Disclosure Report C	Cover		Amendment Yes No
Use this form for general repo	ort and committee information,	, must be signed and sub	bmitted along with other detailed forms
Do not use this form to update	information.		
1. Committee Information a. Full Name			
	Telling Man Tellings		c. ID Number
b. Mailing Address (include City, S	CHY COUNCIL		
			d. Date Filed
307 GREHAM, NC	AVE		01/26/18
Duretan, NC	27704		e. Phone Number
2. Report Year 3. Period Sta		End Date (mm/dd/vy) 5	919-695-3232 5. Treasurer Full Name
2017 09/26	110 110		
	117 12/3	1/1+	BRIAN CALLAWAY
6. Type of Committee (Check Candidate Campaign P	(One) 9. Type of Re Municipal		type of report from one category)
		State/County	Referendum
☐ Independent Expenditure ☐ Jo			
Legal Expense Fund	oint Fundraiser Thirty-five d		Pre-referendum
Legal expense rund	Pre-primary Pre-election	First	Final Supplemental Final
7. Type of Fund (if applicable		Second	
Booster Fund (if applicable)	le, check one) Pre-runoff	Third	Annual
	Semi-annual	-	L spream
Building Fund	Mid Ye		
	Year Er		100 Special Report Panie
Other:	Final	Year E	
8. Number of Fundraisers thi	is Report	☐ Final	
Ø			1
		☐ Special	ı
11. Account Information		11. Account Informa	
a. Financial Institution Full Name			
a. Financial Institution Full Name LATINO COMMUNITY (11. Account Informa a. Financial Institution Fu	ull Name
a. Financial Institution Full Name	c. Account Code	11. Account Informa a. Financial Institution Fu	
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose	c. Account Code	11. Account Informa a. Financial Institution Fu	c. Account Code
a. Financial Institution Full Name LATINO COMMUNITY (c. Account Code LAT 2 d. Period Begin Balance	11. Account Informa a. Financial Institution Fu	c. Account Code
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPHIN FUND	c. Account Code	11. Account Informa a. Financial Institution Fu	c. Account Code
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPAIN FUND CERTIFICATION	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu	c. Account Code PAYP d. Period Begin Balance \$ 221.12
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPINA FUND CERTIFICATION I certify that the Committee or Fu	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu licable provisions of Artic	c. Account Code PAYP d. Period Begin Balance \$ 221.12
a. Financial Institution Full Name LATING COMMINITY C b. Purpose CAMPHIN FUND CERTIFICATION I certify that the Committee or Fund the NC General Statutes and the	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple that no funds are commingled with	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu licable provisions of Article the prohibited or other non-ce	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPINA FUND CERTIFICATION I certify that the Committee or Fu	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple that no funds are commingled with	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu licable provisions of Article the prohibited or other non-ce	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this
a. Financial Institution Full Name LATING COMMINITY C b. Purpose CAMPHIN FUND CERTIFICATION I certify that the Committee or Fund the NC General Statutes and the	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple that no funds are commingled with	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu licable provisions of Article the prohibited or other non-ce	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this
a. Financial Institution Full Name LATING COMMINITY C b. Purpose CAMPHIN FUND CERTIFICATION I certify that the Committee or Fund the NC General Statutes and the	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple that no funds are commingled with	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu licable provisions of Article the prohibited or other non-ce	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPINA Fund CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre BLIAN CALVAN Printed Name of Sig	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by	11. Account Informa a. Financial Institution Fu PAYPAL b. Purpose CAMPAIGN Fu licable provisions of Article the prohibited or other non-ce	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. D1/26/2018
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPANN Fund CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre BRIAN CANAN	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by	a. Financial Institution Fundancial Instituti	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. D1/26/2018
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPINA Fund CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre BLIAN CALVAN Printed Name of Sig	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by	a. Financial Institution Fundamental Institution Funda	c. Account Code PAYP d. Period Begin Balance \$ 221.17 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. Delivery Method
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPAIN Fund CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre BLAN CANAN Printed Name of Sig FOR OFFICE USE ONLY Date Received:	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by Signer Signer Employ	a. Financial Institution Further PAYPAL b. Purpose CAMPAIGN Further Further Prohibited or other non-cythe NC State Board of Elementure of Appointed Treasure State Stat	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. Dl/26/2018 Date Delivery Method Normal Mail
a. Financial Institution Full Name LATINO COMMUNTI C b. Purpose CAMPINA Fund CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre BLIAN CALAN Printed Name of Sig FOR OFFICE USE ONLY	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all application funds are commingled with ect and that I have been trained by Signer Signer	a. Financial Institution Further PAYPAL b. Purpose CAMPAIGN Further Further Prohibited or other non-cythe NC State Board of Elementure of Appointed Treasure State Stat	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. Dl/26/2018 Date Delivery Method Normal Mail Registered Mail
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPAIN Fund CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre BLAN CANAN Printed Name of Sig FOR OFFICE USE ONLY Date Received:	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by Signer Signer Employ	a. Financial Institution Further Paypal b. Purpose Campalen Further Further Prohibited or other non-cy the NC State Board of Elementure of Appointed Treasure State State Further Prohibited or other No. State Board of Elementure of Appointed Treasure State Further Prohibited Or other No. State Board of Elementure of Appointed Treasure State Further Prohibited Or other No. State Board of Elementure of Appointed Treasure State Further Prohibited Or other No. State Board of Elementure of Appointed Treasure State Further Prohibited Or other No. State Board of Elementure Or other No. State Board of El	c. Account Code PAYP d. Period Begin Balance \$ 221.12 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. Dl/26/2018 Date Delivery Method Normal Mail
a. Financial Institution Full Name LATING COMMUNITY C b. Purpose CAMPING FUND CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked:	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by Signer Signer Employ	a. Financial Institution Further PAYPAL b. Purpose CAMPAILN Further Provisions of Article provisions of Article prohibited or other non-content of Appointed Treasure provisions of Appointed Treasur	c. Account Code PATP d. Period Begin Balance \$ 221. 2 le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. D /26/20 8 er
a. Financial Institution Full Name LATINO COMMUNITY C b. Purpose CAMPANN Fum D CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corres Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Code LAT 2 d. Period Begin Balance \$ 673.10 und is in compliance with all apple hat no funds are commingled with ect and that I have been trained by Signer Signer Employ Employ IN PERSON Employ Employ Employ Employ Employ Employ Employ Employ Employ Employ	a. Financial Institution Further Paypal b. Purpose Campallor Further Further Prohibited or other non-cythe NC State Board of Elementure of Appointed Treasure Syee: Syee: Syee: Syee:	c. Account Code PATP d. Period Begin Balance \$ 221. le 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. D 26 20 er

Amendment

Amendment	
☐ Yes	☐ No

Disclosure Report Cover Addendum

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and	Fund if applicable)	Service	2. ID Number		
CALLANAY FOR	City Conver				
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
LATING Communy	CREDIT UMON	VENMO			
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
	LAT		VENM		
CHAMPAILA FUND	d. Period Begin Balance	CAMPAIEN FUND	d. Period Begin Balance		
	\$ 0.00		\$ 0.00		
3. Account Information		3. 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		
	\$		\$		
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
			1		
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
IN PERSON					
JAN 2 6 2018	d. Period Begin Balance	1	d. Period Begin Balance		
	\$				
DURHAMBOE	\$		\$		
3. Account Information	Control of the second second	3. 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					
I certify that the Committee or I	Fund is in compliance with a	Il applicable provisions of Article	22A, 22B & 22D-22M of		
Chapter 163 of the NC General	Statutes and that no funds ar	e commingled with prohibited or	other non-disclosed funds. I		
further certify that this report is	complete, true and correct as	nd that I have been trained by the	NC State Board of Elections		
BAIAN CALLANA Printed Name of Signe	My Bin	Callery	01/26/2018		
8	5.6	nature of Appointed Treasurer committee information such as the	Date committee name or account		
	inform	nation.			
You must amend the	ne Statement of Organization	(CRO-2100A-E) to make commi	ittee changes.		

Detailed Summary					ndment Yes	□ No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	d to total mo			2 ID N		
CALLANT FOR CITY COUNCIL	12. Type of			3. ID Nu	imber	
Start of Election Cycle: January 1, 2017			Total this Reporting Period	T	Total Election	
4) Cash on Hand at Start		\$	894.22			. Cycle
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	-	\$	_	_
6) Contributions from Individuals	(CRO-1210)	\$	50.00	S		
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)	\$	0.09	\$	0.	14
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	~	\$	00	1-1
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)	N 1000	50.09	\$		
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	854.12	\$		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	_	\$		
(5) Loan Repayments	(CRO-1420)	\$	477	\$		
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	90.19	\$		
7) In-Kind Contributions	(CRO-1510)	\$	_	S		
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	944.31	\$		
9) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	s -	-0-	\$		
ADDITIONAL INFORMATION						
	(CRO-1330)	\$				
	(CRO-1430)	\$				
	(CRO-1610)	\$				
	(CRO-1620)	\$				
	(CRO-1720)	\$				
	(CRO-1710)	\$		\$		
	(CRO-1440)	\$		\$	1072	
INFERSON	CRO-2220)	\$		\$		
8) Contributions to be Refunded (0	Manual Control of the last of	\$		\$		

		from Individu			P			Amendment Yes No
		individual contributi		contribut	ions un	der \$50 if form C	-	PARTY AND DESCRIPTION OF THE PARTY AND DESCRI
		me (and Fund if ap					2.	ID Number
		FOR CHY	Council					
100000000000000000000000000000000000000	ntributor Inform Name, Mailing Addi			Add		emove		
	de city, state, & zip			b. Job T	itle/Profe	ession	d. (Comments
				ENO	INET	R		
51	VIANT RI	BINSON		c. Emplo	yer's Na	me/Specific Field		
17	16 JAMB	ST		OFA	CLE		e. E	Election Sum to Date
	RHHOY, N	12 27707					\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount
	PAYP	DALINE				10/06/20	事。	\$ 50.00
								\$
								\$
All the same of the same of	tributor Inform			No. of Concession, Name of Street, or other Persons, Name of Street, or ot	THE RESERVE OF THE PERSON NAMED IN	move		
	ame, Mailing Addre			b. Job Ti	tle/Profe	ssion	d. C	omments
				c. Employ	yer's Nar	ne/Specific Field	1	
							e. El	ection Sum to Date
				2			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	(y)	k. Amount
								\$
								\$
								\$
	ributor Informa			Add	Ren			
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Tit	le/Profes	sion	d. Co	omments
(o violy, source, et hip)	IN PER	RSON					
				c. Employ	er's Nam	e/Specific Field		
		JAN 2 6	2010			-	e Fle	ection Sum to Date
		DURHAN	A BOE				\$	edon Sum to Date
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion		j. Date (mm/dd/yyyy	y) I	k. Amount
								\$
								\$
								\$
. Tota	l only this Pa	ige					\$	
		O-1210 Pages	es CBO 1100)				\$	

Amendment

D. I						Amendmen	t	
Disbursements		Pg	1	of	4	☐ Yes	□ No	
IT di C	0752	- 6						_

1. Committee	Full Name (and Fun	d if applicable)					2. ID Number
CALLAN	VAT For	City Co.	wic 1				
3. Type of Dis		e use separate Cl	RO-131	0 forms for	each type of Dis	burse	ment.)
Operating Ex	penses Cor	ntributions to Candid					ed Party Expenditures
4. Payee Infor	Market Control of the			Add	Remove	1	
	Mailing Address & Ph	ione		b. Coordina	ted Committee Nam	ne	d. Comments
(include city, state						- 1	Table at public
Duzotan	LOUTHAL P	412K		c Level Reg	istored (Specify)		event/space
	× 1526		ERS	Federal	istered (Specify) County:	-	venta (
Dupoton	n, NC 277	toz JAN	2 6 20	State	Widineip	anty.	
	794-8194	- DUDL	uu n				\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
LAT2	ONLINE VIA PAYAL	A	09/	27/2017	\$50.00	Bec	th rental at event
					\$		
4. Payee Inform				Add	Remove		
Maria Sala de Cara de	ling Address & Phone			b. Coordinat	ed Committee Nam	ie. d	d. Comments
(include city, sta							MONTHLY ACCOUNT
LATINO	Community	COEDIT Lines	V	c I evel Pegi	stered (Specify)		
100 W	MORGAN ST			Federal	County:		FEE
Durotom	NC 27701			State	Municipa	ality: e	. Election Sum to Date
	30-8800						s 40.00
		h Dumoso Codo	. D	(11// >			
	g. Form of Payment			mm/dd/yyyy)		Α.	quired Remarks
	Auto Deduct	0		-8/20A			K MAINTENANCE PEE
THE RESERVE OF THE PARTY OF THE	Auto Deduct	0	10/2	6/2017	\$ 8.00	BAN	in Management FEE
4. Payee Inform				AND DESCRIPTION OF THE PARTY OF	Remove		
a. Full Name, Mail (include city, stat	ing Address & Phone			b. Coordinate	ed Committee Name	e d	. Comments
							Monthly Account
	Community Co		1	c. Level Regis	tered (Specify)		FEE
100 W	MOREAN S	T		Federal	County:		()
Durotom	, NC 27701	t .		State	☐ Municipa	lity: e.	Election Sum to Date
919-53	0-8300						\$ 40,00
		h. Purpose Code	. Date (n	nm/dd/yyyy)	j. Amount		uired Remarks
LAT 2	AUTO DEDUCT	0	18-15 S		\$8,00	BAN	UK MANDONIME FEE
	AUTO DEIXULT	0		-	\$ 8,00	BANY	
5. Total only thi			0-1-				82.00
	CRO-1310 Pages						02.00
	line 13a of Detailed Sum	nary Page CRO-110	n if Oner	atina Evnense	,)		854.1200
	line 13b of Detailed Sumn					5	7997.17
	line 13c of Detailed Sumn						
. Purpose Co	des (List detailed e	xpenditure code	in (h.) a	bove)			
A* - Media	B* - Printing	g (C* - Fu	ndraising	D - To A	Anothe	r Candidate
E - Salaries	F* - Equipm			tical Party			Public Office Expenses
- Postage O* Other	J - Penalties	; I	S * - Of	fice Expens	es Q* - Do	nation	to Legal Expense Fund
	detailed explanatio	n in required re	marke	field (k)			

Dis	burs	emen	te
	naro		LO

				Amendment		
Pg	2	of	4	☐ Yes	☐ No	

	Full Name (and Fu				SERVICE SANCES	2. ID Number
4.	197 FOR 1					
3. Type of Dis		The state of the s	-	0 forms for	each type of Dis	sbursement.)
Operating Ex	penses Co	ntributions to Candi				pordinated Party Expenditures
4. Payee Infor	mation			Add	Remove	
a. Full Name, N	Mailing Address & Pl	none		b. Coordina	ted Committee Nan	me d. Comments
(include city, state					₩	PACPESSICOUTL
BL PHO				c. Level Reg	istered (Specify)	PHOTOERMONEY
	WEST CLINB			☐ Federal	County:	The second secon
	NC 27705			State	☐ Municip	pality: e. Election Sum to Date
	78-1880				_	\$ 241.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LAT Z	ONLINE VIN PATINO	A	09/	30/2017	\$ 241.88	POTOLPAPOT SERVICES
			1		S	
4. Payee Inform	nation		П	Add \square	Remove	
	ling Address & Phone				ed Committee Nam	d. Comments
(include city, sta						
FACEBOOL	K, INC			c I aval Pagi	stered (Specify)	Boosting content displayed on site
1601 h	ILLEN ROAD			Federal	County:	aus playou on 5/10
	PARK, CA 94	1225-1452		State	Municipa	ality: e. Election Sum to Date
		, , ,			<u> </u>	
f. Account Code	g. Form of Payment	h. Purpose Code	li Doto (mm/dd/yyyy)	l: Amount	\$ 396.64
Nav. N		A .				k. Required Remarks
PAYP	ONLINE	A			\$50.10	ONLINE ADVERTISING
	OMINE	A	09/	The state of the s	CONTRACTOR OF THE PARTY OF THE	ONLINE ABURTISING
4. Payee Inform			L		Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	
(include city, sta		IN PERS	ON			"Boostly" contact
FACEBOOK	INC	JAN 2 6 201	8		ctered (Specify) County:	Lisplayed on site
1601 W	LLOW ROAD			State	Municipa	dity: e. Election Sum to Date
MENLO PA	DK, CA 940	DURHAM BO	DE			\$ 396.64
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks
PAPP	ONLINE	A	10/1	1/2017	\$142.05	OMINE ADVENTISING
LAT2	CONLINE VIA DATHL	A	10/1	12017	\$101.59	OUMNE ADVENTISAL
5. Total only thi	is Page					S 609 6H
6. Total of ALL	CRO-1310 Pages					85 W 17
	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expenses	c)	05/10/282
	line 13b of Detailed Sum					\$ 54724
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Coord	linated Party I	Expenditures)	
. Purpose Co	des (List detailed	expenditure code	in (h.) a	bove)		
A* - Media	B* - Printin			ndraising	D - To A	Another Candidate
E - Salaries	F* - Equipn	nent	G - Poli	tical Party	Н* - Но	olding Public Office Expenses
- Postage	J - Penaltie	S	K* - Of	fice Expens	es Q* - Do	nation to Legal Expense Fund
O* Other * Codes require	e detailed explanation	n in noguinal				
Coucs require	uctaneu explanatio	m m requirea re	CHIAFKS 1	neia (K)		AND THE RESIDENCE OF THE PARTY

Disbursen	nents
-----------	-------

	-			Amendmen	t	
Pg	_3_	of	4	☐ Yes	□ No	

1. Committee Full Name (and Fund if applicable)							2. ID Number		
CALLAWAY FOR CITY COUNCIL									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform				Add	Remove				
The state of the s	a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments								
(include city, state, & zip)						WEB SITE			
SQUARE SPACE C. Level Registered (Specify) HOSTINE							HOSTINE		
275 VAILICK STREET, 12th FLOOR Federal County:									
	State	☐ Municip	ality:	e. Election Sum to Date					
New YORK, NY 10014							\$ 32.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
LAT2	ONLINE	A	101	05/2017	\$ 16.00	Will	FBSITE HOSTING		
					\$				
4. Payee Inform				Add	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Nam	ie	d. Comments		
(include city, sta		IN DEDO	201				ELECTION NIGHT		
PIE Aus	HE125	IN PERSO	VIC	a I and David and I (G. 16.)			WATER DARTY		
117 W	117 W MANY ST JAN 26 2018			c. Level Registered (Specify) Federal County: County:					
200	NC 27701	3/11 /2 0 2010		State	☐ Municipa	ality:	e. Election Sum to Date		
	4-8408	DURHAM BO	E				\$ 59.75		
	g. Form of Payment	h. Purpose Code	! D-4- /	(11/)	I	1. 5	00000000000000000000000000000000000000		
			117.00	mm/dd/yyyy)			quired Remarks		
LAT2	DOBIT CARD	0	10/1	0/2017	\$ 58.75	to	OD AT ANDLE EVENT		
15					\$				
4. Payee Inform	ng Address & Phone			A OFFICE AND LONG TO A SECOND	Remove				
(include city, stat				b. Coordinate	ed Committee Name	2	d. Comments		
						- 1	ELECTION NIGHT		
1000000	7 BUFFALOES			c. Level Regis	tered (Specify)		WATEH PARTY		
1807 W MARKHAM AVE				County:		FOOD			
Dustom	NC 777708	-		State	Municipa	lity: e	e. Election Sum to Date		
DUAHHM, NC 27705 919-239-2358							\$ 82.78		
		h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Red	quired Remarks		
LAT2	DEBTT CARD	0			\$ 72.78	Fro	D AT PUBLIC EVENT		
	y5.6(1 4.11 <u>y</u>		0-7 00		\$	-	Dill I BUL COUNT		
. Total only thi	s Page			ko in same			6 157 -5		
5. Total only this Page 6. Total of ALL CRO-1310 Pages							\$ 157.53		
THE RESIDENCE OF THE PROPERTY			0 :: 0		,		854.1200		
(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)							s 849.11		
(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 - Political Party H* - Holding Public Office Expenses						Public Office Expenses			
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund Office Expenses Q* - Donation to Legal Expense Fund									
* Codes require detailed explanation in required remarks field (k)									
- Jours require	actanea expianatio	a in required re	marks !	riciu (K)	Heintes Street 1964 Sea	ENGINEE S	现在此处的工作生态是是是150000000000000000000000000000000000		

D' 1				2 .	Amendmen		
Disbursements	Pg	4	of	4	☐ Yes	□ No	
Too this forms to see the second of the seco							,,

1. Committee	Full Name (and Fur	d if applicable)					2. ID Number		
CALLAW	AT FOR C	ITY Com	UCIL						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform				Add	Remove				
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name					ame	d. Comments			
(include city, state, & zip)							DEDUCTION FOR		
C. Level Registered (Specify) ONLINE RONATION							ONLINE DONATION		
2211 NOA		Federal	Count	y:	SERVICE FEE				
2211 NOATH FIRST STREET SAIN JOSE , CA 95131				State .	☐ Munio	ipality:	e. Election Sum to Date		
							\$ 4.95		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
PAYP	AUTO FEE	0	69	118/2017	\$3.20	A	LICHNTHO FEE		
PAY P	AUTO FEE	0		5.	\$1.75		construction FOE		
4. Payee Inforn				Add	Remove				
	ing Address & Phone			b. Coordinat	ed Committee Na	me	d. Comments		
(include city, stat	te, & zip)	PERSON							
		IAN 0 C 2010		c. Level Regi	stered (Specify)				
		JAN 2 6 2018		Federal	County				
	DI	JRHAM BOE		State	☐ Munic	ipality:	e. Election Sum to Date		
		J. II II II II II I					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks		
					\$				
					s				
4. Payee Inform	ation			Add	Remove				
a. Full Name, Maili	ng Address & Phone			The second second	ed Committee Na	ne	d. Comments		
(include city, state	e, & zip)								
				c. Level Regis	County				
				State	Munici		e. Election Sum to Date		
					ividinei	pairty.	State		
							\$		
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)		k. Re	quired Remarks		
					\$				
					\$	1			
. Total only this	s Page						s 4.95		
. Total of ALL	CRO-1310 Pages						1015		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						1275191	s 854.12		
(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)									
. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media B* - Printing C* - Fundraising D - To Another Candidate C - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses									
- Postage	F* - Equipm J - Penalties			tical Party			Public Office Expenses		
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund Office Property Office Prope									
Codes require detailed explanation in required remarks field (k)									

Dofunds/Doimhu	recoments From the Cou	mmittaa -	1	Amendment		
	rrsements From the Corefunds/reimbursements, including c	Anna (1990)		Yes No		
	e (and Fund if applicable)	onti ioutions retu	and the same of the same of the same of	2. ID Number		
				2. ID Number		
CALLAWAT	FOR CITY CONNELL	- In case of the c				
3. Payee Information	0 DI		emove			
a. Full Name, Mailing Addre (include city, state, & zip)	ss & Phone	d. Type of Comn Candidate	PAC	h. Original Receipt Date		
		Referendum	0.000.000	MULTIPLE/07/4/1017		
BAIAN CAN	•	e. Level Register	ed	i. Original Receipt Amount		
307 GRESHA		Federal State	County: Municipality:	\$ 3398.01/\$100		
Durstan, Ne	29704	f. Purpose Code		j. Election Sum to Date		
919-695-32	232	L-from	# 100 cosh	\$ 3307.82		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code		
	2 Durattofor Public Scotece	S ZENSED ARE		LAT2		
	equired Remarks		n. Date (mm/dd/yyy			
CASHIERS CHOCK FR	em \$100 CASH DOWNTION ON	07/24/2017	1 12/29/2017	7 \$ 90.19		
3. Payee Information		Add Re				
a. Full Name, Mailing Addres	ss & Phone	d. Type of Comm		h. Original Receipt Date		
(include city, state, & zip)	IN PERSON	Candidate	PAC			
	IN PERSON	e. Level Registere	Party	i. Original Receipt Amount		
	JAN 2 6 2018	Federal	Federal County:			
		State	Municipality:	\$		
	DURHAM BOE	f. Purpose Code		j. Election Sum to Date		
				\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments]	k. Account Code		
l. Form of Payment m. Re	equired Remarks		n. Date (mm/dd/yyy)	v) o. Amount		
			7,77	\$		
3. Payee Information		Add Rei	move			
a. Full Name, Mailing Address	AND THE RESIDENCE OF THE PARTY	d. Type of Commi		h. Original Receipt Date		
(include city, state, & zip)	o C T HOME	Candidate	PAC	i. Original Receipt Date		
	, 270 m	Referendum	Party			
		e. Level Registere	d i	i. Original Receipt Amount		
		Federal	County:	\$		
		State	Municipality:			
		f. Purpose Code	j	. Election Sum to Date		
		1		\$		
o. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k	k. Account Code		
. Form of Payment m. Re	quired Remarks		n. Date (mm/dd/yyyy	y) o. Amount		
, , , , , , , , , , , , , , , , , , ,	qui cu xomunu	All Colonia Colonia	in Date (minutaryyyy	\$		
4. Total only this Page	\$ 90.19					
5. Total of ALL CRO-13						
(This line must be on line 16	\$ 90.19					
6. Purpose Codes (List detailed disbursement code in (f) above)						
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit						
P* - Reimbursement of In-Kind O* Other						
* Codes require detaile	ed explanation in required remark	ks field (m)				