

Disclosure Report Cover

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

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

1. Committee Information	
a. Full Name Committee to Elect Doug Medlin	c. ID Number WHC515
b. Mailing Address (include City, State and Zip Code) PO Box 2689 Surf City, NC 28445	d. Date Filed 10/11/2019
	e. Phone Number 910-358-4907

2. Report Year 2019	3. Period Start Date (mm/dd/yy) 01/01/19	4. Period End Date (mm/dd/yy) 06/30/2019	5. Treasurer Full Name Stephen Matthew Jones
------------------------	---	---	---

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 type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input checked="" 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	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name Coastal Bank and Trust	c. Account Code CM	a. Financial Institution Full Name	c. Account Code
b. Purpose Campaign Funds	d. Period Begin Balance \$ 0 200.00	b. Purpose	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.

Stephen M Jones Stephen M Jones 10/11/19
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		RECEIVED OCT 16 2019	
Date Received:	Employee: _____	Delivery Method	
Date Postmarked:	Employee: _____	<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 Scanned:	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training	
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.