

# 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	c. ID Number		
The Committee to elect Philip French			RKIT2D
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
190 Greenfield Cemetery Rd. Seven Springs, NC 28578			01/03/2022
			e. Phone Number
			919-738-4829

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	01/01/2023	Philip Daniel French

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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report	10. Special Report Name			
0				

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
Southern Bank	RECEIVED WCBOE
b. Purpose	b. Purpose
Campaign	JAN 03 2023
	d. Period Begin Balance
	BY \$
d. Period Begin Balance	
\$ 500.00	

## 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.

Philip D. French

Printed Name of Signer

Signature of Appointed Treasurer

1/3/2023

Date

FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/>	Normal Mail
Date Scanned:	Employee:	<input type="checkbox"/>	Registered Mail
Date Data Entered:	Employee:	<input type="checkbox"/>	Hand Delivered
		<input type="checkbox"/>	Electronically Filed
		<input type="checkbox"/>	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
Committee to Elect Philip French	Fourth Quarter	RKIT2D
Start of Election Cycle: January 1,	2022	Total this Reporting Period
4) Cash on Hand at Start	\$ 500.00	\$ 500.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0 \$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 500.00 \$ 500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0 \$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0 \$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0 \$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0 \$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0 \$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0 \$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0 \$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0 \$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0 \$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 500.00 \$ 500.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 500.06 \$ 500.06
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0 \$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0 \$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0 \$ 0
15) Loan Repayments	(CRO-1420)	\$ 0 \$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0 \$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0 \$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 500.06 \$ 500.06
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 499.94 \$ 499.94
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0 \$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0 \$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0 \$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0 \$ 0

# Contributions from Individuals

Pg 1 of 1  Yes  No Amendment

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to elect Philip French					RKIT2D
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Barry Merrill 432 Club Knolls Rd. Dudley, NC 28333			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			Retired		
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>	
	\$ 500.00				
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	WCBOEPDF	Check		10/25/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>	
	\$				
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>	
	\$				
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 500.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 500.00

# Disbursements

Pg 1 of 1  Yes  No

Amendment



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			
Committee to elect Philip French		RKIT2D			
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 checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Hellwig Communications 6325 Falls of Neuse Rd. Raleigh, NC 27615		b. Coordinated Committee Name			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				e. Election Sum to Date	
		\$ 500.06			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WCBOEPDF	Credit	A	11/07/2022	\$ 500.06	Telecommunication Ads
				\$	
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Hellwig Communications 6325 Falls of Neuse Rd. Raleigh, NC 27615		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> 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
				\$	
				\$	
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Hellwig Communications 6325 Falls of Neuse Rd. Raleigh, NC 27615		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> 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 Page		\$ 500.06			
6. Total of ALL CRO-1310 Pages					
<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)					

## Nicholas Sullivan

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**From:** Nicholas Sullivan  
**Sent:** Wednesday, January 4, 2023 10:54 AM  
**To:** 'pdfrench87@gmail.com'  
**Subject:** Audit Complete: The Committee to Elect Philip French 4th Quarter Report

The audit of The Committee to Elect Philip French's 4<sup>th</sup> Quarter Report is complete and the following discrepancies were noted.

- Block 9 of the CRO-1000 is left blank. 4<sup>th</sup> Quarter (and Final if the committee intends to close) should be indicated.
- Block 11d of the CRO-1000 should be \$0 as this is the committee's first report and must account for all transactions in the cycle.
- Line 4 in both columns of the CRO-1100 should be \$0 as this is the committee's first report and must account for all transactions in the cycle.
- Line 19 in both columns of the CRO-1100 is incorrect. The committee reports \$500 in contributions and \$500.06 in expenditures, however the report claims an ending balance of \$499.94.
  - Is there an addition \$500 contribution that has not been reported? If so, please provide the correct information on the CRO-1100 and CRO-1210.
  - If there is only one \$500 contribution, the committee should have a balance of -\$0.06. The committee would need to account of the shortfall via an equal contribution.
- If the committee intends to close, it may do so after reporting a \$0 balance and completing a CRO-3400. If the committee intends to go inactive, it may do so by completing a CRO-3200. If the committee intends to stay active, no action is needed, however, it will be required to continue filing reports.

Please submit an amended 4<sup>th</sup> Quarter Report to our office in 10 business days. Please note our office is responsible for auditing all campaign finance reports and is unable to provide assistance in completing them. Reports, instruction sheets and guides are all available on the NCSBE's website: <https://www.ncsbe.gov/campaign-finance>

**Nicholas G. Sullivan | Deputy Director**  
Wayne County Board of Elections  
309 E. Chestnut Street  
Goldsboro, NC 27530  
919.731.1411 office | 919.731.1409 fax

*\*E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

# 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.

Committee Information			
a. Full Name	c. ID Number		
The Committee to elect Philip French		RKIT2D	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
190 Greenfield Cemetery Rd. Seven Springs, NC 28578		01/09/2023	
e. Phone Number		919-738-4829	

Report Year	Period Start Date	Period End Date	Signer Name																																																												
2022	01/01/2022	01/01/2023	Philip Daniel French																																																												
<table border="1"> <tr> <td><input checked="" type="checkbox"/> Candidate Campaign</td> <td><input type="checkbox"/> Party</td> <td><b>Municipal</b></td> <td><b>State/County</b></td> <td><b>Referendum</b></td> </tr> <tr> <td><input type="checkbox"/> PAC</td> <td><input type="checkbox"/> Referendum</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Independent Expenditure</td> <td><input type="checkbox"/> Joint Fundraiser</td> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Legal Expense Fund</td> <td></td> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Special</td> <td><input checked="" type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>	<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final			<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final			<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual			<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special			<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual				<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year				<input type="checkbox"/> Final	<input type="checkbox"/> Year End				<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final					<input type="checkbox"/> Special	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>																																																											
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																																											
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																																											
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																																											
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																																											
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																																											
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																																											
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																																												
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																																												
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																																												
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final																																																												
			<input type="checkbox"/> Special																																																												

Financial Institution Information		Statement of Organization		
a. Financial Institution Full Name	b. Financial Institution Full Name			
Southern Bank		RECEIVED		
b. Purpose	c. Account Code	b. Purpose	WCBOE	
Campaign	WCBOEPDF	JAN 09 2023	Account Code	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0		\$	

## 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.

Philip French

Printed Name of Signer

Signature of Appointed Treasurer

1/9/23

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- Signer has not received mandatory training

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

**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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment  
 Yes       No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to elect Philip French	4th Quarter	RKIT2D
<b>Start of Election Cycle: January 1, 2022</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start	\$ 0	\$ 0
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)	\$ 1117.00	\$ 1117.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>	<b>\$ 1117</b>	<b>\$ 1117</b>
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 617.06	\$ 617.06
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 499.94	\$ 499.94
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>	<b>\$ 1117.00</b>	<b>\$ 1117.00</b>
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

## Contributions from Individuals

Pg 1 of 1 Amendment  Yes  No

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

a. Committee Full Name (and Email if applicable)		b. ID Number	
Committee to elect Philip French		RKIT2D	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Philip Daniel French 190 Greenfield Cemetery Rd. Seven Springs, NC 28578		Law Enforcement	
		c. Employer's Name/Specific Field	
		City of Goldsboro	e. Election Sum to Date
			\$ 617.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	WCBOEPDF	Check		12/06/2021	\$ 117.00
<input type="checkbox"/>	WCBOEPDF	Check		01/01/2023	\$ 500.00
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Barry Merrill 432 Club Knolls Rd. Dudley, NC 28333		Retired	
		c. Employer's Name/Specific Field	
			e. Election Sum to Date
			\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	WCBOEPDF	Check		10/25/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Total Individual Contributions					\$ 1117.00
Total Statewide Contributions					\$ 1117.00

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

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

Committee Name and Primary Appointee		ID Number	
Committee to elect Philip French		RKIT2D	
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p>Philip Daniel French 190 Greenfield Cemetery Rd. Seven Springs, NC 28578</p>		<p>d. Type of Committee</p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</p>	<p>h. Original Receipt Date</p> <p>01/01/2023</p>
		<p>e. Level Registered</p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>	<p>i. Original Receipt Amount</p> <p>\$ 500.00</p>
		<p>f. Purpose Code</p> <p>L</p>	<p>j. Election Sum to Date</p> <p>\$ 500.00</p>
b. Job Title/Profession	c. Employer's Name/Specific Field	<p>g. Comments</p> <p>WCBOEPDF</p>	
Law Enforcement	City of Goldsboro	<p>k. Account Code</p>	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Campaign contribution	01/05/2023	\$ 499.94
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p>		<p>d. Type of Committee</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</p>	<p>h. Original Receipt Date</p>
		<p>e. Level Registered</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>	<p>i. Original Receipt Amount</p> <p>\$</p>
		<p>f. Purpose Code</p>	<p>j. Election Sum to Date</p> <p>\$</p>
b. Job Title/Profession	c. Employer's Name/Specific Field	<p>g. Comments</p> <p>k. Account Code</p>	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p>		<p>d. Type of Committee</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</p>	<p>h. Original Receipt Date</p>
		<p>e. Level Registered</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>	<p>i. Original Receipt Amount</p> <p>\$</p>
		<p>f. Purpose Code</p>	<p>j. Election Sum to Date</p> <p>\$</p>
b. Job Title/Profession	c. Employer's Name/Specific Field	<p>g. Comments</p> <p>k. Account Code</p>	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
<p>l. Form of Payment</p>		<p>\$ 499.94</p>	
		<p>\$ 499.94</p>	

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contribution Limit

P\* - Reimbursement of In-Kind

O\* Other

## Nicholas Sullivan

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**From:** Nicholas Sullivan  
**Sent:** Tuesday, January 10, 2023 8:52 AM  
**To:** 'pdfranch87@gmail.com'  
**Subject:** Audit Complete: The Committee to Elect Philip French 4th Quarter Report

The audit of the Committee to Elect Philip French's amended 4<sup>th</sup> Quarter Report is complete and the following:

- Line 13a of the CRO-1100 lists \$617.06 in expenditures however there is no accompanying CRO-1310 for the expenditures.

Please submit an amended report with the noted changes.

**Nicholas G. Sullivan | Deputy Director**  
Wayne County Board of Elections  
309 E. Chestnut Street  
Goldsboro, NC 27530  
919.731.1411 office | 919.731.1409 fax

*\*E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

# 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.

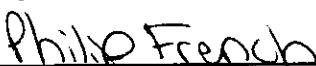
a. Committee Information		c. ID Number
a. Full Name		RKIT2D
The Committee to elect Philip French		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
190 Greenfield Cemetery Rd. Seven Springs, NC 28578		01/10/2023
		e. Phone Number
		919-738-4829

Report Year & Period Start Date	Report Year & Period End Date	Reportee's Full Name			
2022	01/01/2022	01/01/2023	Philip Daniel French		
a. Type of Committee (Check One)		b. Type of Report			
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Municipal <input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/> Special		c. Referendum	
				<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
d. Type of Fund (if applicable, check one)				e. Dates of Fundraising/Reporting	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:				<input type="checkbox"/> JAN 1, 2023 <input type="checkbox"/> BY	
f. Dates of Fundraising/Reporting					

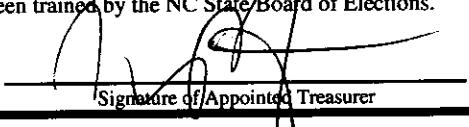
a. Account Information		a. Financial Institution Full Name	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Southern Bank		WCBOE	
b. Purpose	c. Account Code	b. Purpose	d. Account Code
Campaign	WCBOEPDF	JAN 1, 2023	
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$

## 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.



Printed Name of Signer

  
Signature of Appointed Treasurer

1/10/2023  
Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

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, custodian of books information, or account information.

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

## Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to elect Philip French	4th Quarter	RKIT2D
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)	\$ 1117.00	\$ 1117.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1117.00	\$ 1117.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 617.06	\$ 617.06
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 499.94	\$ 499.94
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0
18) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1117.00	\$ 1117.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

## Contributions from Individuals

Pg 1 of 1 Amendment  Yes  No

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

<b>1. Committee/Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
Committee to elect Philip French		RKIT2D			
<b>3. Contributor Information</b>		<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Employee			
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p>Philip Daniel French 190 Greenfield Cemetery Rd. Seven Springs, NC 28578</p>		<p>b. Job Title/Profession</p> <p>Law Enforcement</p>	<p>d. Comments</p>		
		<p>c. Employer's Name/Specific Field</p> <p>City of Goldsboro</p>	<p>e. Election Sum to Date</p> <p>\$ 617.00</p>		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		
<input type="checkbox"/>	WCBOEPDF	Check			
<input type="checkbox"/>	WCBOEPDF	Check			
<input type="checkbox"/>					
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	WCBOEPDF	Check		12/06/2021	\$ 117.00
<input type="checkbox"/>				01/01/2023	\$ 500.00
<input type="checkbox"/>					\$
<b>3. Contributor Information</b>		<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Employee			
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p>Barry Merrill 432 Club Knolls Rd. Dudley, NC 28333</p>		<p>b. Job Title/Profession</p> <p>Retired</p>	<p>d. Comments</p>		
		<p>c. Employer's Name/Specific Field</p>	<p>e. Election Sum to Date</p> <p>\$ 500.00</p>		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	WCBOEPDF	Check		10/25/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>Grand Total for this Page</b>		\$ 1117.00			
<b>Grand Total for All CROs Filed</b>		\$ 1117.00			

## Disbursements

Pg 1 of 1  Yes  No

Amendment

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 Party if applicable)		2. File Number			
Committee to elect Philip French		RKIT2D			
3. Type of Disbursement					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Agency Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Wayne County Board of Elections 309 E. Chestnut St. Goldsboro, NC 27530				Filing Fee	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 117.00	
5. Disbursement Details					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WCBOEPDF	Check	O	12/06/2022	\$ 117.00	Filing Fee
				\$	
6. Disbursement Details					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Hellwig Communications 6325 Falls of Neuse Rd. Raleigh, NC 27615					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 500.06	
7. Disbursement Details					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WCBOEPDF	Credit Card	A	11/07/2022	\$ 500.06	Telecommunication ad
				\$	
8. Disbursement Details					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
9. Total Disbursements					
\$ 617.06					
10. Summary of Disbursements					
(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)					
\$ 617.06					

A\* - Media

B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries

F\* - Equipment

G - Political Party

H\* - Holding Public Office Expenses

I - Postage

J - Penalties

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

O\* Other

**Refunds/Reimbursements From the Committee** Pg 1 of 1 Amendment  Yes  No

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

a. Committee Full Name (and Name of Organization)		b. ID Number	
Committee to elect Philip French		RKIT2D	
c. Date of Report		d. Type of Committee	
		<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> PAC
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party
e. Level Registered		h. Original Receipt Date	
<input type="checkbox"/> Federal		<input checked="" type="checkbox"/> County:	01/01/2022
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:	\$ 500.00
f. Purpose Code		i. Original Receipt Amount	
L		\$ 500.00	
b. Job Title/Profession		g. Comments	
Law Enforcement		City of Goldsboro	
j. Election Sum to Date		k. Account Code	
		WCBOEPDF	
l. Form of Payment		m. Required Remarks	
Check		Campaign contribution	
n. Date (mm/dd/yyyy)		o. Amount	
01/05/2023		\$ 499.94	
d. Type of Committee		h. Original Receipt Date	
<input type="checkbox"/> Candidate		<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Party	
e. Level Registered		i. Original Receipt Amount	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:	\$
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:	
f. Purpose Code		j. Election Sum to Date	
		\$	
b. Job Title/Profession		g. Comments	
		k. Account Code	
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		\$	
d. Type of Committee		h. Original Receipt Date	
<input type="checkbox"/> Candidate		<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Party	
e. Level Registered		i. Original Receipt Amount	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:	\$
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:	
f. Purpose Code		j. Election Sum to Date	
		\$	
b. Job Title/Profession		g. Comments	
		k. Account Code	
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		\$	
d. Type of Committee		h. Original Receipt Date	
<input type="checkbox"/> Candidate		<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Party	
e. Level Registered		i. Original Receipt Amount	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:	\$
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:	
f. Purpose Code		j. Election Sum to Date	
		\$	
b. Job Title/Profession		g. Comments	
		k. Account Code	
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		\$ 499.94	
d. Type of Committee		h. Original Receipt Date	
<input type="checkbox"/> Candidate		<input type="checkbox"/> PAC	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Party	
e. Level Registered		i. Original Receipt Amount	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:	\$
<input type="checkbox"/> State		<input type="checkbox"/> Municipality:	
f. Purpose Code		j. Election Sum to Date	
		\$ 499.94	

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contribution Limit

P\* - Reimbursement of In-Kind

O\* Other