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  **PURName**    C. ID Number**   C. ID Numbe		Disclosure Report Cover							
Committee Information   Common Petard for Hickory City Council	Use this form for ger	neral report and committee	information, must be	e signed and sub	omitted along with oth	ner detailed forms.			
Description   Carmen Eckard for Hickory City Council		<del></del>							
Carmen Eckard for Hickory City Council    Mailup Address (actude City, State and Zip Code)   G. Piane Number									
b. Mailing Address (include City, State and Zip Code) 619 2ml St NE Hickory, NC 28601  2. Report Year 2. Report Year 3. Period Start Date (mm/dd/yy) 2. Period End Date (mm/dd/yy) 2. S. Treasurer Full Name  2. Report Year 3. Period Start Date (mm/dd/yy) 2. Report Year 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name  4. Period End Date (mm/dd/yy) 5. Treasurer Full Name  6. Type of Committee (Check One) 9. Type of Report (check only) on type of Peport from one category)  Candidate Campaign Park Municipal State/County Pre-referendum Pre-		TT' 1 C' C "1				c. ID Number			
Signature   Signature   Secure   Secu	Carmen Eckard for	Carmen Eckard for Hickory City Council							
Hickory, NC 28601   Propose   Part   Proceedings   Process   Propose   Pro									
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 9/23/2019	0/27/2010								
2. Report Year 3. Period Start Date (mm/dd/yy)						e. Phone Number			
Second   S						828.475.1323			
State Count   State County   State County   State County   Referendum   Party   Musicipal   State County   Referendum   Organizational   Org	2. Report Year	3. Period Start Date (mm/c			5. Treasurer Full	Name			
Candidate Campaign	2019	8/28/2019	9/2	23/2019	Monica Parache				
Candidate Campaign			9. Type of Repor	t (check on	ly one type of report	from one category)			
Independent   Joint Fundraiser   Thirty-five day   Quarterly   Pre-referendum	I <del></del>	ign Party	Municipal	State/C	County	Referendum			
Expenditure   Joint Fundraiser   Intry-tive day   Quarterly   Pre-referendum		Referendum	Organization	al 🔲	Organizational	Organizational			
Type of Fund   Gapticable, check one   Pre-primary   First   Supplemental Final   Supplemen	Expenditure	_	Thirty-five da	ıy	Quarterly	Pre-referendum			
Building Fund			Pre-primary	l m	First	Final			
Building Fund		10 11	1 —	IH					
Mid Year   Year End   Mid Year   Year End   Mid Year   Year End   Special   Final   Final   Special   Final   Final   Special   Final	Building Fund		Pre-runoff		Third				
Other:    Year End			Semi-annual		Fourth	Special			
8. Number of Fundraisers this Report   Special   Final   Special   Final   Special   S	_		Mid Yea	ம் :	Semi-annual	-			
8. Number of Fundraisers this Report   Special   Final   Special	Other:		Year En	d 🔲	Mid Year	10. Special Report Name			
Special   Spec			1 =		Year End				
11. Account Information a. Financial Institution Full Name B&T  b. Purpose c. Account Code b. Purpose c. Account Code  ECK d. Period Begin Balance \$ 1019.76  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 C State Board of Elections.  Monica Parach  Printed Name of Signer  Employee:  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,	8. Number of Fundr	aisers this Report	Special Special		Final				
a. Financial Institution Full Name  BB&T b. Purpose c. Account Code cam Funds ECK d. Period Begin Balance s 1019.76  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 C State Board of Elections.  Monica Parache Printed Name of Signer  FOR OFFICE USE ONLY  Date Received: Date Postmarked Date Scanned: Employee: 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,		0			Special				
BB&T  b. Purpose     c. Account Code  Cam Funds  ECK  d. Period Begin Balance \$ 1019.76  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 C State Board of Elections.  Monica Parache  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Begistered 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,				11. Account 1	Information				
Delivery Method   Date Postmarked:   SEP 27 2019   Employee:   E		'ull Name		a. Financial Inst	titution Full Name				
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 C State Board of Elections.  Monica Parache  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  SEP 2 7 2019  Employee:  Date Scanned:  Employee:  Date Scanned:  Employee:  Date Date Bettered:  Employee:  Date 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,									
d. Period Begin Balance \$ 1019.76  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 C State Board of Elections.  Monica Parache  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Delivery Method  Normal Mail  Date Received:  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,		c. Account Code		b. Purpose		c. Account Code			
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 C State Board of Elections.  Monica Parache Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Bemployee:  Bemployee:  Bemployee:  Bemployee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Cam Funds								
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.  Monica Parache  Printed Name of Signer  Bemployee:  Employee:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Employee:  Date Scanned:  Date Scanned:  Employee:  Employee:  Employee:  Employee:  Date Scanned:  Date This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,		d. Period Begin Balance			d. Period Begin Balance				
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.  Monica Parache  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Employee:  Date Employee:  Date 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,		\$ 1019.76				\$			
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.    Monica Parache	CERTIFICATION					*			
FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Employee:  Belectronically 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,	the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report								
FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Employee:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Belectronically 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,	Monica Para			metal		/27/2019			
Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Date Data Entered:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,									
Date Postmarked:  Date Postmarked:  Date Scanned:  Employee:  Date Data Entered:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	1.0	NLY			r	A-Paris Arada a 1			
Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee:	Date Received:	DEREINER	Employee:	_	<del> </del>				
Date Scanned:  Date Scanned:  Employee:  Emp	Data Dantura da	Ne or a real	D 1						
Date Data Entered:  Employee:  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,	Date Postmarked	SEP 27 2010	Employee:	-					
Date Data Entered:  Employee:  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,	Date Scanned	01 2013	Employees						
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Southed.	-	Linployee:	-		Signer has not received			
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.	Date Data Entere	<u></u>	Employee:	-		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								

Amendment

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000 NC State Board of Elections August 2008

Amendment Yes  $\boxtimes$ No

**Detailed Summary**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
Carmen Eckard for Hickory City Council	Pre-Primary		
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1019.76	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 690.00	\$ 2864.08
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)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ions (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, 1.	lc, 11d and 11e)	\$ 690.00	\$ 2864.08
EXPENDITURES			
13) Disbursements		4 44 54	0.45.75
13a) Operating Expenditures	(CRO-1310)	\$ 385.52	\$ 845.76
13b) Contributions to Candidates/Political Commi	ttees (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)	\$ 682.08	\$ 682.08
17) In-Kind Contributions	(CRO-1510)	\$	\$ 694.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 1067.60	\$ 2209.92
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ 642.16	\$ 642.16
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
auj Conti inutions to be ixelunided	(5110-1213)		<u> </u>

		m Individuals			Pg	_1 of		Yes	⊠ No
		ividual contributions		0 or contribution	ns unde	er \$50 if form CR			
1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Nu	mber	
Carmen 1	Eckard for Hickor	y City Council							
3. Contr	ibutor Informati	on		Add 🗌	Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/Pro			d. Commen	its	
Carol Tu	city, state, & zip)			Self Employ	ed				
	rner Ave NE #131			c. Employer's N	ama/Sn	onifin Field	-		
	NC 28601			Artist	ame/sp	cenie Fieid	-		
"							e. Election 8	Sum to Date	
							\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	/ <b>yy</b> )	k. Amount	
	ECK	Paypal				9/16/20	)19	\$	40.00
								\$	
								\$	
	ibutor Informatio			Add	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Pro	fession		d. Commen	ts	-
	city, state, & zip)			Teacher					
Jenelle B 1022 Nes				7 1 1 1 2	10				
	son Ka Gardens, NC 2717	12		c. Employer's N Deaf Educati		ecific Field	-		
i leasant	Gardens, NC 2717	3		Dear Educati	OH		e. Election S	Sum to Date	
			_				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
	ECK	Paypal				9/16/20	019	\$	50.00
								\$	
								\$	
	ibutor Informatio			Add	Rem	ove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Pro	ession		d. Comment	ts	
Evelyn E				Retired					
2625 11 <sup>th</sup>				c. Employer's Name/Specific Field					
Hickory,	NC 28601			Real Estate					
							e. Election S	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy		k. Amount	
	ECK	Check				9/19/20		\$	500.00
								\$	
								\$	
4. Total	only this Page						\$		590.00
5. Total	of ALL CRO	-1210 Pages					d		(00.00
ATT 1. 11		0.4-11-16					\$		690.00

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		ividual contributions	over \$5	n or contribution	Pg s unde			ot used	No No
		(and Fund if applica		o or contribution	3 unuo	ι φου ii ioim Civ	2. ID Nu		
Carmen 1	Eckard for Hickory	y City Council							
3. Contr	ibutor Informatio	on		Add 🗌	Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			Consultant					
	Alderman St Pl NW			c. Employer's Na		aidia Fiald	-		
	NC 28601			North by North					
							e. Election S	Sum to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
	ECK	Paypal				9/16/20	)19	\$	100.00
								\$	
								\$	
	butor Informatio			Add 🗌	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ession		d. Commen	ts	
(include	city, state, & zip)			1					
				c. Employer's Na	me/Spe	cific Field	1		
							e. Election S	Sum to Date	
	·						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
								\$	
								\$	
								\$	
	butor Informatio			Add	Rem	ove			
	e, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profe	ssion		d. Comment	ts	
(include (	city, state, & zipj			Retired					
				c. Employer's Na	me/Spec	cific Field			
							e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
								\$	
								\$	
	only this Page						\$		100.00
5. Total	of ALL CRO-	-1210 Pages					¢		600.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

TO 4 TO 10				Amendme
Disbursements	Pσ	1	of 1	□ Ve

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

	Full Name (and Fun				2. ID Number
	l for Hickory City Co	ouncil			
3. Type of Disb		se use separate C	CRO-1310 forms for each ty	vpe of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, Buildasign.com	& zip)				
11525 A Stoneh	nollow Dr #100		c. Level Registered (Specify)		
Austin, TX 787	58	1	Federal	County:	
800-330-9622		1	State 🖂	Municipality:	e. Election Sum to Date
		1			
					\$ 375.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECV	Delit Cond	D			Campaign Signs
ECK	Debit Card	В	9/23/2019	\$375.57	5 F 5
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	_	†	D. COVI GILLRICE COMMISSION	inc	и. Сонинсия
Cedar Lake Ven					
2500 Shadywoo		+	c. Level Registered (Specify)		
Excelsior, MN 5		1	Federal Federal	County:	
DAVISION, IVII 1	73331		State		- Election Court & Date
			State 🖂	Municipality:	e. Election Sum to Date
			,		\$ 9.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ECK	Paypal	Α	9/15/2019	\$9.95	File conversion
	- 0.7 F		7/10/2017	Ψ7.70	for website
				\$	
. T.					
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state, &	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
		L	State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				•	-
				\$	
				\$	
5. Total only this	s Page				\$ 385.52
	CRO-1310 Pages				\$ 565.52
	line 13a of Detailed Sum	marv Page CRO-1100	if Onerating Expenses)		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  \$ 385.52					
			if Coordinated Party Expenditur		
	es (List detailed exp			csy	
A* - Media	B* - Printing	C* - Fundr		D - To Another	r Candidate
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund					
O* - Other	a detailed evalenation		1 6 11 (1)		

 $\boxtimes$ 

## Refunds/Reimbursements From the Committee Pg 1 of 1 Yes No

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

1. Committee Full	Name (and F	und if applicable)			2. ID Number	
Carmen Eckard for Hicko	ory City Council					
3. Payee Information			dd Remove			
a. Full Name, Mailing A		:	d. Type of Committee	7.6	h. Original Receipt Date	
(include city, state, &	zip)		Candidate Referendum	PAC Party	7/23/2019	
619 2 <sup>nd</sup> St NE			e. Level Registered (Specif		i. Original Receipt Amount	
Hickory, NC 28601			Federal	County:	\$ 597.08	
			State State F. Purpose Code	Municipality:	j. Election Sum to Date	
			P			
					\$ 694.08	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Owner		Foothills Digest			ECK	
l. Form of Payment	m. Required 1	Remarks		n. Date (mm/dd/yy	yy) o. Amount	
Check	Capaign Signs			9/19/2019	\$ 597.08	
3. Payee Informatio	n	☐ Ad	dd Remove			
a. Full Name, Mailing A	ddress & Phone		d. Type of Committee		h. Original Receipt Date	
(include city, state, & :	zip)		☐ Candidate ☐	PAC	8/14/2019	
Carmen Eckard			Referendum	Party		
619 2 <sup>nd</sup> St NE			e. Level Registered (Specify	County:	i. Original Receipt Amount	
Hickory, NC 28601			Federal State	\$ 85.00		
			f. Purpose Code		j. Election Sum to Date	
			P		\$ 694.08	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	"	k. Account Code	
Owner		Foothills Digest			ECK	
I. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yyy	yy) o. Amount	
Check	Stakes for Cam	ipaign Signs		9/19/2019	\$ 85.00	
3. Payee Informatio	n	Ad	ld Remove			
a. Full Name, Mailing Ad	ldress & Phone		d. Type of Committee		h. Original Receipt Date	
(include city, state, & 2	zip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specify		i. Original Receipt Amount	
			Federal	County:	\$	
			f. Purpose Code	Municipality:	j. Election Sum to Date	
					\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code	
			g			
1 F 6 D						
1. Form of Payment	m. Required R	Remarks		n. Date (mm/dd/yyy		
					\$	
4. Total only this Pa	-				\$ 682.08	
		(This line must be on line 16 of Detailed !			\$ 682.08	
L - Returned to Contribu P* - Reimbursement of		M - Overpayment for Service O* Other	N - Exceeded (	Contribution Limit		
		equired remarks field (m)			X	