

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 JOHN STANLEY 4 LIBERTY			c. ID Number	
b. Mailing Address (include City, State and Zip Code) BILL MCGUIRE 197 SONATA DR LEWISVILLE, NC 27023			d. Date Filed 9/38/2021	e. Phone Number 336 462 0549
2. Report Year 2021	3. Period Start Date (mm/dd/yy) 7/2/2021	4. Period End Date (mm/dd/yy) 9/21/2021	5. Treasurer Full Name WILLIAM O MCGUIRE	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> 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)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report 1				
11. Account Information		11. Account Information		
a. Financial Institution Full Name BBAT / TRUST		a. Financial Institution Full Name		
b. Purpose	c. Account Code LPJSS 53514	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$	
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.				
WILLIAM O MCGUIRE Printed Name of Signer		[Signature] Signature of Appointed Treasurer		9/38/2021 Date
FOR OFFICE USE ONLY				
Date Received:	9/28/21	Employee:	[Signature]	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.				



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: JOHN STAFFORD STANLEY

Committee Name: JOHN STANLEY 4 LIBERTY

Treasurer Name: WILLIAM O. MCGUINE

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

Committee ID #: _____

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

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).

Name of Entity <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. <u>LIBERTARIAN PARTY OF FORSYTH COUNTY</u>	<u>100%</u>
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: _____

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	
JohnStanley4Liberty	35-Day Report		
Start of Election Cycle:	January 1, 2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 490.00	\$ 490.00
6) Contributions from Individuals	(CRO-1210)	\$ 1300.00	\$ 1300.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
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)		\$ 1790.00	\$ 1790.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 115.23	\$ 115.23
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)		\$ 115.23	\$ 115.23
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1674.77	\$ 1674.77
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)	\$	\$

Aggregated Contributions from Individuals

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1 of 1

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number		
JohnStanley4Liberty						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/10/2021	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/12/2021	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		8/2/2021	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		8/9/2021	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/17/2021	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	Cash		8/14/2021	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/22/2021	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/26/2021	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		8/11/2021	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		8/11/2021	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/26/2021	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/26/2021	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/26/2021	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		7/26/2021	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		8/11/2021	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		8/15/2021	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514	e-transfer		9/1/2021	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	LPJSS52514				\$	
<input type="checkbox"/> Remove						
4. Total only this Page				\$ 490.00		
5. Total of ALL CRO-1205 Pages				\$ 490.00		
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
JohnStanley4Liberty						
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	
Denise Parker 1165 Cooper Road Salisbury, NC 28147			Courier			
			c. Employer's Name/Specific Field			
			Self employed			
					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"/>	LPJSS52514	e-transfer		8/14/2021		\$ 50.00
<input type="checkbox"/>	LPJSS52514	e-transfer		8/15/2021		\$ 50.00
<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	
Ralph Lake 3 Charleston sq Greensboro, NC 27408			unemployed			
			c. Employer's Name/Specific Field			
			unemployed			
					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"/>	LPJSS52514	e-transfer		8/14/2021		\$ 50.00
<input type="checkbox"/>	LPJSS52514	e-transfer		8/15/2021		\$ 50.00
<input type="checkbox"/>	LPJSS52514	e-transfer		8/16/2021		\$ 50.00
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	
Ralph Lake 3 Charleston sq Greensboro, NC 27408			unemployed			
			c. Employer's Name/Specific Field			
			unemployed			
					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 type="checkbox"/>	LPJSS52514	e-transfer		8/17/2021		\$
<input type="checkbox"/>	LPJSS52514	e-transfer		8/18/2021		\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1300.00	

Contributions from Individuals

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	
JohnStanley4Liberty						
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	
Steven Feldman 807 Chester Road Winston-Salem, NC 27104			Physician			
			c. Employer's Name/Specific Field			
			Wake Forest School of Medicine			
					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"/>	LPJSS52514	e-transfer		7/26/2021	\$ 50.00	
<input type="checkbox"/>	LPJSS52514	e-transfer		7/27/2021	\$ 50.00	
<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	
Barbara Howe 5046 Tar Hill Drive Oxford, NC 27565			unemployed			
			c. Employer's Name/Specific Field			
			unemployed			
					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"/>	LPJSS52514	e-transfer		8/4/2021	\$ 50.00	
<input type="checkbox"/>	LPJSS52514	e-transfer		8/5/2021	\$ 50.00	
<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	
Michael Munger 10020 Bushveld Ln Raleigh, NC 27613			Professor			
			c. Employer's Name/Specific Field			
			Duke University			
					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"/>	LPJSS51514	e-transfer		8/8/2021	\$ 50.00	
<input type="checkbox"/>	LPJSS52514	e-transfer		8/9/2021	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	1300.00

Contributions from Individuals

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	
JohnStanley4Liberty						
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	
Jonathan Hopper jonathan.t.hopper@gmail.com Kernersville, NC			Cooper			
			c. Employer's Name/Specific Field			
			Barrel Factory			
					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"/>	LPJSS52514	e-transfer		7/7/2021	\$ 50.00	
<input type="checkbox"/>	LPJSS52514	Cash		8/14/2021	\$ 50.00	
<input type="checkbox"/>	LPJSS52514	Cash		8/15/2021	\$ 50.00	
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	
William McGuire Lewisville, NC			Solution Architect			
			c. Employer's Name/Specific Field			
			DXC Technology			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	LPJSS52514	e-transfer		7/10/2021	\$ 10.00	
<input type="checkbox"/>	LPJSS52514	cash		7/29/2021	\$ 50.00	
<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	
Randy Peters 1457 Ridgemere Lane Winston-Salem, NC 27106			Physician			
			c. Employer's Name/Specific Field			
			Gastroenterology Associates of the Piedmont			
					e. Election Sum to Date	
					\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	LPJSS52514	cash		7/2/2021	\$ 20.00	
<input type="checkbox"/>	LPJSS52514	e-transfer		9/11/2021	\$ 50.00	
<input type="checkbox"/>	LPJSS52514	e-transfer		9/12/2021	\$ 50.00	
4. Total only this Page					\$ 330.00	
5. Total of ALL CRO-1210 Pages					\$ 1300.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
JohnStanley4Liberty							
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	
Chris Smith Kernersville, NC christopheruther7@gmail.com				Operations Director			
				c. Employer's Name/Specific Field			
				Janiking			
				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"/>	LPJSS52514	e-transfer		8/14/2021	\$ 50.00		
<input type="checkbox"/>	LPJSS52514	e-transfer		8/15/2021	\$ 50.00		
<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	
Dorothy Watson 301 Livingstone Dr Cary, NC 27513				unemployed			
				c. Employer's Name/Specific Field			
				unemployed			
				e. Election Sum to Date			
				\$		110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	LPJSS52514	e-transfer		7/27/2021	\$ 50.00		
<input type="checkbox"/>	LPJSS52514	cash		8/14/2021	\$ 10.00		
<input type="checkbox"/>	LPJSS52514	cash		8/15/2021	\$ 50.00		
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	
Tracy White 252 Rockford Road Kernersville, NC 27284				me			
				c. Employer's Name/Specific Field			
				whatever comes my way			
				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"/>	LPJSS52514	e-transfer		7/17/2021	\$ 25.00		
<input type="checkbox"/>	LPJSS52514	e-transfer		7/26/2021	\$ 25.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages						\$ 1300.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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
JohnStanley4Liberty	

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	
Susan Hogarth 5901 Penny Rd. Raleigh, NC	Manufacturing technician		
	c. Employer's Name/Specific Field	e. Election Sum to Date	
	Duke University	\$ 60.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	LPJSS52514	etransfer		7/17/2021	\$ 50.00
<input type="checkbox"/>	LPJSS52514	etransfer		7/24/2021	\$ 10.00
<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"/>					\$

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	\$ 60.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1300.00

Disbursements

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
JohnStanley4Liberty					
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 <i>(include city, state, & zip)</i> Staples.com		b. Coordinated Committee Name		d. Comments	
		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:			\$ 44.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LPJSS52514	e-transfer	B	8/26/2021	\$44.92	Cards, banners
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Paypal.com		b. Coordinated Committee Name		d. Comments	
		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:			\$ 33.73	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LPJSS52514	e-transfer	O	9/21/2021	\$33.73	Fees to PayPal
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Donorbox.org		b. Coordinated Committee Name		d. Comments	
		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:			\$ 36.58	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LPJSS52514	e-transfer	O	9/21/2021	\$36.58	Fees to Donorbox.org
				\$	
5. Total only this Page					\$ 115.23
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>					\$ 115.23
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)					