

# 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.

<b>1. Committee Information</b>	
a. Full Name ONslow PROTECT OUR STUDENTS	c. ID Number ONF-123456-N-001
b. Mailing Address (include City, State and Zip Code) 120 PIRATE ISLAND DR HUBERT, NC 28539	d. Date Filed 05/12/2022
	e. Phone Number

<b>2. Report Year</b> 2021	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2021	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2021	<b>5. Treasurer Full Name</b> MELANIE NORVELL
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name UNION BANK		a. Financial Institution Full Name	
b. Purpose PROCESS POLITICAL TRANSACTIONS	c. Account Code 001	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 657.41		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

Melanie Norvell Printed Name of Signer      Melanie Norvell Signature of Appointed Treasurer      05/12/2022 Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Signer has not received mandatory training

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 disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
ONSLOW PROTECT OUR STUDENTS	2021 Year End Semi-Annual	ONF-123456-N-001	
<b>Start of Election Cycle: January 1, 2021</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 121.36	\$ 121.36
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 2,106.73	\$ 2,106.73
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,228.09	\$ 2,228.09
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 193.24	\$ 193.24
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 193.24	\$ 193.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,034.85	\$ 2,034.85
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# Contributions from Individuals

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Amendment

Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
ONslow PROTECT OUR STUDENTS				ONF-123456-N-001	
<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>
LAURA MURPHY 4 BERMUDA LANDING N TOPSAIL BEACH, NC 28460			AIR B&B		
			<b>c. Employer's Name/Specific Field</b> SELF		
					<b>e. Election Sum to Date</b>
					\$ 121.36
<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"/>	001	Check		09/29/2021	\$ 121.36
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 121.36
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 121.36

# Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
ONFLOW PROTECT OUR STUDENTS			ONF-123456-N-001	
<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>d. Type of Committee</b>		<b>g. Comments</b>
VISTA PRINT 275 WYMAN ST WALTHAM, MA 02451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/13/2020
				<b>i. Original Expenditure Amt</b>
				\$ 2,106.73
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose</b>		<b>j. Election Sum to Date</b>
		REFUND		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
001	Electric Funds Tran		08/24/2021	\$ 2,106.73
<b>4. Total only this Page</b>				\$ 2,106.73
<b>5. Total of ALL CRO-1240 Pages</b> <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 2,106.73

# Disbursements

Amendment

Pg 1 of 1  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>	
ONSLOW PROTECT OUR STUDENTS						ONF-123456-N-001	
<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 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>	
GO DADDY 14455 N. HAYDEN RD SCOTTSDALE, AZ 85260 (480) 505-8800						<b>c. Level Registered (Specify)</b>	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						<b>e. Election Sum to Date</b>	
						\$ 240.84	
<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>		
001	Debit Card	K	10/14/2021	\$ 71.88	WEBSITE		
				\$			
<b>4. Payee 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. Coordinated Committee Name</b>		<b>d. Comments</b>	
BARBARA LONGO 348 TAR LANDING RD HOLLY RIDGE, NC 28445						<b>c. Level Registered (Specify)</b>	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						<b>e. Election Sum to Date</b>	
						\$ 121.36	
<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>		
001	Check	I	09/23/2021	\$ 121.36	MAILING EXPENSE		
				\$			
<b>5. Total only this Page</b>						\$ 193.24	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 193.24	
<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>							
<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)							