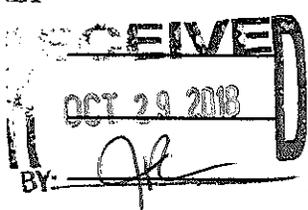


Disclosure Report Cover

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	
COMMITTEE TO ELECT MARCY WOFFORD			XHC0X4	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
111 ROBINHOOD DR. JACKSONVILLE, NC 28546			10/26/2018	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2018	09/06/2018	10/20/2018	MARCIA WOFFORD	
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		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		Referendum
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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		<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
8. Number of Fundraisers this Report		10. Special Report Name		
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
COASTAL BANK & TRUST				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FUNDS	MW1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1,000.00		\$	
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				
<u>Marcia L Wofford</u>		<u>Marcia Wofford</u>		<u>10/26/2018</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:		Employee: _____	Delivery Method	
Date Postmarked:		Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned:		Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered:		Employee: _____	<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	
COMMITTEE TO ELECT MARCY WOFFORD	2018 Third Quarter	XHC 0x4	
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,000.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 95.20	\$ 95.20
6) Contributions from Individuals (CRO-1210)		\$ 369.41	\$ 1,099.41
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 220.00
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	\$ 50.00
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)		\$ 464.61	\$ 1,464.61
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 856.00	\$ 856.00
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)		\$ 57.63	\$ 57.63
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)		\$ 154.49	\$ 154.49
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,068.12	\$ 1,068.12
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 396.49	\$ 396.49
ADDITIONAL INFORMATION			
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

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MARCY WOFFORD					XHC 0X4	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MW1	Electric Funds Tran		10/17/2018	\$	19.12
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MW1	In-Kind	PRINTER INK	10/03/2018	\$	12.59
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MW1	In-Kind	CIRCLE LABELS	10/03/2018	\$	21.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MW1	In-Kind	T-SHIRTS	09/25/2018	\$	41.59
4. Total only this Page					\$	\$95.20
5. Total of ALL CRO-1205 Pages					\$	\$95.20
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MARCY WOFFORD					XHC0X4	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSEPH KAWALSKI 2075 N MARINE BLVD, STE U JACKSONVILLE, NC 28546			WRESTLING COACH			
			c. Employer's Name/Specific Field			
			PIKESTONE KATCH WRESTLING AND FITNESS		e. Election Sum to Date	
					\$ 291.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	MW1	Credit Card		10/16/2018	\$ 291.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARCIA WOFFORD 111 ROBINHOOD DR JACKSONVILLE, NC 28546			MEDICAL RECORDS			
			c. Employer's Name/Specific Field			
			CAROLINA PSYCHOLOGICAL		e. Election Sum to Date	
					\$ 78.41	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	MW1	In-Kind	T-SHIRTS	10/16/2018	\$ 78.41	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 369.41	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 369.41	

Disbursements

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	
COMMITTEE TO ELECT MARCY WOFFORD						XHC0X4	
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 checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
910 SIGN CO. 614 RICHLANDS HWY JACKSONVILLE, NC 28540				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality			
				\$ 856.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MW1	Check	B	10/10/2018	\$ 856.00	YARD SIGNS		
				\$			
5. Total only this Page						\$ 856.00	
6. Total of ALL CRO-1310 Pages						\$ 856.00	
<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)							

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)				2. ID Number		
COMMITTEE TO ELECT MARCY WOFFORD				XHC0X4		
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	MWI	Debit Card	B	09/15/2018	\$ 28.76	BUSINESS CARDS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	MWI	Debit Card	B	10/15/2018	\$ 28.87	BUSINESS CARDS
<input type="checkbox"/> Remove						
4. Total only this Page					\$	57.63
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	57.63
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

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	
COMMITTEE TO ELECT MARCY WOFFORD		X4C0X4	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Aggregated Individual Contribution		<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	
		\$	12.59
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTER INK		10/03/2018	\$ 12.59
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Aggregated Individual Contribution		<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	
		\$	21.90
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CIRCLE LABELS		10/03/2018	\$ 21.90
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Aggregated Individual Contribution		<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	
		\$	41.59
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
T-SHIRTS		09/25/2018	\$ 41.59
			\$
			\$
4. Total only this Page		\$	76.08
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	154.49

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	
COMMITTEE TO ELECT MARCY WOFFORD		XHC0X4	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MARCIA WOFFORD 111 ROBINHOOD DR JACKSONVILLE, NC 28546		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
<input type="checkbox"/> PAC	d. Election Sum to Date		
<input type="checkbox"/> Referendum	\$	78.41	
<input type="checkbox"/> Other Receipt Source			
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
T-SHIRTS		10/16/2018	\$ 78.41
			\$
			\$
4. Total only this Page		\$	78.41
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	154.49