

Candidate Committee Organizational paperwork

Refer to the following pages for instructions on how to complete your campaign finance committee paperwork. This packet includes sample forms and blank forms.

When is a candidate required to set up a committee?

An individual must file organizational paperwork with the Board of Elections office within 10 days of whichever of these actions occurs first:

- Any money is spent or received (including in-kind contributions) in support of a candidacy; or
- A notice of candidacy or petition requesting to be a candidate is filed; or
- A person is certified as the nominee of a political party for a vacancy; or
- A person makes a public announcement of definite intent to run for public office in a particular election.

What forms are REQUIRED to set up the committee?

The organizational paperwork must include:

- Statement of Organization – Candidate Committee (CRO-2100A)
- Certification of Treasurer (CRO-3100)
- Certification of Financial Account Number Information (CRO-3500)
- *Organizational Report (CRO-1000, CRO 1100 and any additional forms required for detailed disclosure)

** if you are a candidate eligible to file a certification of threshold, the organizational report is not required*

The following forms are OPTIONAL:

Certification of Threshold (CRO-3600)

A county or municipal candidate who does not intend to raise or spend more than \$1,000 in the election cycle may file a certification to that effect. While the committee remains under the threshold, it does not have to file disclosure reports. This must be filed at the beginning of each election cycle or upon organizing the committee.

Candidate Designation of Committee Funds (CRO-3900)

Any questions regarding the paperwork or filing can be emailed to elections@alexandercountync.gov

Additional resources:

[Campaign Finance Manual](#)

[Running for Office Step By Step](#)

[Information on MANDATORY Treasurer Training](#)

Statement of Organization (CRO-2100A)

All fields in yellow are required

Amendment
 Yes No

Statement of Organization - Candidate Committee
 Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information		c. ID Number	
a. Full Name			
Committee to elect John Voter			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
621 Liledoun Road Taylorsville, NC 28681		01/09/2019	
		e. Phone Number	
		828-632-9332	
<input type="checkbox"/> Candidate's Primary Committee			
2. Candidate Information		e. Candidate ID Number	
a. Full Name		f. Party Affiliation	
John Q Voter		non-partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
PO Box 123 Taylorsville, NC 28681		Alexander Co. Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-632-7004	johnvoter@email.com	2019	District 2
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jane Smith			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
370 1st Avenue SW Taylorsville NC 28681			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-632-2990	janesmith@email.com		
<input checked="" type="checkbox"/> I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Bank of America	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		JV	Checking
<input type="checkbox"/> Email copy of notices			
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.			
John Voter		01/09/2019	
<small>Printed Name of Signer</small>		<small>Date</small>	
John Voter			
<small>Signature of Appointed Treasurer</small>			

State Candidates only

Should be the date you:

- Filed
 - Spend or received \$\$
 - Opened account
 - Announced candidacy
- Whichever occurred first!

State Candidates only

For School Board, write

District #

This is any letter, number or combination of letters and numbers that will identify which bank account you are using Ex: 1, 2, A, B, or initials

Adding a custodian of the books or an assistant treasurer is optional. The treasurer or candidate of a candidate committee must sign this form. A new statement of organization must be submitted to show any changes in committee information (ex. New bank account, new treasurer, etc)

Certification of Treasurer ([CRO-3100](#))

All fields highlighted in YELLOW are required



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:	John Q Voter
Treasurer Name:	Jane Smith
Treasurer Address: (include city, state, & zip)	370 1st Avenue SW Taylorsville NC, 28681
Treasurer Phone:	828-632-2990

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

<p>01/09/2019 Date Signed</p>	<p><i>John Q Voter</i> Signature of Candidate</p>
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CRO-3100 Certification of Treasurer

This form should be used to certify a treasurer. If a change of treasurer is made, a new form must be submitted. A candidate's spouse is prohibited from serving as treasurer. However, a candidate may serve as their own treasurer. Refer to the Campaign Finance manual for additional information on who may serve as treasurer.

Certification of Financial Account Number Information ([CRO-3500](#))

All fields highlighted in YELLOW are required



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: Committee to elect John Voter

Treasurer Name: Jane Smith

Treasurer Address: 370 1st Avenue SW
(include city, state, & zip) Taylorsville, NC 28681

Treasurer Phone: 828-632-2990

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports. If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BOA	123 Banker Ave Taylorsville, NC 28681	9885236103	JV

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

01/09/2019 *John Voter*

Date Signed Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed Signature of Candidate or Treasurer

CRO-3500 Certification of Financial Account Information

This form is used to report confidential bank account information for all accounts established by the committee.

* If a candidate committee will not raise any more nor spend any money other than the candidate's personal funds, they do not need to provide bank account information. The candidate shall mark the second box on the form and sign to certify that the committee will not raise or spend any money except the candidate's personal funds.

Certification of Threshold ([CRO-3600](#))

All fields in YELLOW are required



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to elect John Voter

Treasurer Name: Jane Smith

Treasurer Address: 370 1st Avenue SW
(include city, state, & zip) Taylorsville, NC 28681

Treasurer Phone: 828-632-2990

Check One:
 I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

01/09/2019 John Voter
Date Signed Signature

CRO-3600 Certification of Threshold

Used to declare committees intent to raise or spend \$1,000 or less in the current election cycle. If a committee selects to remain under the threshold, they are still required to keep track of all transactions related to the committee, but will not file regular disclosure reports.

Committees this certification but exceed the \$1,000 threshold during the election cycle must immediately file an amended certification of threshold to show a change in status to being over threshold.

Candidate Designation of Committee Funds ([CRO-3900](#))

All fields in YELLOW are required

	NORTH CAROLINA State Board of Elections & Ethics Enforcement								
Candidate Designation of Committee Funds									
<p>This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).</p> <p>This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.</p> <p>Candidate Name: John Q Voter</p> <p>Committee Name: Committee to elect John Voter</p> <p>Treasurer Name: Jane Smith</p> <p>If Candidate is own treasurer, designate an agent to carry out designations: _____</p> <p>Committee ID #: _____</p> <p>Level Registered: [State] [County] If county, specify: Alexander</p>									
<p>I, John Q Voter hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).</p> <table border="1"><thead><tr><th>Name of Entity <small>(Select from §163-278.16B(a))</small></th><th>Plan for Disbursement (eg. Amount or %)</th></tr></thead><tbody><tr><td>1. Return to Contributors</td><td>50%</td></tr><tr><td>2. Alex Co Food Bank</td><td>50%</td></tr><tr><td>3. _____</td><td>_____</td></tr></tbody></table> <p>By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.</p> <p>Signature of Candidate: <i>John Q Voter</i></p> <p>Date: 01/09/2019</p>		Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)	1. Return to Contributors	50%	2. Alex Co Food Bank	50%	3. _____	_____
Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)								
1. Return to Contributors	50%								
2. Alex Co Food Bank	50%								
3. _____	_____								
CRO-3900	Candidate Designation of Committee Funds								

This form is used by candidate committees and allows the candidate to designate in the event of their death, how the committee funds are to be disbursed using the allowable methods outlined in [GS § 163A-1433](#).

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name				c. ID Number	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
				e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number			c. Phone Number	d. Email Address	
d. Email Address			d. Email Address		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
<input type="checkbox"/> Email copy of notices					
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.					
_____		_____		_____	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Signature of Candidate



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

Date Signed

Signature of Candidate or Treasurer

For Candidate Committees Only

- In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

Date Signed

Signature of Candidate or Treasurer



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Date Signed

Signature



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: _____

Committee Name: _____

Treasurer Name: _____

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: _____

I, _____, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. _____	_____
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____

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	
b. Mailing Address (include City, State and Zip Code)			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	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input 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		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 Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	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
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				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance		d. Period Begin Balance	
	\$		\$	
CERTIFICATION				
<p>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.</p>				
_____		_____		_____
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	<u>Delivery Method</u>
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
<p>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.</p>				

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	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
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)		\$	\$
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)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	\$
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)		\$	\$