

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

Pam Karriker for City Council

c. ID Number

61-1714806

b. Mailing Address (include City, State and Zip Code)2308 Stroller Avenue
Durham, NC 27705**d. Date Filed**

09/30/2013

e. Phone Number

(919) 698-9064

2. Report Year

2013

3. Period Start Date (mm/dd/yy)

07/01/13

**4. Period End Date
(mm/dd/yy)**

09/24/13

5. Treasurer Full Name

Robin K. Henning

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent
☐ Expenditure
☐ Legal Expense Fund
- ☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:**8. Number of Fundraisers this Report**

None

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☒ Thirty-five day

☐ Pre-primary☐ Pre-election☐ Pre-runoff☐ Semi-annual☐ Mid Year☐ Year End☐ Final☐ Special**State/County**

- ☐ Organizational
☐ Quarterly

☐ First☐ Second☐ Third☐ Fourth☐ Semi-annual☐ Mid Year☐ Year End☐ Final☐ Special**Referendum**

- ☐ Organizational
☐ Pre-referendum

☐ Final☐ Supplemental Final☐ Annual☐ Special**10. Special Report Name****11. Account Information****a. Financial Institution Full Name**

Wells Fargo Bank, N.A.

b. PurposeChecking
(operating)**c. Account Code**

1

d. Period Begin Balance

\$ 400.00

11. Account Information**a. Financial Institution Full Name**

PayPal

b. PurposeElectronic
funds
transfers**c. Account Code**

2

d. Period Begin Balance

\$ 0.00

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.

Robin K. Henning

Printed Name

Signature of Appointed Treasurer

09/30/2013

Date

FOR OFFICE USE ONLY

Date Received:

SEP 30 2013

Employee:

Date Postmarked:

DURHAM BOE

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

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

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Pam Karriker for City Council		Thirty-five Day		61-1714806	
Start of Election Cycle:		January 1,		2010	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 400.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$	
6) Contributions from Individuals		(CRO-1210)		\$ 3950.00	
7) Contributions from Political Party Committees		(CRO-1220)		\$	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 500.00	
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)		\$ 0.19	
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, 11d and 11e)		\$ 4450.00		\$ 4850.19	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 2005.86	
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)		\$ 2005.86		\$ 2006.05	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2844.14		\$ 2844.14	
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-2200)		\$	
28) Contributions to be Refunded		(CRO-1215)		\$	

Contributions from Individuals

Pg 1 of 6 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wendy Clark 1109 N. Driver St. Durham, NC 27701-3519 (919) 682-5326			Business owner			
			c. Employer's Name/Specific Field			
			Carpe Diem Cleaning			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		06/13/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Peggy D. Harris 4276 US Highway 441 S. Okeechobee, FL 34974 (863) 697-2999			Retiree			
			c. Employer's Name/Specific Field			
			Sperry Corp			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Check		06/17/2013	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Beischer 2904 Trail Wood Dr. Durham, NC 27705 (919) 382-2848			Realtor			
			c. Employer's Name/Specific Field			
			Garden View Realty			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/29/13	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4350.00	

Contributions from Individuals

Pg 2 of 6 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Bowman 311 Watts St. Durham, NC 27701 (919) 493-6464			b. Job Title/Profession		d. Comments	
			Attorney			
			c. Employer's Name/Specific Field			
			Maxwell, Freeman & Bowman		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		08/19/2013		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Patrick Byker 2614 Stuart Dr. Durham, NC 27707 (919) 403-1127			b. Job Title/Profession		d. Comments	
			Attorney			
			c. Employer's Name/Specific Field			
			Morningstar Law		e. Election Sum to Date	
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		07/16/2013		\$ 400.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard Cheek 4911 Seterra Bend Durham, NC 27712 (919) 471-3122			b. Job Title/Profession		d. Comments	
			Manager			
			c. Employer's Name/Specific Field			
			Strawbridge Studios		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/17/2013		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$ 4350.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 3 of 6 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda Gooch 30 Quail Ridge Rd. Durham, NC 27705 (919) 384-7360			b. Job Title/Profession		d. Comments	
			Retired homemaker			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/27/2013	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sheila Graham 1008 Wildewood Rd. Durham, NC 27704 (919) 471-5644			b. Job Title/Profession		d. Comments	
			Retired teacher			
			c. Employer's Name/Specific Field			
					Durham Public Schools	
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/09/2013	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tommy Hunt 1115 Donphil Rd. Durham, NC 27712 (919) 620-7812			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
					Durham County Commission	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		09/11/2013	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages					\$ 4350.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 4 of 6 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dub Karriker Sr. 3007 Pickett Rd., Apt 106 Durham, NC 27705 (919) 401-3876			Retiree			
			c. Employer's Name/Specific Field			
			Garrett Dept. Store, El Dorado, AR			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		08/12/2013		\$ 1000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Teiji Kimball 10910 S. Lowell Rd. Bahama, NC 27703 (919) 949-2240			Chief Technical Officer			
			c. Employer's Name/Specific Field			
			Text2Give			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		09/04/2013		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ed Pope 326 Pleasant Dr. Durham, NC 27703 (919) 598-8857			Retiree			
			c. Employer's Name/Specific Field			
			State of North Carolina			
					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"/>	1	Check		09/09/2013		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4350.00	

Contributions from Individuals

Pg 5 of 6 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Craigie Sanders P.O. Box 52588 Durham, NC 27717 (919) 487-7860			Attorney			
			c. Employer's Name/Specific Field			
			K&L Gates			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		07/24/2013		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lowell Siler 16 Covington Lane Durham, NC 27712 (919) 302-1672			Attorney			
			c. Employer's Name/Specific Field			
			County of Durham			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		07/12/2013		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
W. Stephens Toler 8709 Mill House Lane Bahama, NC 27503 (919) 280-1294			Owner			
			c. Employer's Name/Specific Field			
			Steve Toler LLC			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		07/08/2013		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4350.00	

Contributions from Individuals

Pg 6 of 6 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Karriker 2308 Stroller Ave. Durham, NC 27705 (919) 471-0220			Pastor			
			c. Employer's Name/Specific Field			
			Christian Assembly Church			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	2	EFT		07/02/2013		\$ 25.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Pam Karriker 2308 Stroller Ave. Durham, NC 27705 (919) 286-7514			Candidate			
			c. Employer's Name/Specific Field			
			Self-employed			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input checked="" type="checkbox"/>	1	Check		06/11/2013		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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"/>						\$
4. Total only this Page					\$ 75.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4350.00	

Contributions from Individuals

Pg 6 of 6

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Pam Karriker for City Council					61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) William Karriker 2308 Stroller Ave. Durham, NC 27705 (919) 471-0220			b. Job Title/Profession		d. Comments	
			Pastor			
			c. Employer's Name/Specific Field			
			Christian Assembly Church		e. Election Sum to Date	
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	EFT		07/02/2013	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pam Karriker 2308 Stroller Ave. Durham, NC 27705 (919) 286-7514			b. Job Title/Profession		d. Comments	
			Candidate			
			c. Employer's Name/Specific Field			
			Self-employed		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		06/11/2013	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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"/>					\$	
4. Total only this Page					\$ 75.00	
5. Total of ALL CRO-1210 Pages					\$ 4350.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Other Political Committees

Pg

1

of

1

Amendment

☐

Yes

☒

No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Pam Karriker for City Council				61-1714806	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
NC REALTORS PAC 4511 Weybridge Lane Greensboro, NC 27407 (800) 443-9956		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/17/2013	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 500.00	

Disbursements

Pg 1 of 2 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) Pan Karriker for City Council					2. ID Number 61-1714806	
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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PayPal 2211 N. First St. San Jose, CA 95131 (408) 376-7400 (part of eBay)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date \$ 1.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	EFT	O	06/28/2013	\$0.19	Reclaimed funds testing link	
1	EFT	O	07/01/2013	\$1.03	Contrib'n proc fee	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Campaign Partner 16 Dudley St. Fitchburg, MA 01428 (617) 500-7251			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date \$ 87.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	EFT	O	Monthly	\$87.00	\$29.00/mo for Jul, Aug & Sep	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SpeedySigns.com 162 SW Spencer Ct., Suite 101 Lake City, FL 32024 (386) 755-2006			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date \$ 1555.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	EFT	O	08/19/2013	\$1555.70	Printing of signs	
				\$		
5. Total only this Page					\$ 1643.92	
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>					\$ 2006.05	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 2

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	
Pan Karriker for City Council					61-1714806	
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)			b. Coordinated Committee Name		d. Comments	
Durham County Bd of Elections 706 W. Corporation St. Durham, NC 27701 (919) 560-0700						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					\$ 199.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	07/19/2013	\$199.88	Filing fee	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VistaPrint 95 Hayden Ave. Lexington, MA 02421 (866) 614-8002						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					\$ 57.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	EFT	O	07/02/2013	\$57.50	Cards	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Fast Color Printer, Inc. 111 2 nd Ave NE #900 St. Petersburg, FL 33701						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					\$ 104.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	EFT	O	09/19/13	\$104.75	Hand-out cards	
				\$		
5. Total only this Page					\$ 362.13	
6. Total of ALL CRO-1310 Pages						
(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)					\$ 2006.05	
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)						