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: Friends of James Mitchell

b. Mailing Address (include City, State and Zip Code): PO Box 480801, Charlotte, NC 28269

c. ID Number:

d. Date Filed:

e. Phone Number:

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/2022	04/05/2022	Nancy P. Stroud

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: Fifth Third Bank

b. Purpose: Campaign Finances

c. Account Code: 2022

d. Period Begin Balance: $ 216.62

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.

Nancy P. Stroud — Printed Name of Signer

Nancy P. Stroud — Signature of Appointed Treasurer

4/27/2022 — Date

FOR OFFICE USE ONLY

Date Received: Mecklenburg County

Date Postmarked: MAY 06 2022

Date Scanned:

Date Data Entered: Board of Elections

Employee:

Employee:

Employee:

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
Friends of James Mitchell	Thirty-Five Day	

Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 216.62	$ 903.62
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 5500.00	$ 5500.00
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)	$ 38.00	$ 478.00
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)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 5538.00	$ 5978.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 5317.00	$ 6444.00
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)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 5317.00	$ 6444.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 437.62	$ 437.62
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-2220)	$	$
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
Friends of James Mitchell	

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
Nancy Stroud 412 Summit Ave Charlotte, NC 28208		Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		1/18/2022	$ 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
James Mitchell PO Box 480801 Charlotte, NC 28269	owner			$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	Check		03/02/2022	$ 1500.00
☐					$
☐					$

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
Christopher Dennis 1625 Maribel Ave Charlotte, NC 28216	Real Estate	Developer		$ 550.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/4/2022	$ 550.00
☐					$
☐					$

4. Total only this Page	$ 2150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5500.00

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
Friends of James Mitchell	

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
Chris Oguinrinde 225 Victoria Avenue Charlotte, NC 28202	Real Estate	Developer		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		4/4/2022	$ 250.00
☐					$
☐					$

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
Christopher Kouri 2100 Sunderland Place Charlotte NC 28211				$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/28/2022	$ 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
Darryl M Campbell 100 Nautique Circle Columbia, SC 29229				$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/28/2022	$ 1000.00
☐					$
☐					$

4. Total only this Page	$ 1750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5500.00

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
Friends of James Mitchell	

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
Cynthia McCollugh 7809 Glen Cannon Drive Charlotte NC 28227				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/14/2022	$ 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
Robert Szymkiewicz 762 E. 9th Street Charlotte, NC 28202				$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/18/2022	$ 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
Gene Winchester 1550 Marlwood Circle Charlotte NC 28227				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/28/2022	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5500.00

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
Friends of James Mitchell	

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
William Bodenhamer Jr 3840 NE 31st Avenue Lighthouse Point, Fl 33064				$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/28/2022	$ 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
Richard T. Williams 14114 Timbergreen Dr Huntersville NC 28078				$ 400 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2022	check		3/30/2022	$ 400.00
☐					$
☐					$

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	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5500.00

Refunds/Reimbursements To the Committee

Pg 1 of 2 | Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of James Mitchell	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Fifth Third Bank P.O. Box 630900 Cincinnati, OH 45263	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date: 12/10/2021
		i. Original Expenditure Amt: $ 11.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		Reverse Fees	$ 38.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
2022			3/2/2022	$ 11.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Fifth Third Bank P.O. Box 630900 Cincinnati, OH 45263	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date: 1/12/2022
		i. Original Expenditure Amt: $ 11.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
2022		Reverse Fees	$ 38.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
			3/2/2022	$ 11.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Fifth Third Bank PO Box 630900 Cincinnati, OH 45263	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date: 2/10/2022
		i. Original Expenditure Amt: $ 11.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		Reverse Fees	$ 38.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
2022			3/2/2022	$ 11.00

4. Total only this Page	$ 33.00
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 38.00

Refunds/Reimbursements To the Committee

Pg 2 of 2

Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of James Mitchell	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
First Third Bank PO Box 630900 Cincinnati, OH 45263	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date 11/1/2021
		i. Original Expenditure Amt $ 5.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$ 38.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$ 5.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date
		i. Original Expenditure Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date
		i. Original Expenditure Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 5.00
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 38.00

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): Friends of James Mitchell

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): Fifth Third Bank, PO Box 630900, Cincinnati, OH 45263

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 283.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2022	Debit	O	1/12/2022	$ 11.00	Bank Fees
2022	Debit	O	2/10/2022	$ 11.00	Bank Fees

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Next Digital, 4513 Thaw, Winston Salem NC 27106

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 1809.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2022	check	O	4/1/2022	$ 1809.00	T shirts
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Paul Williams, 3737 Kelvey Street, Charlotte NC 28215

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2022	check	O	4/5/2022	$ 150.00	Photography
				$	

5. Total only this Page $ 1981.00

6. Total of ALL CRO-1310 Pages $ 5317.00

(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

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): Friends of James Mitchell

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): Travis Jackson

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 1000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2022	check	A	04/05/2022	$ 1000.00	Media
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Mecklenburg County BOE
P.O. Box 31788
Charlotte NC 28231

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 216.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2022	money order	H	3/4/2022	$ 216.00	Filing Fee
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Next Digital
4513 Thaxt
Winston Salem NC 27106

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 3929.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2022	Check		3/29/2022	$ 2120.00	Signs
				$	

5. Total only this Page $ 1216.00

6. Total of ALL CRO-1310 Pages $ 5317.00

(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)