Amendment

Yes 🗖 N	l
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Disclosure Report Cover

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 I	nformation						
a. Full Name							c. ID Number
Justin for Jo	Со						ZGHS48
b. Mailing Address	(include City, State	e and Zip Code)					d. Date Filed
56 Peach B Clayton, NC	lossom Cour	t					2-24-2020
Clayton, NC	, 21321						e. Phone Number
<u> </u>						-	919-502-0960
2. Report Year	3. Period Start	Date (mm/dd/	yy) 4. Period I	End Date (r	nm/dd/yy)	5. Treasure	er Full Name
2020	01/01/2020		02/15/20	020		Lynn Sut	tton King
	mittee (Check C					type of repo	ort from one category)
Candidate Carr			Municipal		te/County		Referendum
Independent Ex		rendum t Fundraiser	Organizationa Thirty-five da		Organizat Quarterly		Organizational Pre-referendum
Legal Expense	_	t i undranser	Pre-primary		First		Final
			Pre-election		Seco	ond	Supplemental Final
7. Type of Fund	(if applicable,	check one)	Pre-runoff		Thir		Annual
Booster Fund Building Fund			Semi-annual Mid Yea	, L	Four Semi-ann		Special
building rund		j	Year End		_	чал Үсаг	10. Special Report Name
Other:			Final		Year	End	(K)
8. Number of F	undraisers this	Report	Special		Final		/5
					Special		FEB 2 4 2020
11. Account Inf				11. Accou			020
a. Financial Institu				a. Financial	Institution	Full Name	Of Statis
First Citizens	Bank						of Election
b. Purpose		c. Account Cod	de	b. Purpose			c. Account Code
Campaign		1					
		d. Period Begin	n Balance				d. Period Begin Balance
		\$235.27	100				\$
CERTIFICATI	ION						
of the NC Generates report is comple		at no funds are t and that I hav	commingled with the been trained by	prohibited	or other note Board of	on-disclosed fu f Elections.	B & 22D-22M of Chapter 163 ands. I further certify that this
FOR OFFICE			98	nature of App	onneu trea	surci)	l Date
Date Receiv		3/24/20	20 Employ	yee:	np)	Del	ivery Method Normal Mail
Date Postma	arked:	1 '	_ Employ	yee:	1	_ 🗒	Registered Mail Hand Delivered
Date Scanne	ed:		_ Employ	yee:		_ 0	Electronically Filed
Date Data E	Intered:		Employ	yee:			Signer has not received mandatory training
		treasurer, cus	stodian of book	s informatio	on, or acc	ount informa	

Detailed Summary

Amendment ☐ No ☐ Yes

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 ZGHS48 2020 First Quarter Justin for JoCo Total this Total this 2020 Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start \$235.27 \$235.27 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$1460.00 \$2085.00 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) \$ \$ 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) \$1460.00 \$2085.00 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ \$ 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) \$445.63 \$835.36 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$1249.64 \$1484.64 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) \$

		rom Individua	-			Pg	1 of	3	Amendment Yes No
		individual contributi ne (and Fund if app		ontribu	tions	s und	er \$50 if form		1205 is not used ID Number
		ne (and rund it ap)	nicable)						
	n for JoCo							Z	GHS48
	tributor Inform			Add			nove		
	ame, Mailing Addr le city, state, & zip)			b. Job	l'itle/	Profe	ssion	d. C	Comments
	n David King			Insu	ran	ce A	\gent		
56 P	each Blossor	m Ct.		c. Emp	loyer	's Nar	ne/Specific Field		
Clayt	ton, NC 2752	27					rance	o F	lection Sum to Date
				Cary			Ex. Dr. 513	-	
					,				1000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		11	j. Date (mm/dd/	уууу)	k. Amount
	1	Cash					01/23/2020)	\$400.00
									\$
				•					\$
3. Cont	tributor Inform	ation		Add		Rer	nove		
	ame, Mailing Addr			b. Job	litle/	Profe	ssion	d. C	Comments
	le city, state, & zip)			Exe	cuti	VA			
VICKIE	Stephenson ox 1187			$\overline{}$			ne/Specific Field	18.3	
Smithfield, NC 27577			Stepher	nson	Genera	al Contractors			
				1090 W. Market St Smithfield, NC 27577			77	e. E	lection Sum to Date
								\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		244	j. Date (mm/dd/	уууу)	k. Amount
	1	Check					01/23/2020)	\$500.00
									\$
								•	\$
	ributor Inform			Add		Rer	nove		
	ame, Mailing Addr			b. Job	Title/	Profes	sion	d. C	comments
	le city, state, & zip)			Reti	red	tea	cher		
108 F	Spano lorsetrail Dr			c. Emp	loyer	's Nan	ne/Specific Field		
Selma	a, NC 27576								
									lection Sum to Date
								\$ -	10.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion			j. Date (mm/dd/	уууу)	k. Amount
	1	Check					01/23/2020)	\$ 10.00
	7								\$
									\$
4. Tot	al only this P	age						\$ 9	910.00
5. Tot	al of ALL CI	RO-1210 Pages						9	
		6 of Detailed Summary l						Ψ,	1460.00
CRO-1	210		NC State Boa	rd of Ele	ction	S			April 200

Amendment

		rom Individua		. ••	.•	Pg	2 of 3		Amendment Yes No
		individual contributions in the contribution of the contribution o		ontribu	tions	und	er \$50 if form Cl		D Number
		не (апа ғана п арр	nicable)					4. 1	D Number
	n for JoCo							ZG	SHS48
	ributor Inform			Add			nove		
	ame, Mailing Addr			b. Job Title/Profession				d. C	omments
	le city, state, & zip) es B. Hunt Jr			Reti	red				
	-D Governor			c. Employer's Name/Specific Field				1	
	ma, NC 2785								
								e. Election Sum to Date	
								\$ 2	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion			j. Date (mm/dd/yy	yy)	k. Amount
	1	Check					01/27/2020		\$250.00
									\$
									\$
3. Cont	ributor Inform	ation		Add		Rer	nove		
	ame, Mailing Addr			b. Job	Title/I	rofe	ssion	d. C	omments
	le city, state, & zip)			Reti	red	חבו	ntiet		
Dr. Di 2533	Dr. Dicky Parrish 2533 Little Divine Rd.						ne/Specific Field	┨	
	a, NC 27576	.u.							
								e. E	lection Sum to Date
								\$ -	100.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion			j. Date (mm/dd/yy	yy)	k. Amount
	1	Check					02/03/2020		\$ 100.00
									\$
									\$
	ributor Inform			Add	_		nove		
	ame, Mailing Addr le city, state, & zip)			b. Job	Title/F	rofe	ssion	d. C	omments
	Reeves			Proc	duct	Ма	nager		
		i		c. Emp	loyer'	s Nar	ne/Specific Field	1	
Chap	nady Oak Trai el Hill, NC 27	516		SAS	Ins	titu	te		
				100	Car	npu	is Dr		lection Sum to Date
e Dele-	l- 44 G-4-	h. E	L L VI ID		/, N	5 2	7513		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	non			j. Date (mm/dd/yy	yy)	k. Amount
	1	credit card					02/01/2020		\$50.00
									\$
									\$
4. Total only this Page						\$400.00			
5. Tot	al of ALL CI	RO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							^{\$} 1460.00		

Amendment

		rom Individua			Pg	3 of 3		Amendment Yes No		
		ndividual contribution		ontribut	ions und	er \$50 if form Cl				
1. Com	mittee Full Nan	ne (and Fund if app	licable)				2. 1	D Number		
Justir	n for JoCo						ZC	SHS48		
	ributor Inform			Add		nove				
	ame, Mailing Addro le city, state, & zip)			b. Job 7	Title/Profe	ssion	d. C	omments		
	ary King			Office	e Mana	ger				
4412	Suttontown	Rd		c. Employer's Name/Specific Field						
	n, NC 28341			Salem	Transport outtontown	ation, Inc.	- 17	leet'ee Com to Dete		
					, NC 2834			lection Sum to Date		
								50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yy)	yy)	k. Amount		
	1	credit card				02/12/2020		\$50.00		
								\$		
								\$		
3. Contributor Information Add Remove										
	ame, Mailing Addr			b. Job 7	Title/Profe:	ssion	d. C	omments		
	le city, state, & zip)			Retired executive						
248 F	Dwiggins Patton Ave #	408				ne/Specific Field	1			
	ville, NC 288									
							e. E	lection Sum to Date		
							\$ -	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount		
	1	credit card				02/12/2020		^{\$} 100.00		
								\$		
								\$		
	ributor Inform			Add	Ren	nove				
	ame, Mailing Addro le city, state, & zip)			b. Job 7	Title/Profe	ssion	d. C	omments		
(INCIDO	ie city, state, & zip)									
				c. Empl	oyer's Nar	ne/Specific Field				
							e. E	lection Sum to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yy	y)	k. Amount		
								\$		
								\$		
								\$		
4. Total only this Page							\$150.00			
5. Tot	al of ALL CI	RO-1210 Pages 6 of Detailed Summary I	Page CRO-1100\				\$.	1460.00		
		J =								

Amendment

Disbursements	Pg	1 of	4	Amendment Yes	☐ No
					_

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number		
Justin for Jo	Со						ZGHS48		
3. Type of Disb	ursement (Please	use separate Cl	RO-1310	forms for e	each type of Disi	burse	ment.)		
Operating Exp		ntributions to Candid	ates/Politic	cal Committees	S Coo	ordinate	ed Party Expenditures		
4. Payee Inform				Add	Remove				
	lailing Address & Ph	ione		b. Coordinat	ed Committee Nam	e	d. Comments		
(include city, state,									
Facebook.co				a Lavel Deci	stered (Specify)				
1 Hacker Wa Menlo Park,	ay CΔ 94025			Federal	County:				
i vieno i ark,	OA 94023			State	Municip	ality:	c. Election Sum to Date		
							\$44.98		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
Α	debit card		1	2/2020	\$ 44.98	1	promotion		
					\$	1	p. c		
4. Payee Inform	nation			Add	Remove				
Contract to the second	ing Address & Phone				ed Committee Nam	e I	d. Comments		
(include city, sta	te, & zip)				and the grant of the same of t				
Animoto.co	m								
10 Astor Pla	ace				stered (Specify)				
New York, I	NY 10003			Federal State	County:	,			
				State	☐ Municip	апту:	e. Election Sum to Date		
							^{\$} 65.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
Α	debit card		02/02	2/2020	\$ 65.00	Vic	leo production		
					\$				
4. Payee Inform	nation			Add	Remove				
	ing Address & Phone			b. Coordinat	ed Committee Nam	e	d. Comments		
(include city, sta	te, & zip)								
Printrunner.d				a Lavel Deci	stered (Specify)				
8000 Haskel Van Nuys, C				Federal	County:				
l van Nays, C	7. 51400			State	_	ality:	e. Election Sum to Date		
							^{\$} 224.34		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
В	debit card			3/2020	\$ 40.12		terhead		
				7,2020	\$	1			
5. Total only th	is Page				ļΨ		\$150.10		
	CRO-1310 Pages						ψ 130.10		
	line 13a of Detailed Su	mmary Page CRO-1	100 if One	ratina Evnanc	ac)				
	line 13h of Detailed Suit					,,	\$ 445.63		
	line 13c of Detailed Sur		-			<i>'</i>			
7. Purpose C	odes (List detailed	l expenditure cod	e in (h.)	above)					
A* - Media	B* - Print			undraising	D - To	Anot	her Candidate		
E - Salaries	F* - Equip	ment		litical Party			g Public Office Expenses		
I - Postage	- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund								
O* Other		.9 9		W.13 (3)					
* Codes requir	re detailed explanat	ion in required	remarks	field (k)					

		_			Amendment	
Disbursements	Pg	2	of	4	Yes	☐ No

1. Committee F	ull Name (and Fur	nd if applicable)					2. ID Number	
Justin for Jo	Co						ZGHS48	
3. Type of Disb	ursement (Pleas	e use separate Cl	RO-1310	forms for e	each type of Dis	burse	ement.)	
Operating Exp		ntributions to Candid					ted Party Expenditures	
4. Payee Inform				Add 🔲	Remove			
	lailing Address & Pl	hone		b. Coordinat	ed Committee Nam	e	d. Comments	
(include city, state,	, & zip)							
Vantiv, Inc.				c Level Regi	stered (Specify)			
	rnor's Hill Dr.	240		Federal	County:	-		
Symmes	ownship, OH 45	0249		☐ State			e. Election Sum to Date	
							\$1.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
С	bank draft		01/09/2020 \$ 1.21 do			nation processing fee		
					\$			
4. Payee Inform	nation			Add	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Nam	e	d. Comments	
(include city, sta	te, & zip)							
Poliengine.c					. 120			
Gainesville,	FL			c. Level Regi	stered (Specify) County:			
State Municipality: e. Election Sum to								
				- State	Mandelp	uniy.		
							\$70.00	
f. Account Code	g. Form of Payment	h. Purpose Code	-	mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
Α	debit card		01/13	3/2020	\$ 35.00	We	ebsite hosting	
					\$			
4. Payee Inform	nation			Add	Remove			
	ing Address & Phone			b. Coordinat	ed Committee Nam	е	d. Comments	
(include city, sta								
Animoto.co				c Level Regi	stered (Specify)		1	
10 Astor Pla New York, I				Federal	Z County:			
INEW IOIK, I	VI 10003			☐ State	_		e. Election Sum to Date	
							^{\$} 130.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
Α	debit card		02/03	3/2020	\$ 65.00	Vi	deo production	
					\$			
5. Total only th	is Page						\$101.21	
6. Total of ALI	CRO-1310 Pages							
	line 13a of Detailed Su	mmary Page CRO-11	100 if Ope	rating Expens	es)		e 445.00	
	line 13b of Detailed Su					n)	\$ 445.63	
(This line goes in	line 13c of Detailed Su	mmary Page CRO-11	100 if Coo	rdinated Party	Expenditures)			
	odes (List detaile	d expenditure cod	e in (h.)	above)				
A* - Media	B* - Print			undraising			ther Candidate	
E - Salaries	F* - Equip			litical Party			ng Public Office Expenses	
I - Postage O* Other	J - Penal	ies	K* - C	office Expen	ises Q* - D	onat	ion to Legal Expense Fund	
AND ADDRESS OF THE PARTY OF THE	re detailed explana	tion in required :	remark	s field (k)		718-34		
- Couco I culuii		in required	CAMPBELL IV	ALLEY (A)	7-072-7	and the same	The state of the s	

						Amendment	
Disbursements			Pg	3	of <u>4</u>	_ Yes	☐ No

1. Committee F	ull Name (and Fun	d if applicable)				2. ID Number		
Justin for Jo			00 1010			ZGHS48		
3. Type of Disb Operating Exp	ursement (Please	use separate Ch						
4. Payee Inform		tributions to Candid	ates/Politic	Add	Remove	ordinated Party Expenditures		
	ailing Address & Ph	one			ed Committee Name	e d. Comments		
(include city, state,		one		b. Coordinate	ed Committee Mank	e a. Comments		
Facebook.co				1		1		
1 Hacker Wa				c. Level Regis	stered (Specify)	27 (2)		
Menlo Park,	CA 94025			Federal	County:			
·				State	Municipa	ality: c. Election Sum to Date		
						\$ 156.84		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
Α	debit card		02/03	/2020	\$ 111.86	Post promotion		
					\$			
4. Payee Inforn	nation			Add	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments		
(include city, stat	te, & zip)							
Godaddy.cor	n LLC							
14455 N. Ha	yden Rd.				stered (Specify)			
Ste 219	05060			Federal	County:	Pile die Conta Data		
Phoenix, AZ	85260			State	Municipa Municipa	ality: e. Election Sum to Date		
						\$49.62		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
K	debit card		02/05	/2020	\$ 11.96	email hosting		
					\$			
4. Payee Inform	aation			Add	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments		
(include city, sta	te, & zip)							
Vantiv, Inc.								
	nor's Hill Dr.			c. Level Regi	stered (Specify) Z County:			
Symmes To	wnship, OH 45	249		State		ality: e. Election Sum to Date		
ļ				- 0.0.0	· · · · · · · · · · · · · · · · · · ·			
				V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		\$1.71		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
С	bank draft		02/11	1/2020	\$ 0.50	donation processing fee		
			<u> </u>		\$			
5. Total only th	is Page					\$ 124.32		
	CRO-1310 Pages					φ 124.32		
	line 13a of Detailed Sur	Page CBO 1	100:60		1			
	une 13a of Detailed Sui line 13b of Detailed Sui					\$ 445.63		
	line 13c of Detailed Sur		-			Y I		
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
E - Salaries	F* - Equip	_		litical Party		olding Public Office Expenses		
I - Postage	J - Penalt			ffice Expen		onation to Legal Expense Fund		
O* Other				•	_	6 1		
* Codes requir	re detailed explanat	ion in required	remarks	s field (k)				

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1 13	ch	urs	am	an	te
-	วม	ui o	CIL		LO .

				Amenament	
Pg	4_	of	4	☐ Yes	No

1. Committee I	2. ID Number											
Justin for Jo	ZGHS48											
3. Type of Dish		lease use separ	sement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures												
4. Payee Inform				Add	Remove							
a. Full Name, M		& Phone		b. Coordina	ted Committee	Name	d. Comments					
(include city, state,												
Benson Cha 122 E. Main	St	merce			istered (Specif							
Benson, NC	27504			Federal	-	unty:						
				State	L Mu	micipality	e. Election Sum to Date					
							\$35.00					
f. Account Code	g. Form of Paym	ent h. Purpose		(mm/dd/yyyy)	j. Amount	k.	Required Remarks					
0	check		02/1	1/2020	\$ 35.00	e	vent ticket purchase					
					\$							
4. Payee Inform	nation			Add	Remove							
a. Full Name, Mail		one		b. Coordina	ted Committee	Name	d. Comments					
(include city, sta	te, & zip)											
Poliengine.	com						4					
Gainesville,	FL			c. Level Reg	istered (Specif	4						
				State	Cor	e. Election Sum to Date						
				State	1410	e. Election Sum to Date						
							\$105.00					
f. Account Code	g. Form of Paym	ent h. Purpose	Code i. Date	(mm/dd/yyyy)	j. Amount	k. I	Required Remarks					
Α	debit card		02/ ⁻	13/2020	\$ 35.00 W		ebsite hosting					
					\$							
4. Payee Inform	nation			Add	Remove							
a. Full Name, Mail	-	one		b. Coordina	ted Committee	Name	d. Comments					
(include city, sta	te, & zip)											
						_						
					istered (Specify	-						
				Federal State	_	unty: unicipality:	e. Election Sum to Date					
				State		meipanty.						
							\$					
f. Account Code	g. Form of Paym	nt h. Purpose	Code i. Date	(mm/dd/yyyy)	j. Amount	k.]	Required Remarks					
			Ì		\$							
					\$							
5. Total only th	is Page						\$70.00					
6. Total of ALI	CRO-1310 Pa	ges										
		ed Summary Page	CRO-1100 if O	peratine Expen	565)		¢ 445.63					
		ed Summary Page			-	Comm)	\$ 445.63					
(This line goes in	line 13c of Detaile	d Summary Page	CRO-1100 if Co	ordinated Part	y Expenditures,)						
7. Purpose C	(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 - Po				olitical Party	litical Party H* - Holding Public Office Expenses							
I - Postage	J - Pe	enalties	K* -	Office Expe	Office Expenses Q* - Donation to Legal Expense Fund							
O* Other * Codes required detailed combon time is according to the control of th												
* Codes require detailed explanation in required remarks field (k)												