

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 Committee to Elect Scott Hammonds	c. ID Number
b. Mailing Address (include City, State and Zip Code) 216 North Shores Rd Washington NC 27889	d. Date Filed 11/01/2022
	e. Phone Number 252-350-0778

RECEIVED

NOV 02 2022

Beaufort County
Board of Elections

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	07/01/2022	10/22/2022	John Proctor Kidwell Sr

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	State/County	Referendum
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Organizational <input 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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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
8. Number of Fundraisers this Report	10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name United Bank		a. Financial Institution Full Name	
b. Purpose Operations A	c. Account Code 01	b. Purpose	c. Account Code
d. Period Begin Balance \$ 11,007.14		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.

11/01/2022

Printed Name of Signer
Signature of Appointed Treasurer
Date

FOR OFFICE USE ONLY		
Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input 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.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS	2022 Third Quarter		
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 11,007.14	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 3,083.00	\$ 9,563.00
6) Contributions from Individuals	(CRO-1210)	\$ 14,635.00	\$ 42,707.95
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,600.00	\$ 1,600.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 1,100.00	\$ 6,522.22
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 823.53
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 20,418.00	\$ 61,216.70
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 24,284.16	\$ 52,743.92
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 66.47	\$ 151.79
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 823.53
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 422.95
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 24,350.63	\$ 54,142.19
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,074.51	\$ 7,074.51
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 6,522.22	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	01	Cash		10/04/2022	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	45.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/23/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/23/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/29/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	45.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/02/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/02/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/16/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/27/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/27/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	14.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/25/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	30.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$694.00
5. Total of ALL CRO-1205 Pages					\$	\$3,083.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		10/08/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/17/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	23.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	6.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	20.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$654.00
5. Total of ALL CRO-1205 Pages					\$	\$3,083.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	01	Cash		07/01/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/27/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/29/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/03/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/09/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/09/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/27/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		08/27/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$580.00
5. Total of ALL CRO-1205 Pages					\$	\$3,083.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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 <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		08/27/2022	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		08/27/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		09/02/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		09/02/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		08/25/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		07/29/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		07/29/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		10/08/2022	\$	20.00
4. Total only this Page					\$	\$645.00
5. Total of ALL CRO-1205 Pages					\$	\$3,083.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	01	Cash		07/18/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		10/08/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		07/01/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	5.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		10/08/2022	\$	20.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$510.00
5. Total of ALL CRO-1205 Pages					\$	\$3,083.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
DARRELL LEE ALLIGOOD 113 HICKORY DRIVE WASHINGTON, NC 27889						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 420.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		08/19/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		08/29/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		08/30/2022	\$ 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	
DARRELL LEE ALLIGOOD 113 HICKORY DRIVE WASHINGTON, NC 27889						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 420.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		08/30/2022	\$ 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	
RITA ALLIGOOD NC			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		02/28/2022	\$ 20.00	
<input checked="" type="checkbox"/>	01	Cash		02/28/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		07/05/2022	\$ 40.00	
4. Total only this Page					\$ 120.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
RITA ALLIGOOD NC			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		08/29/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		08/29/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		08/30/2022	\$ 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	
MAE E ARMSTRONG 811 ISABELLA WASHINGTON, NC 27889 (802) 272-8431						
			c. Employer's Name/Specific Field			
					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"/>	01	Check		10/08/2022	\$ 200.00	
<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	
THOMAS ATKINS II 509 NORTHWOODS RD WASHINGTON, NC 27889 (252) 940-8981			OWNER			
			c. Employer's Name/Specific Field			
			MIDTOWN CONCRETE		e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Electric Funds Tran		03/14/2022	\$ 20.00	
<input checked="" type="checkbox"/>	01	Electric Funds Tran		03/14/2022	\$ 20.00	
<input type="checkbox"/>	01	Electric Funds Tran		07/19/2022	\$ 40.00	
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)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
LINDA BANKS 311 MAPLE LANE WASHINGTON, NC 27889 (252) 940-0088			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		03/04/2022	\$ 20.00	
<input checked="" type="checkbox"/>	01	Cash		03/04/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		08/02/2022	\$ 40.00	
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	
LINDA BANKS 311 MAPLE LANE WASHINGTON, NC 27889 (252) 940-0088			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		08/09/2022	\$ 40.00	
<input type="checkbox"/>	01	Cash		08/14/2022	\$ 40.00	
<input type="checkbox"/>	01	Cash		08/23/2022	\$ 40.00	
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	
LINDA BANKS 311 MAPLE LANE WASHINGTON, NC 27889 (252) 940-0088			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		08/31/2022	\$ 40.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
CRYSTAL BEACHAM NC (252) 945-2333							
						e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	01	Cash		03/16/2022		\$ 20.00	
<input checked="" type="checkbox"/>	01	Cash		03/16/2022		\$ 20.00	
<input type="checkbox"/>	01	Cash		07/01/2022		\$ 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	
CRYSTAL BEACHAM NC (252) 945-2333							
						e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 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	
SUE M BONNER 1773 JOHN SMALL AVE WASHINGTON, NC 27889							
						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"/>	01	Check		10/08/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 140.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
MILTON BROOKS 137 AVON AVE WASHINGTON, NC 27889							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Money Order		08/12/2022		\$ 1,000.00	
<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	
ZANE G BUCKMAN 415 ISABELLA AVE WASHINGTON, NC 27889							
				c. Employer's Name/Specific Field			
						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"/>	01	Check		08/25/2022		\$ 250.00	
<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	
ALFREDO BUETTE 610 W 15TH STREET WASHINGTON, NC 27889				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				HUMMINGBIRD - POST CODE JUNCTION		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"/>	01	Check		10/15/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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 BUZZEO 107 CHARLES CT CHOCOWINITY, NC 27817							
						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"/>	01	Check		10/15/2022		\$ 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	
BILLEY CAMERON NC							
						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"/>	01	Cash		10/08/2022		\$ 60.00	
<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	
GARY CAROLTON NC (252) 721-4888							
						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"/>	01	Cash		10/08/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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 CARTER 214 NORTH SHORES RD WASHINGTON, NC 27889 (252) 702-9428				SUPPLY DISTRIBUTOR			
				c. Employer's Name/Specific Field BEAUFORT CO HOSPITAL			
						e. Election Sum to Date	
						\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	01	Cash		02/26/2022		\$ 20.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 35.00	
<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	
ANN M CAYTON 691 OAK BAY RD AURORA, NC 27806-0146 (252) 322-5251							
				c. Employer's Name/Specific Field			
						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"/>	01	Check		10/06/2022		\$ 200.00	
<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	
SID M CAYTON 625 OAK BAY RD AURORA, NC 27806							
				c. Employer's Name/Specific Field			
						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"/>	01	Check		10/06/2022		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 435.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
BENJAMIN M CURRIN 921 ISABELLA AVE EXT WASHINGTON, NC 27889 (919) 906-4549			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/18/2022	\$ 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	
MARSHALL DAIL 102 Deep Creek Rd CHOCOWINITY, NC 27817						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 360.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		08/11/2022	\$ 200.00	
<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	
BRENDA DAUGHTON NC						
			c. Employer's Name/Specific Field			
					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"/>	01	Cash		10/08/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 40.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 360.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
PAMELA W DAW 413 CROWN DR WASHINGTON, NC 27889							
						e. Election Sum to Date	
						\$ 1,450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		07/01/2022		\$ 50.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 200.00	
<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	
E GRAY DEANS 102 JUSTIN DR WASHINGTON, NC 27889							
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/05/2022		\$ 500.00	
<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	
JOY DUNN 239 PR NC (707) 416-1048				RETIRED			
						e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	01	Cash		08/30/2021		\$ 20.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 60.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 810.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
TANDY DUNN 293 Water Lilley Rd WASHINGTON, NC 27889 (252) 317-9827			Director of HSE			
			c. Employer's Name/Specific Field Coastal AgroBusiness			
					e. Election Sum to Date	
					\$ 111.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		03/12/2022	\$ 40.00	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 20.00	
<input type="checkbox"/>	01	Electric Funds Tran		10/11/2022	\$ 51.00	
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	
THOMAS EASTERLING 661 FERREN RD LEDBETTER, KY 42058 (217) 653-1414			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Electric Funds Tran		02/11/2022	\$ 40.00	
<input type="checkbox"/>	01	Electric Funds Tran		07/08/2022	\$ 40.00	
<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	
BlackHawk Fornelli NC (252) 623-8161			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					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"/>	01	Cash		10/08/2022	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 121.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
JOANNE FORREST 247 EUREKA AVE WASHINGTON, NC 27889				CAREGIVER			
				c. Employer's Name/Specific Field RETIRED			
						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 checked="" type="checkbox"/>	01	Cash		03/12/2022		\$ 50.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 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	
CAROLYN GARRIS 7294 BROAD CRK RD WASHINGTON, NC 27889 (252) 944-3307				RETIRED ADMIN			
				c. Employer's Name/Specific Field PITT COUNTY			
						e. Election Sum to Date	
						\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	01	Cash		03/03/2022		\$ 20.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 10.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 100.00	
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 M GARRISON PO BOX 342 PANTEGO, NC 27860 (252) 943-4658							
				c. Employer's Name/Specific Field HEALTHCARE			
						e. Election Sum to Date	
						\$ 135.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		08/11/2022		\$ 25.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 20.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 165.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
RUTH A GILFILLAN 115 THAMES LANE CHOCOWINITY, NC 27817-8512 (252) 975-3291						
			c. Employer's Name/Specific Field			
					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"/>	01	Check		09/15/2022	\$ 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	
CYNTHIA E HADDOCK 2412 DURWOOD POLLARD RD GREENVILLE, NC 27834			PRESIDENT			
			c. Employer's Name/Specific Field			
			RIVERCITY CONSTRUCTION		e. Election Sum to Date	
					\$ 1,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/08/2022	\$ 500.00	
<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	
EDWIN HARDY 302 S King St BATH, NC 27808 (252) 367-9006			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		10/11/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
EDNA M HECK 320 FRESHWATER DR BLOUNTS CREEK, NC 27814				MEDICAL OFFICE MANAGER & BILLER			
				c. Employer's Name/Specific Field RETIRED			
						e. Election Sum to Date	
						\$ 2,270.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		08/07/2022		\$ 80.00	
<input type="checkbox"/>	01	Check		09/10/2022		\$ 250.00	
<input type="checkbox"/>	01	Check		09/15/2022		\$ 500.00	
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	
EDNA M HECK 320 FRESHWATER DR BLOUNTS CREEK, NC 27814				MEDICAL OFFICE MANAGER & BILLER			
				c. Employer's Name/Specific Field RETIRED			
						e. Election Sum to Date	
						\$ 2,270.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/20/2022		\$ 250.00	
<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	
TOM HECK 320 FRESHWATER DRIVE BLOUNTS CREEK, NC 27814 (252) 413-9782				MILL RITE			
				c. Employer's Name/Specific Field RETIRED			
						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 checked="" type="checkbox"/>	01	Cash		03/08/2022		\$ 20.00	
<input checked="" type="checkbox"/>	01	Cash		03/08/2022		\$ 20.00	
<input type="checkbox"/>	01	Cash		08/07/2022		\$ 20.00	
4. Total only this Page						\$ 1,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
CONNIE IRELAND 42 WINCHESTER DR WASHINGTON, NC 27889 (252) 940-9430				RADIOLOGY			
				c. Employer's Name/Specific Field MEDICAL			
						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"/>	01	Cash		10/08/2022		\$ 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	
ORVAL D IRELAND SR 42 WINCHESTER DR WASHINGTON, NC 27889 (252) 940-9430				RETIRED			
				c. Employer's Name/Specific Field FISHER AND CRABBER			
						e. Election Sum to Date	
						\$ 260.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 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	
SHARON JOHNSON ISABELLA AVE WASHINGTON, NC 27889 (252) 947-0172							
				c. Employer's Name/Specific Field			
						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 checked="" type="checkbox"/>	01	Cash		09/17/2021		\$ 20.00	
<input checked="" type="checkbox"/>	01	Cash		06/05/2022		\$ 20.00	
<input type="checkbox"/>	01	Cash		07/29/2022		\$ 40.00	
4. Total only this Page						\$ 240.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
SHARON JOHNSON ISABELLA AVE WASHINGTON, NC 27889 (252) 947-0172							
				c. Employer's Name/Specific Field			
						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"/>	01	Cash		10/08/2022		\$ 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	
ANTHONY KENT NC (252) 916-4350				US SOLDIER			
				c. Employer's Name/Specific Field			
						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 checked="" type="checkbox"/>	01	Cash		09/21/2021		\$ 50.00	
<input type="checkbox"/>	01	Cash		08/07/2022		\$ 40.00	
<input type="checkbox"/>	01	Cash		08/27/2022		\$ 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	
KEITH D KIDWELL 2013 W 15TH STREET WASHINGTON, NC 27889				TAX PROFESSIONAL			
				c. Employer's Name/Specific Field			
						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"/>	01	Check		07/12/2022		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 330.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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 PROCTOR KIDWELL SR 5690 CHERRY RUN RD WASHINGTON, NC 27889-7332 (252) 946-6140			SELF EMPLOYED			
			c. Employer's Name/Specific Field RETIRE MINT INC			
					e. Election Sum to Date	
					\$ 4,230.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/07/2022	\$ 1,000.00	
<input type="checkbox"/>	01	Check		10/08/2022	\$ 30.00	
<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	
RON KUHNS NC			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					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"/>	01	Check		10/15/2022	\$ 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	
STEVEN LANE NC						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		07/07/2022	\$ 200.00	
<input type="checkbox"/>	01	Check		07/08/2022	\$ 250.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,580.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
SANDRA S LAUBSCHER 105 PALMETTO AVE WINNSBORO, SC 29180-2219 (203) 493-2984						
			c. Employer's Name/Specific Field			
					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"/>	01	Cash		10/08/2022	\$ 10.00	
<input type="checkbox"/>	01	Check		10/08/2022	\$ 80.00	
<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	
WILLIAM R LEARY PO BOX 33 CHOCOWINITY, NC 27817			RETIRED			
			c. Employer's Name/Specific Field			
			WEYERHAEUSER		e. Election Sum to Date	
					\$ 1,260.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		10/08/2022	\$ 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	
RUSSELL L LILLEY 213 CYPRESS LANDING TRAIL CHOCOWINITY, NC 27817 (252) 945-1177			PROPERTY MANAGEMENT			
			c. Employer's Name/Specific Field			
			OWNER		e. Election Sum to Date	
					\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/19/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 390.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
MURRAY WALKER LYNCH 350 E GLENHAVEN RD WASHINGTON, NC 27889						
			c. Employer's Name/Specific Field			
					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"/>	01	Check		07/14/2022	\$ 200.00	
<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	
HARRY MEREDITH SR NC (252) 943-4243						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		07/01/2022	\$ 50.00	
<input type="checkbox"/>	01	Check		07/29/2022	\$ 1,550.00	
<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	
BRENDA MITCHELL NC						
			c. Employer's Name/Specific Field			
					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 checked="" type="checkbox"/>	01	Cash		11/10/2021	\$ 30.00	
<input type="checkbox"/>	01	Cash		07/29/2022	\$ 40.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,840.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
KEN NOLAN NC				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		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"/>	01	Check		10/15/2022		\$ 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	
PATRICIA NOLAN 113 TRENT LANE CHOCOWINITY, NC 27817							
				c. Employer's Name/Specific Field			
						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"/>	01	Check		10/15/2022		\$ 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	
ROBERT OVERBY NC (252) 717-2857				TEACHER			
				c. Employer's Name/Specific Field			
				J. H. ROSE SCHOOL		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 checked="" type="checkbox"/>	01	Cash		03/12/2022		\$ 20.00	
<input type="checkbox"/>	01	Cash		08/07/2022		\$ 40.00	
<input type="checkbox"/>	01	Cash		08/27/2022		\$ 20.00	
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
ROBERT OVERBY NC (252) 717-2857				TEACHER			
				c. Employer's Name/Specific Field			
				J. H. ROSE SCHOOL		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"/>	01	Cash		08/27/2022		\$ 60.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 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	
JOSEPH A PAUL 85 E EAGLE VIEW LANE BLOUNTS CREEK, NC 27814 (252) 322-4997							
				c. Employer's Name/Specific Field			
						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"/>	01	Check		08/29/2022		\$ 200.00	
<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	
RONALD F PRICE 924 ISABELLA AVE EXT WASHINGTON, NC 27889				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 280.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 40.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 310.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
VICTORIA ROLINSKY RADER 113 SOUTH HARVEY ST WASHINGTON, NC 27889 (252) 296-2078							
						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"/>	01	Check		10/04/2022		\$ 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	
JERYL S RAWLS 110 MAN-O-WAR DR WASHINGTON, NC 27889 (252) 946-7491							
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		08/08/2022		\$ 1,000.00	
<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	
ROBERT REES 24 ROBBINS LANE WASHINGTON, NC 27889 (252) 362-3813				ENGINEER			
				US CHERRY POINT		e. Election Sum to Date	
						\$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 40.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,140.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
PAMELA T RICE 122 FORECASTLE CT WASHINGTON, NC 27889			c. Employer's Name/Specific Field		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"/>	01	Check		10/08/2022	\$ 100.00	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 100.00	
<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 SHEPPARD NC (252) 402-7572			c. Employer's Name/Specific Field		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"/>	01	Cash		07/01/2022	\$ 40.00	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 20.00	
<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	
WILLIAM SHEPPARD PO BOX 1902 WASHINGTON, NC 27889			c. Employer's Name/Specific Field		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"/>	01	Check		10/21/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 460.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
GLENN SHEPPARD JR 306 NORTHWOOD RD WASHINGTON, NC 27889 (252) 940-1628						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		06/16/2022	\$ 40.00	
<input type="checkbox"/>	01	Cash		07/01/2022	\$ 20.00	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 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	
D BRAXTON SMITH PO BOX 1358 CHOCOWINITY, NC 27817 (252) 945-6151			OWNER			
			c. Employer's Name/Specific Field			
			TOMAHAWK MOTEL		e. Election Sum to Date	
					\$ 740.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 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	
HUGH A SORRELL 416 COLLEGE AVE WASHINGTON, NC 27889						
			c. Employer's Name/Specific Field			
					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 checked="" type="checkbox"/>	01	Check		07/07/2021	\$ 50.00	
<input type="checkbox"/>	01	Check		10/08/2022	\$ 60.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
DOUG SULLIVAN 271 SWAN POINT RD WASHINGTON, NC 27889-7571						
			c. Employer's Name/Specific Field			
					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"/>	01	Check		07/19/2022	\$ 200.00	
<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	
MELISSA THOMAS NC						
			c. Employer's Name/Specific Field			
					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"/>	01	Cash		10/08/2022	\$ 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	
VIRGIL TOLER 3690 Wharton Station rd WASHINGTON, NC 27889 (252) 402-9181			AUTO TECH			
			c. Employer's Name/Specific Field			
			WESTPARK MOTOR CO		e. Election Sum to Date	
					\$ 640.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		08/27/2022	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 320.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS						
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	
JERRY TOWNSEND NC (252) 623-1969						
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Cash		03/12/2022	\$ 40.00	
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 40.00	
<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	
BRANDY WALLACE 1235 CBH LODGE ROAD WASHINGTON, NC 27889						
					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 checked="" type="checkbox"/>	01	Check		11/08/2021	\$ 50.00	
<input type="checkbox"/>	01	Check		07/22/2022	\$ 60.00	
<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	
WILLIAM JUSTIN WATERS 312 SMAW RD WASHINGTON, NC 27889						
					e. Election Sum to Date	
					\$ 320.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/22/2022	\$ 320.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 420.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
ROBERT WATSON NC							
				c. Employer's Name/Specific Field			
						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"/>	01	Check		10/08/2022		\$ 200.00	
<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	
LAURIE WESTON 929 ISABELLA AVE EXT WASHINGTON, NC 27889 (252) 944-8303				ADMINISTRATOR			
				c. Employer's Name/Specific Field			
				PITT COUNTY COLLEGE		e. Election Sum to Date	
						\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Check		10/11/2022		\$ 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	
CATHY WHEELER NC (252) 940-1731							
				c. Employer's Name/Specific Field			
						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"/>	01	Cash		10/08/2022		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
KEVIN WHITAKER NC				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		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 checked="" type="checkbox"/>	01	Cash		09/19/2021		\$ 50.00	
<input type="checkbox"/>	01	Cash		08/07/2022		\$ 40.00	
<input type="checkbox"/>	01	Cash		08/27/2022		\$ 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	
CLARENCE EARL WHITLEY 1705 HIGHLAND DRIVE WASHINGTON, NC 27889 (252) 946-1968							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 390.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		07/27/2022		\$ 40.00	
<input type="checkbox"/>	01	Cash		10/08/2022		\$ 100.00	
<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	
LAURA WILLIAMS NC (252) 258-0982							
				c. Employer's Name/Specific Field			
						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"/>	01	Cash		10/08/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<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)						\$ 14,635.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT SCOTT HAMMONDS					
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
DEBBIE WOOLARD NC (252) 945-1538			SELF EMPLOYED		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			WOOLRDS CARPET CENTER		
					\$ 84.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	01	Cash		03/12/2022	\$ 50.00
<input type="checkbox"/>	01	Cash		10/08/2022	\$ 34.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 34.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 14,635.00

Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT SCOTT HAMMONDS				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
BEAUFORT COUNTY REPUBLICAN PARTY 844 WEST 15TH STREET WASHINGTON, NC 27889				
			c. Election Sum to Date	
			\$ 1,600.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
01	Check		07/18/2022	\$ 1,600.00
				\$
				\$
4. Total only this Page				\$ 1,600.00
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 1,600.00

Loan Proceeds

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT SCOTT HAMMONDS					
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	
ARNOLD SCOTT HAMMONDS 216 NORTH SHORES ROAD WASHINGTON, NC 27889 (252) 974-7778		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Xploreibx Charters LLC		09/21/2022	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		01	Check	\$ 1,100.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 1,100.00	

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
COMMITTEE TO ELECT SCOTT HAMMONDS						
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
ACRE STATION MEAT FARM NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 279.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	C	10/07/2022	\$ 279.33	SELLING PLATES	
				\$		
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 WEST 15TH STREET WASHINGTON, NC 27889						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Beaufort		\$ 550.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	G	07/29/2022	\$ 550.00		
				\$		
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
PAM DAWS NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 430.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	07/01/2022	\$ 430.35	GENERAL ELECTION PARADE CANDY	
				\$		
5. Total only this Page						\$ 1,259.68
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>						\$ 24,284.16
<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)						

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
HUDSON SIGNS 2956 US Highway 17 S Chocowinity, NC 27817 (252) 946-8697							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,059.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	07/05/2022	\$ 128.10	BANNERS		
01	Debit Card	B	08/22/2022	\$ 304.24	SIGNS		
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	
HUDSON SIGNS 2956 US Highway 17 S Chocowinity, NC 27817 (252) 946-8697							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,059.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	09/14/2022	\$ 384.30	SIGNS		
				\$			
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	
HUDSON SIGNS 2956 US Highway 17 S CHOCOWINITY, NC 27817 (252) 362-0845							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 4,638.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	10/06/2022	\$ 42.70	BANNER		
				\$			
5. Total only this Page						\$ 859.34	
6. Total of ALL CRO-1310 Pages						\$ 24,284.16	
<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)							

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
INNER BANKS MEDIA 1884 W ARLINGTON BLVD PO BOX 31068 GREENVILLE, NC 27834 (252) 327-4265							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	10/18/2022	\$ 2,500.00	RADIO ADVERTISING		
				\$			
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	
LAMAR MEDIA GROUP 5321 Corporate Blvd Baton Rouge, LA 70808 (888) 308-5060							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 7,486.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	08/10/2022	\$ 3,000.00	ADVERTISING		
01	Debit Card	A	08/30/2022	\$ 86.00	SIGNS		
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	
LAMAR MEDIA GROUP 5321 Corporate Blvd Baton Rouge, LA 70808 (888) 308-5060							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 7,486.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	09/05/2022	\$ 1,200.00	ADVERTISING		
01	Debit Card	A	10/03/2022	\$ 1,200.00	ADVERTISING		
5. Total only this Page						\$ 7,986.00	
6. Total of ALL CRO-1310 Pages						\$ 24,284.16	
<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)							

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
LIMELIGHT MARKETING INC RALEIGH, NC 27601 (919) 452-5418							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 22,140.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	09/21/2022	\$ 10,014.04	ADVERTISING		
				\$			
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	
LITHO GRAPHIX 852 WEST FIFTH ST WASHINGTON, NC 27889 (252) ext.2640							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,180.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	08/12/2022	\$ 200.43	DOOR HANGERS		
01	Debit Card	B	08/24/2022	\$ 200.43	SIGNS		
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	
LITHO GRAPHIX 852 WEST FIFTH ST WASHINGTON, NC 27889 (252) ext.2640							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,180.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	10/07/2022	\$ 80.38	DOOR HANGERS		
				\$			
5. Total only this Page						\$ 10,495.28	
6. Total of ALL CRO-1310 Pages						\$ 24,284.16	
<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)							

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
MY BRIDGE FM PO BOX 1391 WASHINGTON, NC 27889 (252) 946-9898							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,060.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A	10/03/2022	\$ 500.00	ADVERTIZING		
01	Check	A	10/19/2022	\$ 1,560.00	RADIO ADS		
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	
SOUTHSIDE BOOSTER CLUB 5700 NC-33 CHOCOWINITY, NC 27817 (252) 940-1881							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	BC	07/07/2022	\$ 200.00	FUNDRAISING		
				\$	ADVERTISING		
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	
SYMBIOTIC NETWORKS 106 BEECHTREE ST WASHINGTON, NC 27889 (252) 946-1132							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,191.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	07/01/2022	\$ 177.00	WEB ADVERTISING		
01	Check	O	07/29/2022	\$ 443.00	WEB ADVERTISING		
5. Total only this Page						\$ 2,880.00	
6. Total of ALL CRO-1310 Pages						\$ 24,284.16	
<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)							

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	
COMMITTEE TO ELECT SCOTT HAMMONDS							
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	
SYMBIOTIC NETWORKS 106 BEECHTREE ST WASHINGTON, NC 27889 (252) 946-1132							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,191.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	10/21/2022	\$ 106.50	WEBSITE		
				\$			
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	
UNIFORMS GALORE 628 RIVER ROAD WASHINGTON, NC 27889 (252) 975-5878							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 630.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	BO	10/17/2022	\$ 630.36	SHIRTS SAYING ELECT SCOTT HAMMONDS		
				\$			
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	
US POSTAL SERVICE 222 W 2ND STREET WASHINGTON, NC 27889 (800) 275-8777							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 119.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	I	07/08/2022	\$ 67.00			
				\$			
5. Total only this Page						\$ 803.86	
6. Total of ALL CRO-1310 Pages						\$ 24,284.16	
<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)							

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT SCOTT HAMMONDS	

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	C	10/07/2022	\$ 42.22	DRINKS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	K	07/11/2022	\$ 10.06	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	K	07/22/2022	\$ 1.65	MERCHANT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	08/11/2022	\$ 6.27	PAYPAL FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	08/11/2022	\$ 6.27	MERCHANT FEES

4. Total only this Page	\$ 66.47
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5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 66.47
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6. Purpose Codes (List detailed expenditure code in (d) above)			
	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* - Donations to Legal Expense Fund
O* - Other			

* Codes require detailed explanation in required remarks field (g)

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number
COMMITTEE TO ELECT SCOTT HAMMONDS			
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
ARNOLD SCOTT HAMMONDS 216 NORTH SHORES ROAD WASHINGTON, NC 27889 (252) 974-7778		SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	04/30/2021
		Xploreibx Charters LLC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
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
ARNOLD SCOTT HAMMONDS 216 NORTH SHORES ROAD WASHINGTON, NC 27889 (252) 974-7778		SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	05/24/2022
		Xploreibx Charters LLC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
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
ARNOLD SCOTT HAMMONDS 216 NORTH SHORES ROAD WASHINGTON, NC 27889 (252) 974-7778		SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	09/21/2022
		Xploreibx Charters LLC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,100.00	\$ 1,100.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 4,600.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 6,522.22

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number
COMMITTEE TO ELECT SCOTT HAMMONDS			
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
ARNOLD SCOTT HAMMONDS 216 NORTH SHORES ROAD WASHINGTON, NC 27889 (252) 974-7778		SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	05/21/2021
		Xploreibx Charters LLC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,000.00	\$ 1,000.00
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
ARNOLD SCOTT HAMMONDS 216 NORTH SHORE ROAD WASHINGTON, NC 27889 (252) 974-7778		SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	06/23/2021
		Xploreibx Charters LLC	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 250.00	\$ 250.00
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
SCOTT HAMMONDS 213 NORTH SHORES RD WASHINGTON, NC 27889 (252) 945-6059			
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	04/20/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1,550.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 6,522.22

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT SCOTT HAMMONDS			
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
SCOTT HAMMONDS 213 NORTH SHORES RD WASHINGTON, NC 27889 (252) 945-6059			
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			04/22/2022
			f. End Date (mm/dd/yyyy)
			05/18/2022
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 372.22	\$ 372.22
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 372.22
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 6,522.22