

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 ELECT JOHN ZIMMERMAN | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 513 LANCASTER ROAD FAYETTEVILLE, NC 28303-2132 | d. Date Filed 01/28/2022 |
| | e. Phone Number (828) 434-6276 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2021 | 3. Period Start Date (mm/dd/yy) 07/01/2021 | 4. Period End Date (mm/dd/yy) 12/31/2021 | 5. Treasurer Full Name JOHN J ZIMMERMAN |
|-------------------------------|--|--|---|

| | | | | |
|---|---|--|---|---|
| 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 | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <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"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 1 | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|--|--------------------------------------|---|--------------------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name FIRST HORIZON | | a. Financial Institution Full Name | |
| b. Purpose CAMPAIGN/ELECTION | c. Account Code 01 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ | | 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

JOHN J. ZIMMERMAN [Signature] 01/28/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: JAN 28 2022 Employee [Signature] Delivery Method

Date Postmarked: _____ Employee _____ Normal Mail

Date Scanned: _____ Employee _____ Registered Mail

Date Data Entered: _____ Employee _____ 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 | |
|--|--|-----------------------------|--|---------------------------|--|
| ELECT JOHN ZIMMERMAN | | 2021 Year End Semi-Annual | | | |
| Start of Election Cycle: January 1, 2021 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 281.41 | | \$ 0.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | | \$ 0.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1,055.34 | | \$ 2,166.20 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 50.00 | | \$ 50.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0.00 | | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | | \$ 5.00 | |
| 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) | | \$ 1,105.34 | | \$ 2,221.20 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 464.66 | | \$ 828.25 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | | \$ 25.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 0.00 | | \$ 0.00 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0.00 | | \$ 0.00 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0.00 | | \$ 445.86 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 464.66 | | \$ 1,299.11 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 922.09 | | \$ 922.09 | |
| 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

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 |
| ELECT JOHN ZIMMERMAN | | | | | | |
| 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 | |
| LARRY BASS 415 LAMES ROAD MOCKSVILLE, NC 27028 (336) 624-6773 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DEPT OF DEFENSE | | 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"/> | 01 | Electric Funds Tran | | 07/03/2021 | \$ 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 | |
| SHAMIKE BETHEA 1919 WORDSWORTH DRIVE FAYETTEVILLE, NC 28304 (910) 587-5669 | | | STUDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | EDUCATION | | e. Election Sum to Date | |
| | | | | | \$ 15.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 07/02/2021 | \$ 15.00 | |
| <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 JOSEPH CANTERBURY III 7035 KITTRIDGE DRIVE FAYETTEVILLE, NC 28314 (919) 721-0105 | | | GUARD | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DEPT OF DEFENSE | | e. Election Sum to Date | |
| | | | | | \$ 70.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input checked="" type="checkbox"/> | 01 | Cash | | 04/22/2021 | \$ 50.00 | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 20.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 135.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1,055.34 | |

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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 | |
| GLORIA NEAL CARRASCO 6534 GRIST MILL RD FAYETTEVILLE, NC 28314 (910) 260-8757 | | | | CONSULTANT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DSS | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 15.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 07/03/2021 | \$ 15.00 | | |
| <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 | |
| BRIAN E COPSEY 7441 WILKINS DRIVE FAYETTEVILLE, NC 28311 (703) 629-9341 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Air Transportation | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Check | | 07/19/2021 | \$ 50.00 | | |
| <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 | |
| JUAN DE LA CRUZ 713 REGINA DRIVE SPRING LAKE, NC 28390 (804) 721-4618 | | | | INSTRUCTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | COMMUNICATIONS | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 35.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 35.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 1,055.34 | |

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 | |
| ELECT JOHN ZIMMERMAN | | | | | | |
| 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 | |
| EFRAIN DE LA CRUZ SR 2739 BRAGG BOULEVARD FAYETTEVILLE, NC 28303 (910) 922-8585 | | | SELF-EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | VENUS VOGUE | | e. Election Sum to Date | |
| | | | | | \$ 35.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 35.00 | |
| <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 | |
| BRENDA ELDRIDGE 953 PECAN GROVE LOOP HOPE MILLS, NC 28348 (910) 257-2688 | | | CPA | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FINANCE | | e. Election Sum to Date | |
| | | | | | \$ 30.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 30.00 | |
| <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 | |
| DANIEL FRADO 267 DRIFTWOOD LANE RAEFORD, NC 28376 | | | SELF-EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SURVIVAL ART KNIFE COMPANY, LLC | | e. Election Sum to Date | |
| | | | | | \$ 320.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 20.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 85.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1,055.34 | |

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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 | |
| THOMAS GREENE 1725 DAISY LANE FAYETTEVILLE, NC 28303 (910) 988-0943 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DEPT OF DEFENSE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 20.00 | | |
| <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 | |
| JUDY HAWKINS 3696 LINDEN ROAD LINDEN, NC 28356 (910) 818-4895 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | MANUFACTURING | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 20.00 | | |
| <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 | |
| JOY JOHNS 2924 WEDGEVIEW DRIVE FAYETTEVILLE, NC 28306 (314) 258-3132 | | | | HEALTHCARE AID | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | MEDICAL | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 38.54 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 07/03/2021 | \$ 38.54 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 78.54 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 1,055.34 | |

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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 | |
| CHRISTOPHER S LAYHEW 2787 ALDERMAN RD FAYETTEVILLE, NC 28306 (910) 322-5137 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Justice, Public Order, and Safety Activities | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Cash | | 08/04/2021 | \$ 50.00 | | |
| <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 | |
| MICHAEL MCCASKILL 4083 ARDENWOODS DRIVE FAYETTEVILLE, NC 28306 (910) 551-4662 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DEPT OF DEFENSE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 07/03/2021 | \$ 25.00 | | |
| <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 | |
| ROBERT MCWATERS 360 SAWTOOTH DRIVE UNIT 7 FAYETTEVILLE, NC 28314 (910) 850-1441 | | | | FIELD REPRESENTATIVE | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ADT HOME SECURITY | | | |
| | | | | | | 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"/> | 01 | Cash | | 07/02/2021 | \$ 50.00 | | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 175.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 1,055.34 | |

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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 ANTOINE MINER SR 511 REILLY ROAD FAYETTEVILLE, NC 28303 (910) 583-4466 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DEPT OF DEFENSE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 07/02/2021 | \$ 25.00 | | |
| <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 | |
| BRIAN OLEARY 3431 LAINEY LANE UNIT C FAYETTEVILLE, NC 28314 | | | | MILITARY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DEPT OF DEFENSE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 45.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 45.00 | | |
| <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 ORNELAS 3514 MACCUMBER COURT FAYETTEVILLE, NC 28311 (785) 320-1375 | | | | CONTRACTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SECURITY | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 30.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 30.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 1,055.34 | |

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 |
| ELECT JOHN ZIMMERMAN | | | | | | |
| 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 | |
| CHRIS PHILLIPS 8989 BASHI ROAD THOMASVILLE, AL 36784 (334) 830-5438 | | | MILITARY | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | DEPT OF DEFENSE | | \$ 35.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 35.00 | |
| <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 | |
| JASON B RAMEY 8689 CR 1200 ATHENS, TX 75751 (214) 952-1306 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | MILITARY | | \$ 95.90 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 11/19/2021 | \$ 95.90 | |
| <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 | |
| JOSE ALEX RODRIGUEZ 265 KENWOOD DRIVE FAYETTEVILLE, NC 28311 (910) 578-1974 | | | GUARD | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | DEPT OF DEFENSE | | \$ 45.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 45.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 175.90 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1,055.34 | |

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 |
| ELECT JOHN ZIMMERMAN | | | | | | |
| 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 | |
| JOSE ALEX RODRIGUEZ 265 KENWOOD DRIVE FAYETTEVILLE, NC 28311 (910) 578-1974 | | | GUARD | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | DEPT OF DEFENSE | | \$ 95.90 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 11/23/2021 | \$ 95.90 | |
| <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 | |
| RONALD SHARPE 456 HOMESTEAD DR FAYETTEVILLE, NC 28303 (910) 391-1241 | | | INSTRUCTOR | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | NEVER THE VICTIM | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 30.00 | |
| <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 | |
| DEBRA A ZIMMERMAN 110 POND VIEW DRIVE SALISBURY, NC 28147 (704) 637-6736 | | | BILLING CLERK | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | SWING TRANSPORT | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 175.90 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1,055.34 | |

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) ELECT JOHN ZIMMERMAN | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL R ZIMMERMAN 350 LITTLE CREEK DRIVE SALISBURY, NC 28147 (980) 234-8057 | | | b. Job Title/Profession ASSET PROTECTION SPECIALIST | | d. Comments | |
| | | | c. Employer's Name/Specific Field FOOD LION | | e. Election Sum to Date | |
| | | | | | \$ 30.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 07/03/2021 | \$ 30.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 30.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 1,055.34 | |

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 | |
| ELECT JOHN ZIMMERMAN | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments |
| COMMITTEE TO ELECT ALEX RODRIGUEZ 265 KENWOOD DRIVE FAYETTEVILLE, NC 28311 (910) 578-1974 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: Fayetteville | | |
| | | | | e. Election Sum to Date |
| | | | | \$ 50.00 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
| 01 | Check | | 07/03/2021 | \$ 50.00 |
| | | | | \$ |
| | | | | \$ |
| 4. Total only this Page | | | | \$ 50.00 |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 50.00 |

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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 | |
| BUD WISERS BBQ 8428 FOXTRAIL DRIVE FAYETTEVILLE, NC 28311 (910) 273-9316 | | | | | | | |
| | | | | 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: | | \$ 145.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Electric Funds Tran | C | 07/02/2021 | \$ 145.00 | FUNDRAISER | | |
| | | | | \$ | | | |
| 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 | |
| FIRST HORIZON 929 S. MCPHERSON CHURCH ROAD FAYETTEVILLE, NC 28303-5368 (910) 321-3213 | | | | | | | |
| | | | | 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: | | \$ 35.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Draft | O | 07/01/2021 | \$ 5.00 | PAPER STATEMENT FEE | | |
| 01 | Draft | O | 08/02/2021 | \$ 5.00 | PAPER STATEMENT 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 | |
| FIRST HORIZON 929 S. MCPHERSON CHURCH ROAD FAYETTEVILLE, NC 28303-5368 (910) 321-3213 | | | | | | | |
| | | | | 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: | | \$ 35.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Draft | O | 09/01/2021 | \$ 5.00 | PAPER STATEMENT FEE | | |
| 01 | Draft | O | 10/01/2021 | \$ 5.00 | PAPER STATEMENT FEE | | |
| 5. Total only this Page | | | | | | \$ 165.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 464.66 | |
| <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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| FIRST HORIZON 929 S. MCPHERSON CHURCH ROAD FAYETTEVILLE, NC 28303-5368 (910) 321-3213 | | | | | | | |
| | | | | 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: | | \$ 10.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Draft | O | 11/01/2021 | \$ 5.00 | PAPER STATEMENT FEE | | |
| 01 | Draft | O | 12/01/2021 | \$ 5.00 | PAPER STATEMENT 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 | |
| BETH HESS 4042 DUDLEY RD FAYETTEVILLE, NC 28312 (910) 248-4575 | | | | | | | |
| | | | | 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: | | \$ 400.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Electric Funds Tran | A | 07/15/2021 | \$ 200.00 | CAMPAIGN WEBSITE | | |
| | | | | \$ | BALANCE | | |
| 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 2211 N 1ST ST SAN JOSE, CA 95131 (408) 967-1000 | | | | | | | |
| | | | | 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: | | \$ 3.21 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Electric Funds Tran | C | 07/03/2021 | \$ 1.46 | CAMPAIGN FUNDRAISER | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 211.46 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 464.66 | |
| <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 | |
| ELECT JOHN ZIMMERMAN | | | | | | | |
| 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 (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| PITCH DIGITAL MEDIA P.O.Box 87265 FAYETTEVILLE, NC 28304 (910) 322-0335 | | | | | | | |
| | | | | 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: | | \$ 80.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Electric Funds Tran | A | 07/22/2021 | \$ 80.00 | SPECIALTY TV AD IN 11 | | |
| | | | | \$ | LOCATIONS THROUGH | | |
| 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 | |
| WINRED 1776 WILSON BOULEVARD ARLINGTON, VA 22209 (855) 922-1776 | | | | | | | |
| | | | | 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: | | \$ 8.20 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Electric Funds Tran | O | 11/21/2021 | \$ 4.10 | CREDIT CARD | | |
| 01 | Electric Funds Tran | O | 11/24/2021 | \$ 4.10 | PROCESSING FEE CREDIT CARD PROCESSING FEE | | |
| 5. Total only this Page | | | | | | \$ 88.20 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 464.66 | |
| (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) | | | | | | | |