

Incurred Costs for Electioneering Communications

An organization should use this form to report the entity with which costs were incurred for the electioneering communication as well as candidates identified or those to be identified. This form should be accompanied by forms CRO-2310, CRO-2320, and CRO-2330

1. Disbursement Information			
a. Item Num	b. Incurred Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number of the entity/business which was paid to produce the communication.			f. Amount
			\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		\$
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			\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		\$
Candidate Full Name	Office Sought		Amount
	<input type="checkbox"/> House <input type="checkbox"/> Senate District: ____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Council of State (specify): _____ <input type="checkbox"/> Other Officer: _____ Co./Dst. _____		\$
2. Total Disbursements THIS Page <i>(sum all the 'If' entries on this page)</i>			\$
3. Total Disbursements ALL Pages <i>(sum all the 'If' entries on all Disbursement pages)</i>			\$