Disclosure Report Cover	Disc	losure	Report	Cover
-------------------------	------	--------	--------	-------

Do not use this form to update information

Am	end	men	t		_ 4	
		Yes			D	No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Information a. Full Name COMMITTEE TO ELECT STAN DEATHERAGE OCT 3 1 2022 d. Date Filed b. Mailing Address (include City, State and Zip Code) Beaufort County 106 BEECHTREE ST 10-31-2022ctions WASHINGTIN, NC 27889 e. Phone Number 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) (mm/dd/yy) STEPHEN WADE SCHNEIDER 2022 07-01-2022 10-31-2022 (check only one type of report from one category) 9. Type of Report 6. Type of Committee (Check One) State/County Referendum Candidate Campaign Municipal Party Organizational Organizational Organizational PAC Referendum Independent Pre-referendum Quarterly Joint Fundraiser Thirty-five day Expenditure Legal Expense Fund Final (if applicable, check one) Pre-primary First 7. Type of Fund Supplemental Final Pre-election Second "Booster Fund" Third Annual Pre-runoff **Building Fund** Special Fourth Semi-annual Mid Year Semi-annual 10. Special Report Name Mid Year Year End Other: Year End Final Final 8. Number of Fundraisers this Report Special Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name WELLS FARGO BANK c. Account Code b. Purpose c. Account Code b. Purpose d. Period Begin Balance d. Period Begin Balance WE 19.94 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. -STEPHEN W SCHNEIDER Date Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: Normal Mail Registered Mail Employee: Date Postmarked: Hand Delivered Electronically Filed Employee: Date Scanned: Signer has not received mandatory training Date Data Entered: Employee: 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.

Amendment

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

1. Committee Full Name (and Fund if applicable) 2. Type of Rep			ort 3. ID Number			
COMMITTEE TO ELECT STAN DEATHERAGE						
			Total this			Total this
Start of Election Cycle: January 1,			Reporting Period			Election Cycle
4) Cash on Hand at Start		\$	76.01		\$	19,94
RECEIPTS						ILL WEIVE
5) Aggregated Contributions from Individuals	(CRO-1205)	\$			\$	OCT 3 1 2022
6) Contributions from Individuals	(CRO-1210)	\$	418.93		\$	2548.93
7) Contributions from Political Party Committees	(CRO-1220)	\$	1000.00		\$	1450.00 Board of Elections
8) Contributions from Other Political Committees	(CRO-1230)	\$			\$	
9) Loan Proceeds	(CRO-1410)	\$	125.00		\$	1143.00
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 Organiza	tions (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)	\$	1543.00		\$	5161.87
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	1400.00		\$	3942.81
13b) Contributions to Candidates/Political Comm	nittees (CRO-1310)	\$	200.00		\$	200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$			\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$			\$	
15) Loan Repayments	(CRO-1420)	\$			\$	1019.06
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)	\$	1600.00		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then s	subtract line 18)	\$	19.94		\$	19.94
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campai	igns) (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)	\$	1000		\$	1000
28) Contributions to be Refunded	(CRO-1215)	\$			\$	

		m Individuals	over \$5	P _f O or contributions un		of <u>Z</u>	Amendment Yes No
SACROST STREET, SACROST	AND RESIDENCE OF THE PARTY OF T	(and Fund if applica	STATE OF THE PARTY	o or contributions are	aci 450 li 10illi (2. ID Nu	
COMMI	TTEE TO ELECT	Γ STAN DEATHERA	IGE				
3. Contr	ibutor Informati	on		Add 🗌 Re	emove		
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	
	on DEJONG						RECEIVED
PAYPAI				c. Employer's Name/S	inecific Field		OCT 3 1 2022
						2-1	
						e. Election S	Sum to Date Beaufort County
						\$	18.93rd of Elections
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/de	l/уууу)	k. Amount
							\$
							\$
							\$
3. Contr	ibutor Informati	on		Add 🗌 Re	emove		
	ne, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession	n	d. Commen	ts
				c. Employer's Name/S	pecific Field		
						e. Election S	Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	l/yyyy)	k. Amount
							\$
							\$
							\$
3. Contr	ibutor Informati	on		Add 🗌 Re	emove		
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	s
(include	city, state, & zip)			-			
				c. Employer's Name/S	pecific Field		
						e. Election S	Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amount
							\$
							\$
							\$
4. Tota	only this Pag	ge				\$	18.93
5. Tota	of ALL CRO	-1210 Pages				\$	418.93

(This line must be on line 6 of Detailed Summary Page CRO-1100)

n	• B	•	9	r	0 0	J	1.
Cont	mbut	ions i	rom l	Lna	IIVI	aua	IIS

ml.			Amei	ndment	
Pg 1	of	2		Yes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT STAN DEATHERAGE Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments RECEIVED (include city, state, & zip) VICTORIA ROLINSKY RADER OCT 3 1 2022 113 SOUTH HARVEY ST c. Employer's Name/Specific Field WASHINGTON, NC 27889 e. Election Sum to Date or County 200000 of Elections j. Date (mm/dd/yyyy) k. Amount f. Prior i. In-Kind Description g. Account Code h. Form of Payment 100.00 X CHECK 3-22-22 \$ П \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CHARLES P AND SHARON B WILLIAMS c. Employer's Name/Specific Field 400 WARD RD WASHINGTON, NC 27889 e. Election Sum to Date 100.00 k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description \$ \$ \$ Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES E HICKMAN c. Employer's Name/Specific Field 109 CAPTAINS WALK RD BLOUNTS CREEK, NC 278149415 e. Election Sum to Date 100.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment f. Prior g. Account Code \$ \$ П \$ 4. Total only this Page \$ 400.00 5. Total of ALL CRO-1210 Pages \$ 418.93 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursem	ents			n-		1.	Amendment		
Use this form to	report expenditures	from the commit	tee	Pg for, operating expense	es	of	Yes No		
commutees and	coordinated party e	xpenditures.		ers, opening output	.,	onitionitions to	canadato/pondoar		
	Full Name (and Fur						2. ID Number		
The second secon	TO ELECY STAN	The state of the s							
3. Type of Dish	The second secon	ase use separate (R	0-1310 forms for each	ht	The same of the sa	About the second of the second		
Operating I	Newsyll .	Contributions to Ca	-	lates/Political Committees	1	CONTRACTOR OF THE PARTY OF THE	oordinated Party Expenditures		
4. Payee Inform			-	Add		Remove			
(include city, state,	ing Address & Phone		D	. Coordinated Committee	: Na	ime	d. Comments		
	O CONSERVATIV	EDACK	-				RECEIVED		
DEFICION C	OCONDERVATIV	LIACK	-	Level Registered (Specifi	h-)		0.1.0000		
110 W 2 ND ST			-		_		OCT 3 1 2022		
WASHINGTON	N, 27889		L	Federal X	1	County:			
				State		Municipality:	e. Election Sum to Date Board of Elections		
			Г						
12021 (2007)	T	1	L				\$ 200.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i d	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks		
						\$			
					_				
						\$			
4. Payee Inform	nation		A	dd 🗍		Remove			
a. Full Name, Mail	ing Address & Phone		b	Coordinated Committee	Na		d. Comments		
(include city, state,	& zip)						SIGNS AND EMAIL		
1	NETWORKS, INC						BLAST		
106 BEECHTR	100 TO 10		C.	Level Registered (Specify	-				
WASHINGTO	N, NC 27889			Federal 🖂		County:			
			L	State		Municipality:	e. Election Sum to Date		
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	345	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks		
	TRANS			10-07-22		\$200			
	TRANS			10-07-22	_	\$200			
				-		\$			
4. Payee Inform	nation		A	dd 🗆		Remove			
a. Full Name, Maili	ing Address & Phone		b.	Coordinated Committee	Na		d. Comments		
(include city, state,	& zip)						RADIO ADS		
WTIB			L						
			c.	Level Registered (Specify	7)				
				Federal		County:			
			L	State		Municipality:	e. Election Sum to Date		
-							\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks		
	CHECK			10-28-22		\$1200.00			
					-				
						\$			
5. Total only th	is Page						\$ 1600.00		
6. Total of ALL	CRO-1310 Pages								
The state of the state of	line 13a of Detailed Sun						\$ 1600.00		
The second secon		Contrib to Candidates/Poli			\$ 1000.00				
			SERVICE	Coordinated Party Expend	itur	res)			
7. Purpose Cod A* - Media	es (List detailed ex B* - Printing					D To Ameri	or Condidata		
E - Salaries	F* - Equipment	C* - Fund G - Politic				D - To Anoth	g Public Office Expenses		
I - Postage	J - Penalties	K* - Offic					on to Legal Expense Fund		
O* - Other					SECTION 1	CASA Trong and and a second			
* Codes requir	e detailed explanat	ion in required re	em;	erks field (k)					

Amendment
Yes

No

				(anti-c	te 9 of Detailed Summary Page CRO	um uo ao semu aum esu r)
\$ 125.00				10011		5. Total of ALL (
					4377 045	, 1113 11111
	\$	%				
3unou	e. A.		d. Percentage			
					(d)	(include city, state, & zi
mployer's Name/Specific Field	c, E	lession	b, Job Title/Pro		dress & Phone	a. Full Name, Mailing Ad
	\$	%				
imom			d. Percentage			
parton			operation b			
			and the state of t		(4.	er en farma (fara ampraer)
mployer's Vame/Specific Field	ात ५३	Caston	b. Job Title/Pro			a. Full Vame, Mailing Ad (include city, state, & zi
Prof. of the control			- William T. T.		- tu 0 - t	rv-mor action
	\$	%				
mount	e. A.	12 32 37	d. Percentage			
					(ď	(include city, state, & zi
mployer's Vame/Specific Field	c, E	lession	b. Job Title/Prof		dress & Phone	a. Full Name, Mailing Ad
	\$	%				
timom	A.9		d. Percentage			
						(include city, state, & zi
nployer's Vame/Specific Field	[B.2]	uoissə	b. Job Title/Prof	aut aatu		4. Endorsers/Makers a. Full Name, Mailing Ad
	T		(abol	out com	ounts of it stood soll)	Provide Managrapha A
osn Number	I .m				notitution	L Full Name of Lending L
00.271 \$						%
k. Amount 125.00	1112	J. Form of Payme	Account Code	4	naSnary Avenago er	
janouv 1	- par	i Horm of Porms	aho') imioaa k	1	h. Security Pledged	g. Kate
f. End Date (mm/dd/yyyy)						
		ntat v avreadorn	mmi v a va favduur ta			
Board of Elections		bleiff affiant2le	c. Employer's Nam	-	017	мезніистои, ис
e. Start Date (mm/dd/xyyx)n County						100 BEECHLKEE 2.
OCL 3 I 2022						MILLIAM S DEATH
						(include city, state, & zi
Remove RECEIVED		uojs	b. Job Title/Profes			a. Full Name, Mailing Ad
January Santa			bbA			3. Lender Informatio
				ਜ	LECT STAN DEATHERAG	COMMULEETOE
зирет.	ID N	7			ame (and Fund if applicabl	
				edt nso	ment must accompany each l	A loan proceeds state
01	4			osu euq	it proceeds from a loan and lo	Use this form to repo
Amendment No Nes	1	10	⁸ d		5	Loan Proceeds

Amendment

O					Amen	dment		
Outstanding Loans	Pg	_(of	_		Yes		No
Use this form to report any outstanding loans received during a previous repo	orting	pariod a	nd m	ntil tha 1	oon ic	noid in	6.11	

1. Committee Full Na	2. ID Number			
	LECT STAN DEATHERAGE			
3. Lender Informatio	n 🗌 Adi	d Remove	DEGELL	
a. Full Name, Mailing Add		b. Job Title/Profession	d. Comments KECEIV	
(include city, state, & zi WILLIAM DEATHE	A /		LOAN OCT 3110	
106 BEECTREE ST			e. Start Date (mm/dd/yyyy)	
WASHINGTON, NC	27889	c. Employer's Name/Specific Field	Beaufort Cou	
			Board of Elect	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$ 125.00	\$ 125.00	
k. Full Name of Lending L	nstitution		l. Loan Number	
WELLS FARGO BA	NK		69	
3. Lender Informatio				
a. Full Name, Mailing Add		b. Job Title/Profession	d. Comments	
(include city, state, & zi	p)			
		- E	e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	_	
			f. End Date (mm/dd/yyyy)	
			222 222 (222 22)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$	\$	
k. Full Name of Lending I	nstitution		l. Loan Number	
3. Lender Informatio				
a. Full Name, Mailing Add		b. Job Title/Profession	d. Comments	
(include city, state, & zi	p)			
			- S44 D-4- (/33/)	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		e Employer S Name Specific Field		
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$	\$	
k. Full Name of Lending I	nstitution		l. Loan Number	
-				
4. Total only this Pag			\$ 125.00	
5. Total of ALL CRO			\$ 125.00	
office the a married for our the	a 21 of Datallad Common Dana CDO			

40 TT NI - 4°		1		1	Amei	ndment		
48-Hour Notice	Page	/	of	1		Yes	No	
Use this form to report all contributions of \$1,000 or more.	ruge	-	O1					

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			BEARINE					
a. Full Name			c. ID Number					
COMMITTEE TO ELECT STA	N DEATHERAGE		OCT 3 1 2022					
b. Mailing Address (include City, State and Zi	p Code)		d. Report Date					
106 BEECHTREE ST		Beaufort County						
WASHINGTON, NC 27889			10-24-2022					
			e. Phone Number					
2. Contribution Information	WERE THE STATE OF	2. Contribution Information						
a. Full Name, Mailing Address & Phone	Add	a. Full Name, Mailing Address & Phon	ne Add					
(include city, state, and zip)	Remove	(include city, state, and zip)	Remove					
COMMITTEE CO CONSERVA 110 W. 2ND ST WASHINGTON, NC 2	ATIVE REPU							
b. Type of Contributor		b. Type of Contributor						
Political Party Other Political Committee (if checked	d, must specify b2 and b3) d, must specify b1) d, must specify b4)	Individual (if checked, must specify b2 and b3) Political Party Other Political Committee (if checked, must specify b1) Not-for-Profit (if checked, must specify b4) Other Source:						
b1. Type of Committee		b1. Type of Committee						
Federal County: State Municipality:	X	Federal						
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number					
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment					
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount					
10-26-2022	\$ 1000		\$					
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date					
	s		S					
3. Total Contributions THIS Page	\$ 1000.00							
4. Total Contributions ALL Pages	\$ 1418.93							
CEDTIFICATION								

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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.