

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 PJ FOR BOC	c. ID Number 8HCK45
b. Mailing Address (include City, State and Zip Code) 405 MATHEW ANDREW CRT SWANSBORO NC 28584	d. Date Filed 7-15-2019
	e. Phone Number 910-389-4917

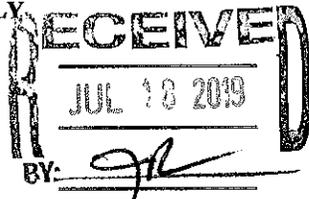
2. Report Year 2019	3. Period Start Date (mm/dd/yy) 07/15/2019	4. Period End Date (mm/dd/yy) 11/05/2019	5. Treasurer Full Name BRENDA W PUGLIESE
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> 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	9. Type of Report (check only one type of report from one category) Municipal <input checked="" 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	State/County <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	Referendum <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
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name 	
8. Number of Fundraisers this Report 0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name NAVY FEDERAL CREDIT UNION		a. Financial Institution Full Name	
b. Purpose COMMITTEE FUNDS	c. Account Code EKP3	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 25.00		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.

Brenda W Pugliese Printed Name of Signer Brenda W Pugliese Signature of Appointed Treasurer 7-16-19 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

Detailed Summary

Amendment Yes 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	
PJ FOR BOC	ORGANIZATIONAL	EKP3	
Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 25.00	\$ 25.00
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 25.00	\$ 25.00
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 0	\$ 0
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$ 0	\$ 0
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$ 0	\$ 0
9) Loan Proceeds	<i>(CRO-1410)</i>	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$ 0	\$ 0
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$ 0	\$ 0
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 0	\$ 0
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 0	\$ 0
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$ 0	\$ 0
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$ 0	\$ 0
15) Loan Repayments	<i>(CRO-1420)</i>	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$ 0	\$ 0
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$ 0	\$ 0
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 0	\$ 0
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 25.00	\$ 25.00
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$ 0	
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$ 0	
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$ 0	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$ 0	
25) Administrative Support	<i>(CRO-1710)</i>	\$ 0	\$ 0
26) Forgiven Loans	<i>(CRO-1440)</i>	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$ 0	\$ 0
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$ 0	\$ 0

Statement of Organization - Candidate Committee

Amendment
 Yes No

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
PJ FOR BOC			8HCK45		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
405 MATHEW ANDREW CRT SWANSBORO, NC 28584			JULY 15, 2019		
			e. Phone Number		
			910-389-4917		
2. Candidate Information					<input checked="" type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
HARRY PUGLIESE III		8HCK45		REPUBLICAN	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
405 MATHEW ANDREW CRT SWANSBORO NC 28584		SWANSBORO TOWN COMMISSIONER			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
910-389-4917	pugliesehc@gmail.com	2019	MUNI		
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
BRENDA W PUGLIESE			BRENDA W PUGLIESE		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
112 BONITA LN SWANSBORO NC 28584			112 BONITA LN SWANSBORO NC 28584		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
910-326-3579	hpugliese@ec.rr.com	910-326-3579	hpugliese@ec.rr.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
			NAVY FEDERAL CREDIT UNION		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			COMMITTEE FUNDS		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		EKP3	CHECKING		
<input type="checkbox"/> Email copy of notices					
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.					
Brenda W Pugliese		Brenda W Pugliese		7-16-19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



NORTH CAROLINA STATE BOARD OF ELECTIONS

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: HARRY PUGLIESE III

Treasurer Name: BRENDA W PUGLIESE

Treasurer Address: 112 BONITA LN
 (include city, state, & zip) SWANSBORO, NC 28584

Treasurer Phone: 910-326-3579

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/16/2019
Date Signed

Harry Pugliese III
Signature of Candidate



NORTH CAROLINA STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: HARRY PUGLIESE III

Committee Name: PJ FOR BOC

Treasurer Name: BRENDA W PUGLIESE

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State]/(County) If county, specify: ONSLOW COUNTY SW

I, Harry Pugliese III, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>FRIENDS/HAMMOCKS BCH STATE PARK</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Harry Pugliese III

Date: 7-16-19