

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 Sammy Phillips		9HCD6G	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2490 Northwoods Drive		10/28/2019	
Jacksonville, NC		e. Phone Number	
28540		9103581034	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2019	09/24/2319	10/21/2019	John Samuel Phillips
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"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<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		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Citizens Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Receiving contribution and paying expenses	SP		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 7038.58		\$
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.			
John Samuel Phillips		10/26/2019	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
OCT 28 2019	_____	<input type="checkbox"/> Normal Mail	
Date Postmarked:	Employee:	<input type="checkbox"/> Registered Mail	
_____	_____	<input type="checkbox"/> Hand Delivered	
Date Scanned:	Employee:	<input type="checkbox"/> Electronically Filed	
_____	_____	<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.			

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 Sammy Phillips		Pre-election		9HCD6G	
Start of Election Cycle: January 1,		2019		Total this Reporting Period	
4) Cash on Hand at Start				\$ 7038.58	
				\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)				\$ 0	
6) Contributions from Individuals (CRO-1210)				\$ 2900.00	
7) Contributions from Political Party Committees (CRO-1220)				\$ 0	
8) Contributions from Other Political Committees (CRO-1230)				\$ 0	
9) Loan Proceeds (CRO-1410)				\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)				\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)				\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)				\$ 0	
11c) Outside Sources of Income (CRO-1250)				\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)				\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)				\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 2900.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)				\$ 1808.22	
13b) Contributions to Candidates/Political Committees (CRO-1310)				\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)				\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)				\$ 0	
15) Loan Repayments (CRO-1420)				\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)				\$ 0	
17) In-Kind Contributions (CRO-1510)				\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 1808.22	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 8130.36	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)				\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)				\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)				\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)				\$ 0	
24) Account Transfers Within the Committee (CRO-1720)				\$ 0	
25) Administrative Support (CRO-1710)				\$ 0	
26) Forgiven Loans (CRO-1440)				\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)				\$ 0	
28) Contributions to be Refunded (CRO-1215)				\$ 0	

Contributions from Individuals

Amendment

Yes No

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 SAMMY PHILLIPS						9-HCD-6-G	
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	
VIRGINIA R ALBANO 1404 CLIFTON RD JACKSONVILLE, NC 28540				PHYSICIAN			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SP	Check			09/28/2019	\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
NELSON BURGESS 204 DRAYTON HALL JACKSONVILLE, NC 28540				RESTAURANT			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SP	Check			09/27/2019	\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
JEFFREY CLARK 202 ANNE ST. JACKSONVILLE, NC 28540				PRESIDENT			
				c. Employer's Name/Specific Field			
				MARINE FEDERAL CREDIT UNION		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SP	Check			09/27/2019	\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,900.00	

Contributions from Individuals

Amendment

Yes No

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 SAMMY PHILLIPS						9-HCD-6-G	
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	
CHARLES EFIRD 627 COLLEGE STREET JACKSONVILLE, NC 28540				RETIREED			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SP	Check		10/02/2019		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
ROBERT GASPERSON P.O.BOX 798 SWANSBORO, NC 28584				MUSIC AND PAWN			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SP	Check		10/13/2019		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
BUNDAGE GUY 1025 BEECH TREE RD JACKSONVILLE, NC 28546				PRESIDENT			
				c. Employer's Name/Specific Field			
				AD GUY INSURANCE		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SP	Check		10/17/2019		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,900.00	

Contributions from Individuals

Amendment

Yes No

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 SAMMY PHILLIPS						9-HCD-6-G	
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	
GEORGE JONES 1 BURTON PLACE JACKSONVILLE, NC 28540				CONTRACTOR			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SP	Check		10/02/2019		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
BARDEN LANIER P.O. BOX 1237 JACKSONVILLE, NC 28541				SURVEYING			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SP	Check		09/26/2019		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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	
JAMES E MAIDES 1054 COUNTRY CLUB DRIVE JACKSONVILLE, NC 28546				DEVELOPER			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SP	Check		10/01/2019		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,900.00	

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 SAMMY PHILLIPS					9-HCD-6-G	
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	
THOMAS MORGAN 114 DRAYTON HALL JACKSONVILLE, NC 28540			DENTIST			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SP	Check		10/10/2019	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
KENNETH MORGAN SR 122 DRAYTON HALL JACKSONVILLE, NC 28540			DENTIST			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SP	Check		10/10/2019	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
ELIJAH MORTON 221 GRIMALDI LANE SWANSBORO, NC 28584			TRUCKING/CONSTRUCTION			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SP	Check		10/01/2019	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,900.00	

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 SAMMY PHILLIPS				9-HCD-6-G	
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
ROBERT WARDEN JR 1006 CLYDE DRIVE JACKSONVILLE, NC 28540			RETIRED		
			c. Employer's Name/Specific Field		e. Election Sum to Date
					\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	SP	Check		10/16/2019	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,900.00

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 SAMMY PHILLIPS						9-HCD-6-G	
3. Type of Disbursement <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							
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	
JACKSONVILLE DAILY NEWS 724 BELL FORK ROAD JACKSONVILLE, NC 28546							
				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:		\$ 1,560.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SP	Check	A	10/17/2019	\$ 1,560.00	POLITICAL		
				\$	ADVERTISEMENT		
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	
KENDALL'S HALLMARK INC 1250 N-1 WESTERN BLVD JACKSONVILLE, NC 28546							
				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:		\$ 25.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SP	Debit Card	K	10/14/2019	\$ 25.66	THANK YOU CARDS FOR		
				\$	DONORS		
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	
SILKSCREEN SPECIALISTS 2239 LEJEUNE BLVD JACKSONVILLE, NC 28546							
				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:		\$ 222.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SP	Debit Card	O	10/17/2019	\$ 222.56	TEE SHIRTS FOR		
				\$	PRECINCT WORKERS		
5. Total only this Page						\$ 1,808.22	
6. Total of ALL CRO-1310 Pages						\$ 1,808.22	
<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)							