

Disclosure Report

Amendment
 Yes No

Use this form for general report and general 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 Donald W. Shreve | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 18 Queens Way Bath, NC 27808 | d. Date Filed 11/01/2022 |
| | e. Phone Number 252-725-1131 |

RECEIVED
OCT 31 2022

Beaufort County
 Board of Elections

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2022 | 3. Period Start Date (mm/dd/yy) 07/01/2022 | 4. Period End Date (mm/dd/yy) 10/22/2022 | 5. Treasurer Full Name William Ray Leary |
|-------------------------------|--|--|--|

| | | | | |
|--|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Pre-runoff | <input checked="" type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| ONE | | | <input type="checkbox"/> Special | |

| | | | |
|--|---|------------------------------------|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name First Citizens Bank | | a. Financial Institution Full Name | |
| b. Purpose Accept donations and pay expenses | c. Account Code 01 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 644.20 | | 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.

William Ray Leary Wm R. Leary 11/01/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

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

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all campaign reports and to total monetary information

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|------------------------------|---------------------------|--|
| Comm to Elect Donald W. Shreve | 3 rd Quarter Plus | | |
| Start of Election Cycle: January 1, 2022 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 644.20 | \$ | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 1,557.00 | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ 1,715.00 | \$ | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees (CRO-1220) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ | \$ | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ | \$ | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | \$ | \$ | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 3,272.00 | \$ | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 2,242.16 | \$ | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ | \$ | |
| 15) Loan Repayments (CRO-1470) | \$ | \$ | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ | \$ | |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 2,242.16 | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1,674.04 | \$ | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1530) | \$ | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | \$ | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ | \$ | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ | \$ | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | \$ | |
| 25) Administrative Support (CRO-1710) | \$ | \$ | |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ | |

Aggregated Contributions from Individuals

Page 1 of 6

Amendment
 Yes 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 Donald W. Shreve | | | | | |
| 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 | | 7-3-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-4-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-4-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-4-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-4-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-4-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-4-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-5/2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 7-7-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-07-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-08-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-08-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 7.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | check | | 07-12-2022 | \$ 30.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| 4. Total only this Page | | | | | \$ 327.00 |
| 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) | | | | | \$ 1,557.00 |

Aggregated Contributions from Individuals

Amendment
 Yes 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 Donald W. Shreve | | | | | |
| 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 | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-12-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-13-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-21-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-21-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-21-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-21-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-21-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-21-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-25-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-25-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-25-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-27-2022 | \$ 20.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-27-2022 | \$ 20.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-28-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-28-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-28-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-30-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-30-2022 | \$ 10.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-31-2022 | \$ 30.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 07-31-2022 | \$ 20.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 8-01-2022 | \$ 40.00 |
| <input type="checkbox"/> Add | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 8-02-2022 | \$ 40.00 |
| 4. Total only this Page | | | | | \$ 340.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 1,557.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

Aggregated Contributions from Individuals

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 Donald W. Shreve | | | | | |
| 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 | | 08-01-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-01-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-02-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-03-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-01-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-02-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-02-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-03-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-05-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-05-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-04-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-04-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-04-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-02-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-05-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | cash | | 08-06-2022 | \$ 10.00 |
| 4. Total only this Page | | | | | \$ 260.00 |
| 5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 1,557.00 |

Aggregated Contributions from Individuals

Amendment
 Yes 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 Donald W. Shreve | | | | | | |
| 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 | | 08-28-2022 | \$ 30.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-28-2022 | \$ 30.00 | |
| <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 | | 08-28-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-27-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-27-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-27-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-27-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-27-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-28-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-28-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-28-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-29-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| <input type="checkbox"/> Add | | | | | | |
| <input type="checkbox"/> Remove | 01 | cash | | 08-31-2022 | \$ 10.00 | |
| 4. Total only this Page | | | | | \$ 280.00 | |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 1,557.00 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

Pg 1 of 4

Amendment
 Yes No

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Committee to Elect Donald W. Shreve | | | | | | | |
| 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 | |
| Nancy Brickhouse 3190 Hwy 92 E Bath, NC 27808 | | | | Sales-Parties | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Enchanted Gardens | | 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 | money order | | 07/13/2022 | | \$ 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 | |
| Keith Kidwell 2018 W 15th St. Washington, 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 | check | | 07/12/2022 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| William R. Leary P.O. Box 33 Chocowinity, NC 27817 | | | | | | Sell Raffle Tickets | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 3,143.23 | |
| 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 | Table at Gun Show | 08/26/2022 | | \$ 65.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 265.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 1,715.00 | |

Contributions from Individuals

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

| | | | | | | | |
|---|-----------------|--------------------|------------------------|-----------------------------------|-----------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Committee to Elect Donald W Shreve | | | | | | | |
| 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 | |
| Nancy Brickhouse 3190 Hwy 92 East Bath, NC 27808 | | | | Sales-Parties | | Raffle Tickets | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Enchanted Gardens | | 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 | Money Order | | 07/13/2021 | \$ 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 | |
| Steve Rader 113 South Harvey St Washington, NC | | | | Attorney | | Raffle Tickets | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Self | | 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 | | 08/18/2022 | \$ 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 | |
| Winston Smithwick 702 Pinecrest St. Bath, NC 27808 | | | | | | Raffle Tickets | |
| | | | | 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 | check | | 08/24/2022 | \$ 60.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 260.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 1,715.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | |

Contributions from Individuals

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

| | | | | | | |
|--|-----------------|--------------------|------------------------|-----------------------------------|--------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Committee to Elect Donald W. Shreve | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| William R. Leary P.O. Box 33 Chocowinity, NC | | | | Supervisor | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Weyerhaeuser Retired | | e. Election Sum to Date |
| | | | | | | \$ 3,643.23 |
| 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 | | 08/15/2022 | | \$ 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 |
| Ricky Radcliffe 658 E Main St. Belhaven, NC 27810 | | | | Sales | | Raffle Tickets |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Radcliffe Marine | | 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 | check | | 08/01/2022 | | \$ 90.00 |
| <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 |
| Christopher George 757 NW 7th St. Delray Beach, FL 33444 | | | | Business Owner | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Retired | | e. Election Sum to Date |
| | | | | | | \$ 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 | check | | 07/13/2022 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1090.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 1,715.00 | |

Contributions from Individuals

4 of 4

Amendment
 Yes No

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

| | | | | | | |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Committee to Elect Donald W. Shreve | | | | | | |
| 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 | |
| Anne Hardy 1116 Village Crossing Dr. Chapel Hill, NC 27517 | | | Home maker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self | | 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 | | 07/13/2022 | \$ 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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 1,715.00 | |

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 Donald W. Shreve | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <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 |
| United States Postal Service 100 Patrick Lane Chocowinity, NC 27817 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 1146.80 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | I | 07/13/2022 | \$ 300.00 | | |
| | | | | \$ | | |
| 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 |
| United States Postal Service 222 West 2nd Street Washington, NC 27889 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 1446.80 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | I | 07/13/2022 | \$ 300.00 | | |
| | | | | \$ | | |
| 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 |
| United States Postal Service 415 Carteret St. Bath, NC 27808 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 1,506.80 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check card | I | 07/13/2022 | \$ 60.00 | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 660.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2,242.16 |
| <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 Donald W. Shreve | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <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 |
| Ingalls Printing 107 Union Drive 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: | | \$ 2,109.54 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | B | 08/18/2022 | \$ 535.79 | 1000 Letters | |
| — | — | — | — | \$ — | 1100 Rack Cards | |
| 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 |
| Hudson Signs 2956 A US Hwy 17 Chocowinity, NC 27817 | | | | | | |
| | | | | 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: | | \$ 106.75 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | B | 08/17/2022 | \$ 106.75 | 2-4x4 Color Signs | |
| | | | | \$ | | |
| 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 |
| Ingalls Printing 107 Union Drive 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: | | \$ 2,360.40 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | B | 08/10/2022 | \$ 250.86 | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 893.40 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2,242.16 |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | E - Salaries | F* - Equipment | G - Political Party |
| I - Postage | J - Penalties | K* - Office Expenses | H* - Holding Public Office Expenses | O* Other | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Disbursements

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

| | | | | | | |
|---|---------------------------|---|-----------------------------|---|----------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Committee to Elect Donald W. Shreve | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <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 |
| Hudson Signs 2956 A Hwy 17 Chocowinity NC 27817 | | | | | | |
| | | | | 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: | | \$ 186.64 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | B | 09/07/2022 | \$ 79.89 | 1-4x4 Color sign | |
| | | | | \$ | | |
| 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 |
| Family Dollar 501 Carteret St. Bath, NC 27808 | | | | | | |
| | | | | 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: | | \$ 6.41 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check Card | O | 09/21/2022 | \$ 6.41 | Bungee Cords | |
| - | - | - | - | \$ - | Mounting Banners | |
| 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 |
| Hudson Signs 2956 A Hwy 17 Chocowinity, NC 27817 | | | | | | |
| | | | | 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: | | \$ 266.70 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | B | 08/26/2022 | \$ 80.06 | 1-4x4 Color Signs | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 166.36 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2,242.16 |
| <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 Donald W. Shreve | | | | | | |
| 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 |
| Washington Quality Plus 2007 John Small Ave. Washington, NC 27889 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 222.09 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | checkCard | 0 | 08/26/2022 | \$ 41.00 | Gasoline for | |
| | | | | \$ | Signs + Banners | |
| 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 |
| Washington Quality Plus 2007 John Small Ave. Washington, NC 27889 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 272.09 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check card | 0 | 09/06/2022 | \$ 50.00 | Gasoline for | |
| - | - | - | - | \$ - | Signs + Banners | |
| 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 |
| Symbiotic Networks 106 Beechtree Drive Washington, NC 27889 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 433.10 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | A | 09/10/2022 | \$ 35.50 | Facebook Admin | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 126.50 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2,242.16 |
| <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 Donald W. Shreve | | | | | | |
| 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 |
| Washington Quality Plus 2007 John Small Ave. 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: | | \$ 313.09 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check card | O | 10/12/2022 | \$ 41.00 | Gasoline for | |
| — | — | — | — | \$ — | Signs & Banners | |
| 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 |
| Office Depot Washington Plaza 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: | | \$ 98.19 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | K | 07/13/2022 | \$ 98.19 | Envelopes | |
| | | | | \$ | | |
| 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 GOP 844 West 15th St. 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: | | \$ 50.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | G | 08/24/2022 | \$ 50.00 | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 189.19 |
| 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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 2,242.16 |
| 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 Donald W. Shreve | | | | | | |
| 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 |
| Ingalls Printing 107 Union Drive Washington, NC 27889 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 2,419.11 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | P | 09/16/2022 | \$ 58.71 | 100 Business Cards | |
| ✓ | — | — | — | \$ — | 50 4x9" Cards | |
| 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 |
| James Burwell 221 King St. Bath, NC 27808 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 110.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check | F | 09/18/2022 | \$ 110.00 | 4x4 Sign Frames | |
| | | | | \$ | | |
| 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 |
| Glenbernie Family Fare 1288 Glenbernie Road New Bern, NC 27862 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 38.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 01 | check card | O | 10/19/2022 | \$ 38.00 | Gasoline for | |
| ✓ | — | — | — | \$ — | Signs & Banners | |
| 5. Total only this Page | | | | | | \$ 206.71 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2,242.16 |
| <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) | | | | | | |