

Disclosure Report Cover

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

Amendment
 Yes No

RECEIVED
 OCT 31 2022
 Beaufort County
 Board of Elections

1. Committee Information	
a. Full Name Hickman for School Board	c. ID Number DDC87
b. Mailing Address (include City, State and Zip Code) 109 Captains Walk Rd Blounts Creek, NC 27814	d. Date Filed 10/31/2022
	e. Phone Number 252-946-7748

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name Charles Hickman III
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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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name United Bank		a. Financial Institution Full Name	
b. Purpose Campaign Expenses	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 940.73		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.

Charles Hickman III Charles Hickman III 10/31/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
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.

Detailed Summary

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

Amendment
 Yes No



1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Hickman for School Board		Third Quarter Plus		DDCSY7	
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 940.73		\$940.73	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 884.00		\$ 1084.00	
6) Contributions from Individuals (CRO-1210)		\$ 1805.98		\$ 3675.98	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$1500.00	
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 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)		\$ 2689.98		\$ 6259.98	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1768.01		\$ 2737.28	
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)		\$ 0.00		\$ 830.00	
17) In-Kind Contributions (CRO-1510)		\$ 485.98		\$ 485.98	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$2253.99		\$ 4053.26	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$1376.72		\$ 3147.45	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$1500.00			
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

Page

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Amendment

Yes No

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

RECEIVED

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hickman for School Board	DDCSY7 OCT 31 2022

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	1	cash		07/21/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		08/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/24/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/26/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/27/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/27/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/27/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/27/2022	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		08/27/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/06/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/11/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/11/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/12/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/12/2022	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/12/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/12/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/13/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		09/13/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		10/08/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/08/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/09/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/09/2022	\$ 10.00
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 405.00
5. Total of ALL CRO-1205 Pages	\$ 884.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page

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Amendment
 Yes No

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

RECEIVED

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hickman for School Board	DDCSY7

OCT 31 2022

3. Contributor Information

Beaufort County Board of Elections

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	cash		10/12/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/12/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/12/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/12/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/13/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/13/2022	\$ 9.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/14/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/15/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/18/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/19/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/19/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		10/19/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/19/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/19/2022	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/20/2022	\$ 50.00
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 399.00
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5. Total of ALL CRO-1205 Pages	\$ 884.00
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(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page

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Amendment
 Yes No

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

RECEIVED

OCT 31 2022
 Beaufort County Board of Elections

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hickman for School Board	DDCSY7

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	1	cash		10/20//2022	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/20/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/20/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	cash		10/20/2022	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 80.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 884.00

Contributions from Individuals

Pg 1 of 7

Amendment
 Yes No

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

RECEIVED
 OCT 31 2022

Beaufort County
 Board of Elections

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hickman for School Board	DDCSY7

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Keith D. Kidwell 53 Elks Rd. Chocowinity, NC 27817 252-945-0985	Tax Specialist	
	c. Employer's Name/Specific Field	
	H&R Block	
		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		07/12/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Nancy D. Brickhouse 3190 E. NC Hwy 92 Washington, NC 27889	Landscaping Unlimited	
	c. Employer's Name/Specific Field	
	Enchanted Gardens True Value of Bath	
		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"/>	1	cash		07/12/2022	\$ 50.00
<input type="checkbox"/>	1	cash		07/13/2022	\$ 50.00
<input type="checkbox"/>	1	cash		07/15/2022	\$ 50.00

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Nancy D. Brickhouse 3190 E. NC Hwy 92 Washington, NC 27889	Landscaping Unlimited	
	c. Employer's Name/Specific Field	
	Enchanted Gardens True Valus of Bath	
		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	cash		07/18/2022	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages \$ 1805.98
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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

RECEIVED

OCT 31 2022

Beaufort County
Board of Elections

1. Committee Full Name (and Fund if applicable)	2. ID Number
Hickman for School Board	DDCSY7

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 R. Leary P.O. Box 33 Chocowinity, NC 27817 252-402-5662	Retired/Manager		
	c. Employer's Name/Specific Field		
	Weyerhaeuser		
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"/>	1	IN-KIND	Litho Graphics	08/05/2022	\$ 115.98
<input type="checkbox"/>	1	cash		08/18/2022	\$ 20.00
<input type="checkbox"/>	1	IN-KIND	Beaufort Co. Republican Party - Dinner Ticket	08/20/2022	\$ 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 R. Leary P.O. Box 33 Chocowinity, NC 27817 252-402-5662	Retired/Manager		
	c. Employer's Name/Specific Field		
	Weyerhaeuser		
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"/>	1	check		08/22/2022	\$250.00
<input type="checkbox"/>	1	cash		08/24/2022	\$ 20.00
<input type="checkbox"/>	1	cash		09/20/2022	\$ 20.00

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 R. Leary P.O. Box 33 Chocowinity, NC 27817 252-402-5662	Retired/Manager		
	c. Employer's Name/Specific Field		
	Weyerhaeuser		
e. Election Sum to Date			\$ 725.98

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		10/12/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 575.98
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1805.98

Contributions from Individuals

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	
Hickman for School Board						DDCSY7	
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 L. Cayton 113 N. Main St. Bath, NC 27808 252-923-0506				President		Beaufort County Board of Elections	
				c. Employer's Name/Specific Field			
				Cayton Enterprizes		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		08/12/2022		\$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	
Adam W. O'Neal 152 E. Water St. Belhaven, NC 27810 252-945-7550				Broker / Owner			
				c. Employer's Name/Specific Field			
				O'Neal and Associates		e. Election Sum to Date	
						\$330.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	IN-KIND	Donated shotgun/raffle	08/23/2022		\$320.00	
<input type="checkbox"/>	1	cash		09/12/2022		\$ 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	
Garland Lewis 14911 NC Hwy 33 E. Blounts Creek, NC 27814 252-322-5787				Retired / Manager			
				c. Employer's Name/Specific Field			
				Nutrian		e. Election Sum to Date	
						\$70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	cash		08/18/2022		\$ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$1805.98	

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	
Hickman for School Board					DDCSY7	
RECEIVED OCT 31 2022						
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	
Jimmie Walker 135 Short Street Edward, NC 27821 252-670-6071			Vice President		Beaufort County Board of Elections	
			c. Employer's Name/Specific Field			
			Walker Tire Service		e. Election Sum to Date	
					\$70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	cash		08/18/2022	\$20.00	
<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	
Stella Dwaine Smith 3906 Brookstone Drive Winterville, NC 28590			Retired / Teacher			
			c. Employer's Name/Specific Field			
			Pitt County Schools		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"/>	1	check		08/24/2022	\$ 50.00	
<input type="checkbox"/>	1	cash		08/26/2022	\$ 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	
John V. Barber 1559 Dixon Road Chocowinity, NC 27817 252-945-1644			Retired / Group Leader			
			c. Employer's Name/Specific Field			
			Thermo Fisher Scientific / Pharmaceutical Biotechnology		e. Election Sum to Date	
					\$70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	cash		08/15/2022	\$40.00	
<input type="checkbox"/>		cash		09/01/2022	\$ 20.00	
<input type="checkbox"/>		cash		10/17/2022	\$ 10.00	
4. Total only this Page					\$150.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$1805.98	

Contributions from Individuals

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

RECEIVED
 OCT 31 2022

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Hickman for School Board						DDCSY7	
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	
David Clark 401 East Main St. Washington, NC 27889 252-721-8020				President		Beaufort County Board of Elections	
				c. Employer's Name/Specific Field			
				Day One Creative, INC		e. Election Sum to Date	
						\$70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	cash		09/15/2022		\$ 50.00	
<input type="checkbox"/>	1	cash		09/16/2022		\$ 10.00	
<input type="checkbox"/>	1	cash		10/20/2022		\$ 10.00	
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	
Kelli Campbell 802 Hawthorne Drive Whitsett, NC 252-320-3356				Business Analyst			
				c. Employer's Name/Specific Field			
				Gilbarco Veeder Root / Fuel Distribution Equipment		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	cash		10/08/2022		\$ 50.00	
<input type="checkbox"/>	1	cash		10/09/2022		\$ 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	
				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						\$ 170.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1805.98	

Contributions from Individuals

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

RECEIVED
 OCT 31 2022

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Hickman for School Board					DDCSY7	
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	
Patricia Garrison 384 Maple St. Pantego, NC 27860 252-943-4658			Physical Therapist		Beaufort County Board of Elections	
			c. Employer's Name/Specific Field			
			Vidant		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"/>	1	cash		07/21/2022		\$40.00
<input type="checkbox"/>	1	cash		09/13/2022		\$ 10.00
<input type="checkbox"/>	1	cash		09/15/2022		\$ 20.00
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	
Patricia Garrison 384 Maple St. Pantego, NC 27860 252-943-4658			Physical Therapist			
			c. Employer's Name/Specific Field			
			Vidant		e. Election Sum to Date	
					\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	cash		10/14/2022		\$10.00
<input type="checkbox"/>	1	cash		10/17/2022		\$ 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	
Shirley B. Richardson 102 Dudley Place Washington, NC 27889 252-975-3472			Office Manager			
			c. Employer's Name/Specific Field			
			Richardson Land Surveyor & Engineer		e. Election Sum to Date	
					\$ 170.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	cash		10/20/2022		\$ 20.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 110.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1805.98	

Contributions from Individuals

Pg 7 of 7

Amendment
 Yes No

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

RECEIVED

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Hickman for School Board						DDCSY7	
OCT 31 2022							
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	
Velma S. Hickman 109 Captains Walk Rd. Blounts Creek, NC 27814 252-946-7748				Retired Educator		Beaufort County Board of Elections	
				c. Employer's Name/Specific Field			
				NC Department of Public Instruction		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"/>	1	cash		10/21/2022		\$ 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"/>						\$	
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						\$50.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1805.98	

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

RECEIVED

OCT 31 2022

Beaufort County Board of Elections

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
William R. Leary P.O. Box 33 Chocowinity, NC 27817 252-402-5662		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 165.98
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Litho Graphics order		08/05/2022	\$ 115.98
Beaufort County Republican Party - Reagan Day Dinner Ticket		08/20/2022	\$ 50.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Adam W. O'Neal 152 E. Water St. Belhaven, NC 27810 252-945-7550		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 320.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
G - Force Arms 12 Guage Shotgun		08/23/2022	\$ 320.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 485.98
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 485.98

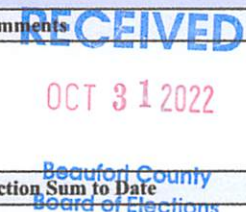
Disbursements

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
Hickman for School Board					DDCSY7
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>		b. Coordinated Committee Name		d. Comments	
Beaufort County Board of Elections 1308 Highland Drive Washington, NC 27889 252-946-2321				<div style="font-size: 2em; color: blue; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">OCT 31 2022</div> <div style="color: blue; font-weight: bold; font-size: 0.8em;">Beaufort County Board of Elections</div>	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 17.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check		08/04/2022	\$ 17.00	2nd District Statistics/roster
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Ingalls Printing LLC 107 Union Drive Washington, NC 27889 252-975-2056					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
1	check	A	08/10/2022	\$ 330.25	Four Banners
1	check	A	08/24/2022	\$ 480.38	Rack Cards
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Ingalls Printing LLC 107 Union Drive Washington, NC 27889 252-975-2056					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1291.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/21/2022	\$ 480.38	Rack Cards
				\$	
5. Total only this Page					\$1308.01
6. Total of ALL CRO-1310 Pages					\$ 1768.01
<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>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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) Hickman for School Board					2. ID Number DDCSY7
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)		b. Coordinated Committee Name		d. Comments	
Beaufort County Republican Party 844 W 15th St. Washington, NC 27889 252-495-4029				<div style="text-align: center;">  </div>	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	08/24/2022	\$ 50.00	Joint ad in Reagan Day Booklet
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
SNI 106 Beechwood Rd. Washington, NC 27889 252-946-2361					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$110.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/03/2022	\$ 110.00	Banner on Beaufort County NOW
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
The County Compass P.O. Box 460 Bayboro, NC 28515 252-745-3155					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/22/2022	\$ 300.00	Half Page Ad (3 weeks)
				\$	
5. Total only this Page					\$460.00
6. Total of ALL CRO-1310 Pages					\$ 1768.01
<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>					
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)					

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

RECEIVED
OCT 31 2022

Beaufort County Board of Elections

1. Committee Full Name (and Fund if applicable)			2. ID Number
Hickman for School Board			DDCSY7
3. Lender 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
Charles E. Hickman III 109 Captains Walk Rd. Blounts Creek, NC 27814 phone: 252-946-7748		Retired Business Owner	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Movies & Mercantile	02/16/2022
f. End Date (mm/dd/yyyy)	not set		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 1500.00	\$ 1500.00
k. Full Name of Lending Institution			l. Loan Number
N/A			N/A
3. Lender 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. Start Date (mm/dd/yyyy)
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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. Start Date (mm/dd/yyyy)
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1500.00
5. Total of ALL CRO-1430 Pages			\$ 1500.00
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			