Disclosure	Report	Cover	
Handbin farms fo		mont and	aamm

	An	nend	ment
		]	Yes
61.3	- 2	- 20	200

No
140

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

			TO THE PERSON NAMED IN		1000		
1. Committee Infor	mation						a ID Number
a. Full Name							c. ID Number
Justin for JoCo							ZGHS48
b. Mailing Address (incl	ude City, State and Zip Code)						d. Date Filed
56 Peach Blossom (	Ct.						
Clayton, NC 27527							
							e. Phone Number
							(919) 502-0960
							(111) 202-0 100
2. Report Year	3. Period Start Date (mm/d	ld/sw)	4. Period I	End Da	te	5. Treasurer Full	Name
2. Report Tear	3. I el lou Start Date (min/o	id/yy)	(mm/dd/yy)				(tame
2020	07/01/2020		10/1	7/2020		Lynn Sutton King	
6. Type of Commit	tee (Check One)	9. Typ	e of Report	(c.	heck or	nly one type of report	from one category)
Candidate Camp		Munici			State/C	County	Referendum
PAC	Referendum		Organizational			Organizational	Organizational
Independent	Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum
Expenditure						()	
Legal Expense F  7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final
"Booster Fund"	(i) applicable, check the)	H	Pre-election		H	Second	Supplemental Final
Building Fund		ΙH	Pre-runoff		$\boxtimes$	Third	Annual
Building Fund			Semi-annual		Ä	Fourth	Special
			Mid Year			Semi-annual	
Other:		lΠ	Year End		П	Mid Year	10. Special Report Name
		ΙĦ	Final		П	Year End	
8. Number of Fund	raisers this Report	l iii	Special		Ħ	Final	
0,1,4,1,00,01,4,1		1	******		_	Special	
11. Account Inform	action			11 4		Information	
a. Financial Institution						titution Full Name	
First Citizens Bank	run ivanic			a. Fina	iiciai Ilis	entution Fun (value	
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
bi i ui pose	COLUMN COUL						
	1						
	d. Period Begin Balance	e					d. Period Begin Balance
	\$ 721.04						s
CERTIFICATION							
		iance w	th all applies	hle pro	viciona	of Article 22A 22D	& 22D-22M of Chapter 163 of
							I further certify that this report
	d correct and that I have been						Traiting certify that this report
Lynn	Sutton Kina	i tranice		m	XX	201	10-21-20
- SVIII	Printed Name of Signer				of Appoir	nted/freasurer	Date
FOR OFFICE USE	AND DESCRIPTION OF THE PARTY OF					V	
	10-21-20	)	Emplemen			100)	Delivery Method
Date Received:	10-21-90		Employee:			oup.	Normal Mail
Date Postmarke	od.		Employee:			T	Registered Mail
Date Fostiliarke	d.		Employee.				Hand Delivered
Date Scanned:			Employee:				Electronically Filed
Date Scallicu.			zinpiojee.				Signer has not received
Date Data Ente	red:		Employee:				mandatory training
Please Note: Th	is form cannot be used to an	nend co	mmittee info	mation	such a	s the committee addre	ess, treasurer, assistant treasurer,

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.



Amendment No

Detailed Summary

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Justin for JoCo	Third Quarter Plus		ZGHS48
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 721.04	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 4535.00	\$ 6720.00
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 Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, 11d and 11e)	\$ 4535.00	\$ 6720.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5123.19	\$ 6587.15
13b) Contributions to Candidates/Political Commit	tees (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, 13		\$ 5123.19	\$ 6587.15
19) Cash on Hand at End (Add lines 4 and 12 together, then subi		\$ 132.85	\$ 132.85
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	rs) (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)	\$	\$
	(CRO-2220)		\$
27) 48-Hour Notice Reports Sum		\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$

CRO-1100 NC State Board of Elections August 2008

## **Contributions from Individuals**

			Ame	ndment		
1	of	3		Yes	$\boxtimes$	No

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

1. Comm	ittee Full Name (	and Fund if applical	ole)					2. ID Num	ber		
Justin for	JoCo								ZGHS48		
3. Contri	butor Informatio	n		Add		Remo	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job Ti	tle/Prof	ession		d. Comments			
(include	city, state, & zip)			Retired	Nursi	ng Mar	nager				
Lynn Kin											
	ontown Rd.			c. Employ	yer's Na	me/Spec	cific Field				
Faison, N	C 28341			N/A				e. Election Su	m to Data	***************************************	
								e. Election Su	m to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					07/01/20	020 \$		50.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Remo	ove				
a. Full Nam	ie, Mailing Address &	Phone		b. Job Ti	tle/Prof	ession		d. Comments			
	city, state, & zip)			Project	Direct	tor					
Jonathan											
	one Circle.			Lenovo		me/Spec	cific Field				
Clayton,	NC 27520			1009 T		lace		e. Election Su	m to Date		
				Morris			60		Property Section		
								\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					10/02/20	020	\$	500.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Reme	ove				
	ie, Mailing Address &	& Phone		b. Job Ti				d. Comments			
	city, state, & zip)			Retired	l Teach	ier					
Denise By	yra ohenson Rd.			a Emplo	varie No	ma/Spa	cific Field				
Angier, N				N/A	yer sive	ime/spec	tille Field				
Angier, i	C 27501			14/21				e. Election Su	ım to Date		
								\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					10/05/20	020	\$	250.00	
									\$		
									\$		
4. Total	only this Pag	е						\$		800.00	
5. Total	of ALL CRO	-1210 Pages						\$		4535.00	
(This line	e must be on line 6 of	Detailed Summary Page (	CRO-1100	)				Ψ		1000.00	

## **Contributions from Individuals**

			Ame	ndment		
2	of	3		Yes	$\boxtimes$	No

Jse this form to	report individua	l contributions over	\$50 or	r contributions under	\$50	if form	CRO	1205 i	is not u	used
------------------	------------------	----------------------	---------	-----------------------	------	---------	-----	--------	----------	------

1. Comm	ittee Full Name (	and Fund if applical	ole)	R.A.	a spaine			2. ID Num	ber	
Justin for	JoCo								ZGHS48	
3. Contri	butor Informatio	in		Add		Remo	ove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Ti				d. Comments		
	city, state, & zip)			Commi	unicatio	ons Dir	rector			
Rick Mer										
	veed Place			c. Employ			eific Field			
Clayton, 1	NC 27527			Town		er		F1 4 C	- 1 D 1	
				Garner	, NC			e. Election Su	im to Date	
								\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					10/04/20	)20	\$	25.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Ti	tle/Profe	ession		d. Comments	3	
	(include city, state, & zip)			Facility	Techr	nician				
Michael Dove										
213 Boswell Ln Clayton, NC 27527				c. Employer's Name/Specific Field						
Clayton, NC 27527				AT&T North Carolina				El . 0 . 6	4 D.4	
				North Caronna				e. Election Su	im to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					10/05/20	020	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti		ession		d. Comments	3	
	city, state, & zip)			Librari	an					
Cody Ma										
	nceton Kenly Rd						cific Field			
Kenly, N	C 27542			715 N			an Univ.	e. Election St	um to Date	
				Elizabe				\$	10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy)		k. Amount	
	1	Check					10/07/20		\$	10.00
									\$	
									\$	
4. Total	l only this Page	e						\$		135.00
5. Total	of ALL CRO	-1210 Pages						\$		4535.00
(This line	e must be on line 6 of	Detailed Summary Page C	CRO-1100	))				Ψ		1000.00

## **Contributions from**

Contr	ibutions froi	n Individuals		Pg	of	3	Amendment  Yes	☐ No
Use this f	form to report indi	vidual contributions of	ver \$50	or contributions unde	r \$50 if form CRO	O 1205 is no	ot used	
1. Comm	ittee Full Name	and Fund if applica	ble)			2. ID Nun	nber	
Justin for	JoCo						ZGHS48	
3. Contr	ibutor Informatio	on		Add Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Farmer				
Jay Vinso								
2201 Jac				c. Employer's Name/Spe	ecific Field			
Clayton,	NC 27520			Vinson Farms	e. Election S	to Date		
				Clayton, NC		e. Election S	oum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Cash			10/16/20	020	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Rem	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Insurance Agent				
Justin D.				E I V V	-16 - El 13			
	Blossom Ct			c. Employer's Name/Spe MetLife	ecinc Field			
Clayton,	NC 27527			120 Preston Executi	ive Dr	e. Election S	Sum to Date	
				Cary, NC 27513	IVC DI	c. Election s	oun to Date	

Jay Vinso	erty, state, & zip)			Tarmer							
2201 Jack				c. Employe	er's Name/Sp	ecific Field	1				
	NC 27520			Vinson I							
,				Clayton,	NC		e. Election S	um to Date			
							\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descript	tion	j. Date (mm/dd/yy	уу)	k. Amoun	it		
	1	Cash				10/16/2	020	\$	100.00		
								\$			
								\$			
3. Contri	ibutor Informatio	on		Add [	Rer	nove					
CHECKE PROPERTY	ne, Mailing Address			_	e/Profession		d. Commen	ts			
(include	city, state, & zip)			Insuranc	e Agent						
Justin D.	King										
56 Peach	Blossom Ct				er's Name/Sp	ecific Field					
Clayton, NC 27527				MetLife							
					ston Execu	tive Dr	e. Election Sum to Date				
				Cary, No	C 27513		\$	3300.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Descript	tion	j. Date (mm/dd/yy	ууу)	k. Amoun	ıt		
	1	Cash				07/17/2	020	\$	1000.00		
	1	Cash				07/29/2	2020	\$	1200.00		
	1	Cash				09/28/2	2020	\$	500.00		
3. Contr	ibutor Informatio	on		Add	Rer	nove					
a. Full Nar	ne, Mailing Address	& Phone		b. Job Titl	e/Profession		d. Commen	ts			
	city, state, & zip)			Insuranc	e Agent						
Justin D.	-										
	Blossom Ct.				er's Name/Sp	ecific Field	-				
Clayton,	NC 27527			MetLife	ston Execu	tive Dr	e. Election S	Sum to Date			
				Cary, No		live Di	\$	4100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	tion	j. Date (mm/dd/y)		k. Amour			
	1	Cash				10/01/2		\$	600.00		
	1	Cash	1	XIII III III III III III III III III II		10/05/2	2020	\$	200.00		
								\$			
4. Tota	l only this Pag	e					\$		3600.00		
	of ALL CRO	0-1210 Pages Detailed Summary Page (	CRO. 110	2)			\$		4535.00		
CRO-12		Denanca Samurany 1 age C		NC State Bo	and of Electic	une.			April 200		

NC State Board of Elections April 2007 CRO-1210

n	•	1.					4~
v	IS	D	u	rs	em	en	LS

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Pg	1	

of <u>3</u>

LIII	chament
	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 Fr	ull Name (and Fund	i if applicable)					2. ID Number
Justin for JoCo		A. A. Source of the Control of the C					ZGHS48
3. Type of Disbu	rsement (Plea	se use separate C	RO	-1310 forms for each ty	pe of Disburseme	ent.)	
Operating Ex	The state of the s	THE RESERVE TO BE ADDRESS OF THE PARTY OF TH	-	ntes/Political Committees			d Party Expenditures
4. Payee Inform			-	dd	Remove		
	ng Address & Phone		_	Coordinated Committee Na		d. Co	mments
(include city, state,							
Animoto.com	P)						
10 Astor Place			c.	Level Registered (Specify)			
New York, NY	10003		T	Federal	County:		
1014, 111				State	Municipality:	e. Ele	ection Sum to Date
			_	<u> </u>			
						\$ 2	260.00
f. Account Code	g. Form of Payment	h. Purpose Code	П	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
Account Couc			-				eo Productio
1	Debit	A		09/14/2020	\$65.00		and the state of t
			-				
					\$		
4. Payee Inform	ation		A	dd 🔲	Remove		
	ng Address & Phone		_	Coordinated Committee Na		d. Co	omments
(include city, state,							
Facebook	w ap)						
1 Hacker Way			C	Level Registered (Specify)			
Mendo Park, CA	94025		Г	Federal	County:		
wichuo raik, Cr	1 7-1023			State	Municipality:	e. Fla	ection Sum to Date
					unoipunty.		
						\$	1061.46
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks
1	Debit	A		10/01/2020	\$789.75	Ad I	Promotion
*							
					\$		
4 P 7 C				44			
4. Payee Inform			T	Coordinated Committee No	Remove	10	omments
	ng Address & Phone		0.	Coordinated Committee Na	une	u. Co	minents
(include city, state,	& zip)		-				
Poliengine.com			-	I and Decision A (Constella)		-	
Gainesville, FL			C.	Level Registered (Specify)	Country	-	
			1	Federal 🖂	County:		action Cum to Date
			1	State	Municipality:	e. Ele	ection Sum to Date
						\$	385.00
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
1	Debit	A		10/16/2020	\$140.00	Web	osite
*							
					\$		
5. Total only th	is Page		TH:			\$	994.75
	CRO-1310 Pages						
(This line goes in line 12g of Datailed Summary Page CRO-1100 if Operating Expenses)						5122 10	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  \$ 5123.19							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	es (List detailed ex		AL RESIDENCE	THE RESERVE THE PARTY OF THE PA			
A* - Media	B* - Printing	C* - Fund			D - To Anoth		
E - Salaries	F* - Equipment						c Office Expenses
I - Postage	J - Penalties	K* - Offi	ce I	Expenses	Q* - Donatio	n to L	egal Expense Fund
O* - Other				-1- e-13 03			
* Codes requir	* Codes require detailed explanation in required remarks field (k)						

n	ic	hu	rsem	onte
v	13	υu	1 SCIII	CHILD

	Pg	2

	Amei	idment
3		Yes

s No

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

	Ill Name (and Fund	l if applicable)	WALL TERM BEST		2. ID Number
Justin for JoCo					ZGHS48
3. Type of Disbu	rsement (Pleas		RO-1310 forms for each ty		
Operating Ex	penses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Informa	ation		Add	Remove	
a. Full Name, Mailin	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state, &	& zip) et Printing		a Laval Designate 4 (Consider		
1848 Brevard Ro			c. Level Registered (Specify)	Count	-
Arden, NC 2870	4		Federal State	County: Municipality:	e. Election Sum to Date
				winnerparity.	\$ 1914.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	В	07/21/2020	\$891.00	Sign Printing
1	Debit	В	10/10/2020	\$1023.75	Sign Printing
4. Payee Inform	ation		Add	Remove	ALCOHOL SERVICE SERVIC
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, & Finished Works, PO Box 1881	& zip)		c. Level Registered (Specify)		
Clayton, NC 275	528		Federal 🛛	County:	
67.6			State	Municipality:	e. Election Sum to Date
					\$ 1550.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	07/31/2020	\$950.00	Video Productio
1	Check	A	10/06/2020	\$600.00	Video Productio
4. Payee Inform	ation		Add	Remove	
a. Full Name, Mailin (include city, state, d WKJO	ng Address & Phone & zip)		b. Coordinated Committee Na	ame	d. Comments
104 Airport Indu	ustrial Drive		c. Level Registered (Specify)		
Clayton, NC 275			Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 514.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/13/2020	\$514.40	Radio Ad
				\$	
5. Total only thi					\$ 3979.15
(This line goes in (This line goes in (This line goes in	line 13b of Detailed Sun line 13c of Detailed Sun	nmary Page CRO-110 nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 5123.19
	es (List detailed ex				
A* - Media E - Salaries I - Postage O* - Other * Codes requir	B* - Printing F* - Equipment J - Penalties  e detailed explanat	K* - Offi	cal Party ce Expenses	H* - Holding	ner Candidate g Public Office Expenses on to Legal Expense Fund

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I)	ĺ	8	h	11	rs	e	m	e	n	ts	

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Pg	- 3

of 3

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)  2. ID Number							
Justin for JoCo	ZGHS48						
3. Type of Disbu	rsement (Pleas						
Operating Ex			ndidates/Political Committees	Сос	ordinated Party Expenditures		
4. Payee Inform			Add	Remove			
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	ıme	d. Comments		
(include city, state, & zip) Godaddy.com							
14455 N. Hayden Rd.			c. Level Registered (Specify)	Date (Carrier and Carrier and Carrier			
STE 219			Federal County:				
Phoenix, AZ 85260			State	Municipality:	e. Election Sum to Date		
			T	1	\$ 171.07 97,34		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	A	10/08/2020	\$25.00	Hosting Fee Ren		
1	Debit	A	10/08/2020	\$48.73	Hosting Fees		
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state, or First Citizens Ba	& zip)						
2520 Timber Dr			c. Level Registered (Specify)				
Garner, NC 27529			Federal 🖂	County:			
**			State	Municipality:	e. Election Sum to Date		
					\$ 72.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	K	09/09/2020	\$36.00	Service Fee		
1	Debit	K	09/21/2020	\$36.00	Service Fee		
4. Payee Inform	ation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Name		d. Comments		
(include city, state,	NAME OF TAXABLE PARTY OF TAXABLE PARTY.						
Vantiv, Inc.							
850 Governor's Hill Dr			c. Level Registered (Specify)				
Symmes Township, OH 45249			Federal County:				
			State	Municipality:	e. Election Sum to Date		
					\$ 11.63		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	С	07/09/2020	\$2.56	Donation Fee		
1	Debit	С	08/31/2020	\$1.00	Donation Fee		
5. Total only th	is Page				\$ 254.70   49.29		
6. Total of ALL							
(This line goes in	\$ 5123.19						
(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							
					g Public Office Expenses		
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses  I - Postage J - Penalties K* - Office Expenses  O* - Other  H* - Holding Public Office Expenses  Q* - Donation to Legal Expense Fund							
* Codes require detailed explanation in required remarks field (k)							