

Disclosure Report Cover

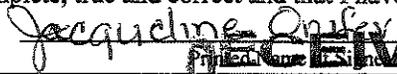
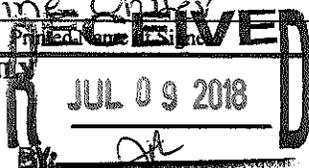
Amendment

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		c. ID Number	
ONSLow PROTECT OUR STUDENTS		on ONF-123456-N-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2015 GUM BRANCH ROAD APARTMENT 816 JACKSONVILLE, NC 28540		7/9/18	
		e. Phone Number	
		732-597-3166	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	4/22/18	6/30//2018	JACQUELINE ONIFER
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input checked="" 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		Municipal <input 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	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
UNION BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
GENERAL FUND	001		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 10047.16		\$
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.			
Signature of Appointed Treasurer 		Date 7/9/18	
FOR OFFICE USE ONLY			
Date Received:		Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	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			
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	2018 Second Quarter	ONF-123456-N-001	
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 10,047.16	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 106.72	\$ 11,206.72
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)	\$ 0.00	\$ 0.00
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)		\$ 106.72	\$ 11,206.72
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,844.98	\$ 2,897.82
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)	\$ 106.72	\$ 106.72
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,951.70	\$ 3,004.54
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,202.18	\$ 8,202.18
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 1,844.97	
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

Pg 1 of 1

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1203 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
ONslow PROTECT OUR STUDENTS				ONF-123456-N-001	
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
MELANIE NORVELL 1004 TIFFIN COURT JACKSONVILLE, NC 28546 (910) 265-2697			SELF-EMPLOYED		
			c. Employer's Name/Specific Field Management of Companies and Enterprises		
					e. Election Sum to Date
					\$ 106.72
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	MEDIA	05/08/2018	\$ 106.72
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 106.72
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 106.72

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
ONslow PROTECT OUR STUDENTS						ONF-123456-N-001	
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	
DAILY NEWS NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,040.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	A	05/05/2018	\$ 1,530.00	NEWSPAPER AD TO		
				\$	SUPPORT THE		
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	
VISTAPRINT 275 WYMAN STREET WALTHAM, MA 02451							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 314.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	A	04/30/2018	\$ 314.98	POSTCARDS TO		
				\$	SUPPORT THE		
5. Total only this Page						\$ 1,844.98	
6. Total of ALL CRO-1310 Pages						\$ 1,844.98	
<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)							

In-Kind Contributions

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ONslow PROTECT OUR STUDENTS		ONF-123456-N-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
MELANIE NORVELL 1004 TIFFIN COURT JACKSONVILLE, NC 28546 (910) 265-2697	<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		
			d. Election Sum to Date
			\$ 106.72
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEDIA	05/08/2018	\$ 106.72	
		\$	
		\$	
4. Total only this Page		\$ 106.72	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 106.72	

Non-Monetary Gifts Given to Other Committees Pg 1 of 1

Amendment

Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ONslow PROTECT OUR STUDENTS		ONF-123456-N-001	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
ELECT BILL LANIER COMMITTEE 3011 STEEPLE CHASE CT JACKSONVILLE, NC 28546		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Onslow	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
POSTCARDS TO SUPPORT CANDIDATE ISSUES		05/04/2018	\$ 104.99
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES		05/06/2018	\$ 510.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
ELECT BOB WILLIAMS 929 COMMONS DRIVE N JACKSONVILLE, NC 28546 (910) 750-1356		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Onslow	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
POSTCARDS SUPPORTING CANDIDATE ISSUES		05/04/2018	\$ 104.99
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES		05/06/2018	\$ 510.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
FRIENDS OF JEFF HUDSON 401 S BLUFF CIRCLE JACKSONVILLE, NC 28540 (910) 546-2580		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Onslow	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
POSTCARDS TO SUPPORT CANDIDATE ISSUES		05/04/2018	\$ 104.99
NEWSPAPER AD TO SUPPORT CANDIDATE ISSUES		05/06/2018	\$ 510.00
4. Total only this Page		\$ 1,844.97	
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)		\$ 1,844.97	