

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information

Amendment  
☒ Yes  
☐ No

RECEIVED

OCT 22 2025

<b>1. Committee Information</b>												
<b>a. Full Name</b> Jeff Haddock for Mayor		<b>c. ID Number</b> 1DC5NF										
<b>b. Mailing Address (include City, State and Zip Code)</b> 115 Jones Circle Chocowinity, NC 27817		<b>d. Date Filed</b> 10/22/2025										
		<b>e. Phone Number</b> 252.944.8877										
<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 7-7-2025	<b>4. Period End Date (mm/dd/yy)</b> 10/20/2025	<b>5. Treasurer Full Name</b> Jeffrey Haddock									
<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1"><tr><td><b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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</td><td><b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input 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</td><td><b>Referendum</b> <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</td></tr></table>		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input 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	<b>Referendum</b> <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						
<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input 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	<b>Referendum</b> <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										
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>										
<b>8. Number of Fundraisers this Report</b> 0												
<b>11. Account Information</b>		<b>11. Account Information</b>										
<b>a. Financial Institution Full Name</b> First Citizens Bank		<b>a. Financial Institution Full Name</b>										
<b>b. Purpose</b> Campaign Checking Account	<b>c. Account Code</b> 0100	<b>b. Purpose</b>	<b>c. Account Code</b>									
	<b>d. Period Begin Balance</b> \$ 150		<b>d. Period Begin Balance</b> \$									
<b>CERTIFICATION</b> 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. <div><div>Jeffrey A. Haddock Printed Name of Signer</div><div> Signature of Appointed Treasurer</div><div>10/22/2025 Date</div></div>												
<b>FOR OFFICE USE ONLY</b> <table border="0"><tr><td>Date Received: _____</td><td>Employee: _____</td><td rowspan="4"><b>Delivery Method</b> <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</td></tr><tr><td>Date Postmarked: _____</td><td>Employee: _____</td></tr><tr><td>Date Scanned: _____</td><td>Employee: _____</td></tr><tr><td>Date Data Entered: _____</td><td>Employee: _____</td></tr></table>				Date Received: _____	Employee: _____	<b>Delivery Method</b> <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: _____
Date Received: _____	Employee: _____	<b>Delivery Method</b> <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: _____											
<b>Please Note:</b> 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.												

OCT 22 2025



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

Beaufort County  
Board of Elections

### Confidential

### Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

#### FILED BY:

Committee Name: Haddock P. Mayor  
 Treasurer Name: Jeffrey A. Haddock  
 Treasurer Address: 115 Jones Circle  
 (include city, state, & zip) Chocowinity N.C. 27817  
 Treasurer Phone: 252 944 8877

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
checking	First Citizens	1411 Carolina Ave	00407P35032	0100
		Washington N.C 27883		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

11-22-25

Date Signed

[Signature]  
Signature of Candidate or Treasurer

#### For Candidate Committees Only

- ☐ In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

# Detailed Summary

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

Amendment  
☐ Yes ☒ No

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OCT 22 2025

Beaufort County  
Board of Elections

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Jeff Haddock for Mayor		Pre-Election		IDC5NF	
<b>Start of Election Cycle:</b>		<b>January 1,</b>		<b>2025</b>	
		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 0		\$ 1197.97	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 50	
6) Contributions from Individuals		(CRO-1210)		\$ 1147.97	
7) Contributions from Political Party Committees		(CRO-1220)		\$	
8) Contributions from Other Political Committees		(CRO-1230)		\$	
9) Loan Proceeds		(CRO-1410)		\$	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$	
11c) Outside Sources of Income		(CRO-1250)		\$	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 1197.97	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 947.97	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$	
13c) Coordinated Party Expenditures				\$	
14) Aggregated Non-Media Expenditures				\$	
15) Loan Repayments				\$	
16) Refunds/Reimbursements From the Comm				\$	
17) In-Kind Contributions				\$ 533.50	
18) TOTAL EXPENDITURES (Add lines 13a, 13b,				\$ 1481.47	
19) Cash on Hand at End (Add lines 4 and 12 together				\$ 250	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Comm				\$	
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)		\$	

and #  
is neg?

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

1 of 1

Amendment ☐ Yes ☒ No

OCT 22 2025

Beaufort County  
Board of Elections

1. Committee Full Name (and Fund if applicable)							2. ID Number	
Jeff Haddock for Mayor							1DC5NF Beaufort County Board of Elections	
3. Contributor Information								
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
<input checked="" type="checkbox"/>	Add		check	check	09/07/2025	\$	50	
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add		Purchase	Papers	10/13/2025	\$	20	
<input type="checkbox"/>	Remove							
<input type="checkbox"/>	Add					\$		
<input type="checkbox"/>	Remove					\$		
<input type="checkbox"/>	Add					\$		
<input type="checkbox"/>	Remove					\$		
<input type="checkbox"/>	Add					\$		
<input type="checkbox"/>	Remove					\$		
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<input type="checkbox"/>	Remove					\$		
<input type="checkbox"/>	Add					\$		
<input type="checkbox"/>	Remove					\$		
<input type="checkbox"/>	Add					\$		
<input type="checkbox"/>	Remove					\$		
<b>4. Total only this Page</b>						\$	70	
<b>5. Total of ALL CRO-1205 Pages</b>						\$	70	
(This line must be on line 5 of Detailed Summary Page CRO-1100)								

# Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

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<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Jeff Haddock for Mayor						OCT 22 2025	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						Beaufort County Board of Elections	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
Michael G Jones 112 Joshua Dr. Chocowinity, NC 27817			Retired				
			<b>c. Employer's Name/Specific Field</b>				
			N/A				
					<b>e. Election Sum to Date</b>		
					\$ 200		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
Jeff Haddock 115 Jones Circle Chocowinity, NC 27817			Retired				
			<b>c. Employer's Name/Specific Field</b>				
			N/A				
					<b>e. Election Sum to Date</b>		
					\$ 947.97		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
			<b>c. Employer's Name/Specific Field</b>				
					<b>e. Election Sum to Date</b>		
					\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 1147.97	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1147.97	

# Disbursements

Pg 1 of 2

Amendment

☐ Yes ☒ No

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OCT 22 2025

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

Beaufort County  
Board of Elections

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Jeff Haddock for Mayor					1DC5NF	
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Signs on the Cheap 11525A Stone Hollow Dr st100 Austin, TX 78758					Signs Banner	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 379.32	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	Credit Card	B	07/02/2025	\$206.88	signs	
	Credit Cards	B	08/25/2025	\$172.44	Banner	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Hudson Signs 2956 US Hwy 17 S Chocowinity, NC 27817					signs	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 592.82	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	check	B	09/26/2025	\$213.5	signs	
				\$		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Beaufort County GOP 844 W 15 <sup>th</sup> ST Wshington, NC 27889					Sponsorship	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 742.82	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	Check	G	09/25/2025	\$150	Golf Tournament Sponsorship	
				\$		
<b>5. Total only this Page</b>					\$ 742.82	
<b>6. Total of ALL CRO-1310 Pages</b>						
<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>					\$ 742.82	
<b>7. Purpose Codes</b> (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

Pg 2 of 2

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Jeff Haddock for Mayor					DC5NF	
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Amazon sign Order Number: 113-0443042 -0911465					Beaufort County Board of Elections	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b>	
					\$ 764.16	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	Credit Card	F	09/15/2025	\$21.34	sign brackets	
				\$		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Engravers World 5246 Hwy 264 E Washington, NC 27889						
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b>	
					\$ 937.97	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	Credit Card	B	10/19/2025	\$173.81	T shirts for staff	
				\$		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Beaufort County Election Board 1308 Highland Dr Washington , NC 27889						
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					<b>e. Election Sum to Date</b>	
					\$ 947.97	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	Cash	H	07/07/2025	\$10	Filing Fee	
				\$		
<b>5. Total only this Page</b>					\$ 205.15	
<b>6. Total of ALL CRO-1310 Pages</b>						
<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>					\$ 947.97	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
<b>7. Purpose Codes</b> (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)						

# In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Jeff Haddockfor Mayor		1DC5NF	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Tommy Pendey 838 Possum Track Rd Chocowinity, NC, 27817		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Beaufort County Board of Elections  <b>d. Election Sum to Date</b> \$ 313.50
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Tommy purchased large campaign signs		09/08/2025	\$ 100
Tommy placed them in the back of his truck and drove them around the town		Sept.-Oct.	\$ 213.50
			\$
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Scarlet Stokes 1201 Haw Branch Rd. Chocowinity, NC 27817		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>d. Election Sum to Date</b> \$ 200
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Scarlet printed and mailed campaign letters.		10/08/2015	\$ 200
			\$
			\$
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Mike Jones 112 Joshua Dr Chocowinity, NC 27817		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>d. Election Sum to Date</b> \$ 20
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Bought paper from WDN for distribution		10/13/2025	\$ 20
			\$
			\$
<b>4. Total only this Page</b>		\$ 533.50	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 533.50	

OCT 22 2025

Beaufort County  
Board of Elections


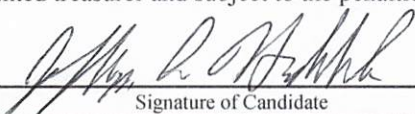
## Statement of Organization - Candidate Committee

Is this statement:

☐ New☒ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Haddock for Mayor		1DC5NF	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
115 Jones Circle Chocowinity, NC 27817		07.07.2025	
c. Committee Website (Optional)		f. Phone Number	
		252-944-8877	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Jeffrey Haddock		non-partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
115 Jones Circle Chocowinity, NC 27817		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
252-944-8877	Jhchocopwd@yahoo.com	2025	Town of Chocowinity
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Jeffrey Haddock			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
115 Jones Circle Chocowinity, NC 27817			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-944-8877	Jhchocopwd@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Jeffrey Haddock		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
115 Jones Circle Chocowinity, NC 27817			
c. Phone Number	d. Email Address	b. Account Code	c. Type
252-944-8877	Jhchocopwd@yahoo.com	0100	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p> <u>Jeffrey A Haddock</u>  Printed Name of Treasurer </p> <p>   Signature of Appointed Treasurer </p> <p> <u>10.20.20205</u>  Date </p> <p> I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. </p> <p> <u>Jeffrey A Haddock</u>  Printed Name of Candidate </p> <p>   Signature of Candidate </p> <p> <u>10-20-2025</u>  Date </p>			