<b>D</b> .		<b>D</b>	$\sim$
Disc	losure	Report	Cover

Amendment		
Yes	$\boxtimes$	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 Inform	mation							
a. Full Name								c. ID Number
Waters for Commiss	sioner							WFC
b. Mailing Address (inclu	ude City	, State and Zip Code)			D	FC	EIVED	d. Date Filed
482 Pike Road Pantego NC 27860					OCT 31 2022			10/31/2022
4560						001	3 1 2022	e. Phone Number
							ort County	252/935-5400
2. Report Year	3. Per	iod Start Date (mm/c	ld/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Full	
2022		07/01/2022		10/2	2/2022		Hope R. Tettertor	1
6. Type of Committe		eck One)	The state of the s	oe of Report	(c)	heck o	nly one type of report	from one category)
Candidate Campa	ign [	Party	Munici			State/	County	Referendum
PAC Independent	L	Referendum		Organizational		Ш	Organizational	Organizational
Expenditure	L	Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum
Legal Expense Fu		Is a little of the state of the		D				
7. Type of Fund  "Booster Fund"	(y app	licable, check one)	H	Pre-primary Pre-election		H	First Second	Final Supplemental Final
Building Fund			lΗ	Pre-runoff		$\boxtimes$	Third	Annual
_				Semi-annual			Fourth	Special
				Mid Year		_	Semi-annual	
Other:			l∐	Year End		$\sqcup$	Mid Year	10. Special Report Name
8. Number of Funda		4l-to-Domeste	lH.	Final Special		H	Year End	
o. Number of Fundi	raisers	this Report	🗆	Special		$\vdash$	Final Special	
11. Account Inform	0 ation		Name .		11 Ac	count	Information	
a. Financial Institution F							stitution Full Name	
Southern Bank								
b. Purpose		c. Account Code			b. Purp	ose		c. Account Code
Campaign Exp		WF	CC.					
		d. Period Begin Balance	e					d. Period Begin Balance
		\$ 3,104.03						\$
CERTIFICATION								
I certify that the Com the NC General Statu is complete, true and Hope R. Tet	ites and	d that no funds are co	mming	led with proh I by the N¢ \$	ibited o	r other	r non-disclosed funds Elections.	, & 22D-22M of Chapter 163 of . I further certify that this report 10/31/2022
		ed Name of Signer		Si	gnature o	f Appoi	inted Treasurer	Date
FOR OFFICE USE O	NLY							Delline Maled
Date Received:				Employee:				Delivery Method Normal Mail
Date Postmarked	d:			Employee:				Registered Mail Hand Delivered
Date Scanned:				Employee:				☐ Electronically Filed ☐ Signer has not received
Date Data Entere	ed:			Employee:				mandatory training
Please Note: This	s form						as the committee addr nt information.	ress, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment  $\boxtimes$ Yes No

**Detailed Summary**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
	Organizational		WFC
Start of Election Cycle: January 1,	2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	Mary Mary Company of the Company of	\$ 3,104.03	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5,300.00	\$ 15,725.00
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 Organizatio	ns (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)	\$ 5,300.00	\$ 15,725.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,331.40	\$ 15,652.37
13b) Contributions to Candidates/Political Committee	ees (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)	\$ 8,331.40	\$ 15,652.37
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 72.63	\$ 72.63
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) (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)	\$	\$
20) Contributions to be Refunded	(CKO-1213)	Φ	Þ

		1			Ame	ndmen
Contributions from Individuals	Pg	/_	of	_ >		Yes

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			
Waters for Commissioner							WFC		
3. Contri	butor Informatio	n		Add	Rem	ove			
a. Full Nam	e, Mailing Address é	& Phone		b. Job Titl	le/Profession		d. Comments		
	city, state, & zip)			Presider	nt/Consulting	g			
Frankie V									
482 Pike					er's Name/Spe				
Pantego N	IC 27860			The Wa	ters Group I	_td/Consultan			
2						e. Election St	ım to Date		
252-935-5	5400						\$	4000.00	
f D.	10.1	L F GD	T			I		T	
f. Prior	g. Account Code	h. Form of Payment	ı. In-k	and Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
Ш	WFC	Ck				10/11/20	022	\$	3000.00
								\$	
								\$	
3. Contri	butor Informatio	n	П	Add	Rem	ove			
	e, Mailing Address &				le/Profession		d. Comments		
	city, state, & zip)				Real Estate				
Jerry Evan	ns								
324 Sunnyside Dr				c. Employ	er's Name/Spe	cific Field			
Washington NC 27889					21/Real Est				
Security Security Control of the Security Securi						e. Election St	ım to Date		
252-945-0	0121	*					\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	WFC	Ck				10/22/20		\$	200.00
								\$	
								\$	
3. Contri	butor Informatio	on the second second	$\boxtimes$	Add	Rem	ove			
a. Full Nam	e, Mailing Address &	& Phone			le/Profession		d. Comments		
(include o	city, state, & zip)			Retired	/ Postal wor	ker			
Gail Bree	d								
132 S Wa	shington Harbour	Dr		c. Employ	er's Name/Spe	cific Field			
	on NC 27889			USPS/P	ostal				
252-402-6	5121						e. Election St	ım to Date	
		,					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	WFC	Ck				08/08/20	022	\$	100.00
								\$	
								\$	
	only this Page						\$		3300.00
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100	)			\$	5.	300.00

CRO-1210

 $\boxtimes$ 

No

Contri	ibutions fror	n Individuals		Pg	_2_ of	3	Amendment Ves	No No
P-14				0 or contributions unde	r \$50 if form CRO	O 1205 is no	t used	
1. Comm	ittee Full Name (	and Fund if applical	ble)			2. ID Num	iber	
Waters fo	or Commissioner						WFC	
3. Contri	ibutor Informatio	n		Add Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s	
	city, state, & zip)			Retired/Pharmacial				
	Michael Buzzeo							
1000	107 Charles Ct			c. Employer's Name/Spe	ecific Field			
Chocowinity NC 27817				Owner/Pharmacial				
						e. Election Si	um to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	WFC	Ck			10/14/20	)22	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	)n		Add Rem	iove		Belli arm	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s	
(include	city, state, & zip)			President/Farming				
Leamon I	H Allen Jr							
	Hwy 99N			c. Employer's Name/Spe				
Pantego N	NC 27860			L H Allen & Son/Fa				
050 005	5004				e. Election Sum to Date			
252-935-	5304					\$	1500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	WFC	Ck			10/17/20	)22	\$	500.00
					2		\$	
							\$	
3. Contri	butor Informatio	on the ball the same		Add Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	8	
	city, state, & zip)			Owner/Fabrication				
Charles Slade								
4653 Sidney Rd			c. Employer's Name/Spe	ecific Field				
Belhaven NC 27810		CWS/Fabrication						
252-964-2471					e. Election St	am to Date		
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	WFC	Ck			09/07/20	)22	\$	300.00
							\$	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

900.00

5300.00

\$

\$

\$

		m Individuals ividual contributions o	over \$50	Pg O or contributions unde	of \$50 if form CR		Amendment  Yes ot used	No No
the state of the s		(and Fund if applical		Levis Casalla Sales Hill		2. ID Num		
	or Commissioner						WFC	
3. Contri	ibutor Informatio	on		Add Ren	nove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comment	ts	
(include	city, state, & zip)			Owner/Farming				
Gary Res	•							
5141 Old				c. Employer's Name/Sp				
Pantego NC 27860		Gary Respess Farm	s/Farming					
252 027	2224					e. Election S	um to Date	
252-927-	3224					\$	2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	WFC	Ck			10/13/2	022	\$	1000.00
							\$	
							\$	
3. Contributor Information			Add Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			Retired/Banking				
Mickey Cochran								
158 Catni				c. Employer's Name/Sp				
Bath NC	27808			USDA FHA / Lender		e. Election Sum to Date		
919-809-	0029							
717-007-						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	WFC	Ck			09/05/2	022	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	on ·		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is	
(include	city, state, & zip)							
				c. Employer's Name/Sp	ecific Field	on the state of th		
						e. Election S	Sum to Date	
						\$		
f. Prior	g Assount Code	h Form of Pormant	I :	VI-J Design	: n		T 12 A	
1. F 1101	g. Account Code	h. Form of Payment	1. 1n-1	Kind Description	j. Date (mm/dd/yy	'уу)	k. Amount	
	WFC						\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

5300.00

1100.00

\$

\$

\$

Disbursem	ents			Pg	1	3	Amendment Yes	$\boxtimes$	No
	report expenditures	from the committ	tee for; operating ex						
	coordinated party ex				OCCUPANT SECTION OF SECTION SE				
	full Name (and Fun	d if applicable)					2. ID Number		
Waters for Con							WFO	2	
3. Type of Disb			CRO-1310 forms fo						
Operating E		Contributions to Ca	andidates/Political Comm	nittees		oordinated l	Party Expenditure	3	
4. Payee Inform			Add	Ш	Remove			series de la company	
	ing Address & Phone		b. Coordinated Con	ımittee Na	me	d. Com	ments		
(include city, state,									
Washington Da P O Box 1788	my News								
F O BOX 1766			c. Level Registered	(Specify)					
Washington NC 27889			Federal	$\square$	County:				
252-946-2144	2.00)		State	Ä	Municipality:	e. Elect	ion Sum to Date		
					mane panty.			um si il	
						\$ 23	25.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Requ	ired Remarks		
WFC	Debit Card	A	10/13/2022		\$825.00	Newsp	paper ads		
					\$				
4. Payee Inform	nation		Add		Remove			1949	300
	ing Address & Phone		b. Coordinated Con	ımittee Na		d. Com	ments		
(include city, state,									
Washington Da									
P O Box 1788			c. Level Registered	(Specify)					
Washington NO	27889		Federal	$\boxtimes$	County:				
252-946-2144			State		Municipality:	e. Elect	ion Sum to Date		
						\$ 28	25.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv)	j. Amount	k Regu	ired Remarks	1.22	
				3331			paper ads	Maria di Aprilano	
WFC	Debit card	A	10/25/2022		\$500.00				
					\$				
4. Payee Inform	nation		Add		Remove		The second second		
	ing Address & Phone		b. Coordinated Con	mittee Na		d. Com	ments		
(include city, state,			2. 500 3.11112			47 65711			
Office Depot		•							
470 Pamlico Pl	aza		c. Level Registered	(Specify)					
Washington NO	27889		Federal	$\boxtimes$	County:				
252-975-6000			State		Municipality:	e. Elect	ion Sum to Date		
						\$ 33	2.75		
64 (6)	[	h Danses Cala			I			5,50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount		ired Remarks		
WFC	Debit Card	В	10/07/2022		\$118.48	Name	badges		
					\$				
5. Total only th						\$	1443.48		
	CRO-1310 Pages								
	line 13a of Detailed Sun	100		5		\$	0221	(//	7
(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)							. Th	/	
Partition of the contract of t				Expenditui	res)				
A* - Media	es (List detailed ex B* - Printing	penditure code in C* - Fun		- Angelorie de	D To 4	her Condi	Inte		11151
E - Salaries	F* - Equipment					other Candidate ng Public Office Expenses			
I - Postage	J - Penalties		ice Expenses			_	al Expense Fun		
O* - Other									
	e detailed explanat								
CRO_1310		· NC	State Roard of Flection	2			Г	ecember	2009

				Amendment	
Disbursements	*	Pg 2	of 3	☐ Yes 🔀	No
where the second of the second					

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun	d if applicable)	<b>建设的现在分词 医克拉克斯氏</b>	中的特殊多少 图	2. ID Number	
Waters for Con	nmissioner				WFC	
3. Type of Dish	oursement (Plea	ise use separate (	RO-1310 forms for each t	ype of Disbursen	nent.)	
Operating l	Expenses	Contributions to Ca	ndidates/Political Committees	Co	oordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state	, & zip)					
Design By Day	vn					
2409 N White	Post Road		c. Level Registered (Specify)			
134-541 (34-54-51-51-51-51-51-51-51-51-51-51-51-51-51-			c. Level Registered (specify)			
Pinetown NC 2	17865		Federal 🖂	County:		
252-945-3226			State	Municipality:	e. Election Sum to Date	
					\$ 990.00	
	1	T				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WFC	Check	A	10/03/2022	\$190.00	Web update	
				\$		
4 Dayses Inform			4.11	D		
4. Payee Inform			Add b. Coordinated Committee N	Remove	d. Comments	
	ling Address & Phone		D. Coordinated Committee N	ame	d. Comments	
(include city, state Build A Sign	, & zip)					
11525A Stonel	adlow Dr		a Lavel Degistered (Specify)			
Austin TX 787			c. Level Registered (Specify)	County:	-	
800-330-9622	136				e. Election Sum to Date	
800-330-9022			State	Municipality:	e. Election Sum to Date	
					\$ 757.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
			i. Date (iiiii) dd/yyyy)		Wire stakes	
WFC	Debit Card	F	09/22/2022	\$191.72	Wife stakes	
					Yard Signs	
WFC	Debit Card	В	08/16/2022	\$566.20	Turu organ	
4. Payee Inform	nation		Add	Remove		
	ling Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state						
Canva						
110 Kippax St	NSW 2020		c. Level Registered (Specify)			
Australia			Federal 🖂	County:		
252-945-3226			State	Municipality:	e. Election Sum to Date	
		*			\$ 1150.00	
					\$ 1130.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WFC	Debit Card	A	09/15/2022	\$1150.00	Rack cards	
		**	07/15/2022	\$1150.00		
				\$		
		PER STATE OF THE PERSON NAMED OF THE PERSON NA				
5. Total only th					\$ 2097.92	
	L CRO-1310 Pages In line 13a of Detailed Sun					
				ad Comm)	\$ 8,331.40	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses						
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund	
O* - Other						
* Codes requi	re detailed explanat	ion in required r	emarks field (k)			

Disbursements

Pg 3 of 3 Amendment | Yes | No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fund	d if applicable)			2. ID Number		
Waters for Commissioner  3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Ex			ndidates/Political Committees				
4. Payee Inform		Contributions to Car	Add		ordinated Party Expenditures		
			b. Coordinated Committee Na	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments		
Talk 103.7 Radi							
Box 31068	0						
DOX 31008			c. Level Registered (Specify)				
Greenville NC 2	7833		Federal 🖂	County:			
252-355-1037	., 000		State	Municipality:	c. Election Sum to Date		
					\$ 5090.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WEG	D Live 1				Radio spots		
WFC	Debit Card	A	10/18/2022	\$3290.00	r		
				0			
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments		
(include city, state,	& zip)						
Sozo Communio	cations						
Blounts Creek R	Road		c. Level Registered (Specify)				
Chocowinity N	C		Federal 🖂	County:			
252-758-7355			State	Municipality:	e. Election Sum to Date		
					\$ 2500.00		
					\$ 2500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
WFC	Debit Card	A	10/18/2022	\$1500.00	Radio spots		
				\$			
4. Payee Inform	A CONTRACTOR OF A STATE OF A STAT			l D			
			Add b. Coordinated Committee Na	Remove	d Comments		
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments		
(include city, state,	& Zip)						
			c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
			State	wumerparity.	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/vyvy)	j. Amount	k. Required Remarks		
			a Date (min, de 3333)		an Arequired Aeimarits		
		8		\$			
		,					
				\$			
5. Total only thi	s Page				\$ 4790.00		
	CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					6 0 221 110		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 8,331.40		
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	es (List detailed ex						
A* - Media	B* - Printing	C* - Fund		D - To Anothe			
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		Public Office Expenses n to Legal Expense Fund		
O* - Other	o i charics	K - 0111	and a second second	Q - Donatio	i to Degai Expense Fund		
* Codes require	e detailed explanati	on in required re	emarks field (k)				