST	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		4/30/10	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1650.00

Contributions from Individuals

Pg 2 of 7

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
ISENHOWER FOR COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEWIS E. WADDELL, JR 410 3RD AVE NE CONOVER, NC 28613	LAWYER	SELF		$200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		11/30/10	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES P. ISENHOWER PO Box 73 CONOVER, NC 28613	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		11/23/10	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN M. THOMAS 660 5th St. NW HICKORY, NC 28601	LAWYER	PATRICK HARPER DIXON		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		11/23/10	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1650.00

Contributions from Individuals

Pg 3 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
EISENHOWER FOR COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANCIS B. DAVIS 3843 ROCK BRIDGE DR NE CONOVER, NC 28613	TEXTILES/OWNER	TWIN CITY KNITTING		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		11/20/10	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEFFREY T. MACKIE 220 35th AVE. NW HICKORY, NC 28601 324-5956	LAWYER	SIGMON CLARK, MACKIE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		11/22/10	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MR ED SCHOTT 1141 3RD ST. LN NW HICKORY, NC 28601				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		11/25/10	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1650.00

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
PENNOWER FOR COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BARRY REDMOND 102 BRANDYWINE DR NE CONOVER, NC 28613	SUPERINTENDENT	NEWTON-CONOVER CITY SCHOOLS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK		6/15/10	$100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
F. RAYMOND JONDREHLE, JR. 1010 4/3RD AVE. NE HICKORY, NC 28601	OWNER	JONDREHLE CORP.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	CRI	CHECK			$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

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)*	$ 1650.00

Contributions from Other Political Committees

Pg 1 of 1

Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
EISENHOWER FOR COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
AUSTIN M. ALLRAN SENATE ACCOUNT HICKORY, NC 28601	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☒ State ☐ Municipality:		$1,250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
CRI	CHECK		4/22/10	$1,000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

4. Total only this Page	$ 1,000.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 1,000.00

Disbursements

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
EISENHOWER FOR COMMISSIONER	

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
DOCKSIDE DELI & CATERING 411 1/4 AVE. NE CONOVER, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 400.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FUNDRAISER	CHECK	C	4/22/10	$ 400.00	FUNDRAISER
				$	

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
HICKORY DAILY RECORD 1100 1/4 AND BLUDSE HICKORY, NC 28602 322-4510		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 797.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	A	4/26/10	$ 797.63	CAMPAIGN AD
				$	

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
US POSTAL SERVICE HICKORY, NC 28601		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 3585.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK.	I	4/23/10	$ 1,575.31	
				$	

5. Total only this Page	$ 2772.94
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)*	$ 6420.45

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

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): PSENAOWER FOR COMMISSIONER

2. ID Number:

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): WHKY RADIO, PO BOX 1059, HICKORY, NC 28603

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1362.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	A	4/28/10	$239.00	RADIO ADS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): WNNC RADIO, 1066 RADIO STATION RD, NEWTON, NC 28658, 464-4041

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1328.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	A	4/28/10	$487.50	RADIO ADS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): PIEDMONT BUSINESS FORMS, 703 W. C ST., NEWTON, NC 28658, 464-0010

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1138.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	B	4/30/10	$489.24	CAMPAIGN CARDS
				$	

5. Total only this Page: $ 1215.74

6. Total of ALL CRO-1310 Pages: $ 6420.15

(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)**

Disbursements

Pg 3 of 4

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
EISENHOWER FOR COMMISSIONER	

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
JUSTIN FULBRIGHT 1032 E. 24th St. NEWTON, NC 28658		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK.	O	5/6/10	$ 250.00	PUTTING UP SIGNS
				$	

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
JN DOLLARD ASSOCIATES P.O. BOX 1352 CARY, NC 27512 (919) 233-8399		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 575.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	O	5/6/10	$ 575.00	CONSULTANT/MEDIA
				$	

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
LAGUNAS PRINTING PO BOX 11416 HICKORY, NC 28603 695-9113		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2840.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	A/B	5/5/10	$ 1326.43	BROCHURE
				$	

5. Total only this Page	$2151.43
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)*	$ 6420.45

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Pg 4 of 4

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
ISENHOWER FOR COMMISSIONER	

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
BEM MAILING CO 1252 26th ST SE HICKORY, NC 28602 328-8429		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 644.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CRI	CHECK	O	5/6/10	$ 280.34	MAILING
				$	

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
				$	
				$	

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	$ 280.34
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)*	$ 6420.45

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* Other			

*** Codes require detailed explanation in required remarks field (k)**