Disclosure Re	port Cover						Amen	dment Yes	\boxtimes	No		
Use this form for ge	neral report and commit	tee informat	ion, must be	signed a	and sub	mitted along with	other de	etailed forms.				
	to update information											
1. Committee Info	mation											
a. Full Name							c. I	D Number				
PJ FOR BOC								8HCK	.45			
	lude City, State and Zip Co	le)					d. I	Date Filed				
405 MATHEW AN SWANSBORO, NO								10-28-2	019			
,							e. P	hone Number				
								910-389-	-4917			
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Fu							ll Nam	e				
2019	09/24/2019 10/28/2019 BRENDA V					BRENDA W P	JGLIES	SE				
6. Type of Commit	tee (Check One)	9. Typ	e of Report	(c.	heck on	ly one type of repo	rt from	one category)				
Candidate Camp	aign Party	Munici			State/C	~		ferendum				
PAC	Referendum		Organizational	1		Organizational		Organizational	i			
Independent Expenditure	Joint Fundrais	er 🔲	Thirty-five day	y	(Quarterly		Pre-referendur	n			
Legal Expense F	und	"										
7. Type of Fund	(if applicable, check one)	ble, check one) Pre-primary				First		Final				
Booster Fund"			Pre-election			Second		Supplemental Final				
Building Fund			Pre-runoff			Third		Annual				
	Semi-annual Fourth							Special				
_			Mid Year	r	:	Semi-annual						
Other:			Year End	l :		Mid Year	10.	10. Special Report Name				
8. Number of Fund	Iraisers this Report		Final Special			Year End Final						
	0		-			Special						
11. Account Inform	-	i		11 Ac		nformation	ļ					
a. Financial Institution						itution Full Name						
NAVY FEDERAL												
b. Purpose	c. Account Code			b. Purp	ose		c.	. Account Code				
COMMITTEE		EKP3										
FUNDS												
	d. Period Begin B	alance					<u>d</u> .	. Period Begin Ba	lance			
	\$ 2201.81						\$	}				
CERTIFICATION	[
	mmittee or Fund is in co tutes and that no funds a											
~	d correct and that I have					_		-		-		
Brend	Printed Name of Signer					Duchana ted Tredsbyer	10/27	7/2019 Date		_		
FOR OFFICE USE	ONLY See And America	Manta II II										
Date Received:	V OCT 28-20	19_	Employee:				Deliv	very Method Normal Mail				
Date Postmarke	ed: By: Of	***************************************	Employee:					Registered M Hand Deliver				
Date Scanned:			Employee:					Electronically Signer has no				

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.

Employee:

Date Data Entered:

mandatory training

Detailed Summary

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

 \boxtimes

1. Committee Full Name (and Fund if applicable)	2. Type of Report					
PJ FOR BOC	PRE-ELECTION		8HCK45			
	2010	Total this	Total this			
Start of Election Cycle: January 1,	2019	Reporting Period	i i			
4) Cash on Hand at Start	····	\$ 2201.8	\$ 0			
RECEIPTS		·				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 75.00			
6) Contributions from Individuals	(CRO-1210)	\$ 2677.00	\$ 6277.00			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$	\$			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 186.61	\$ 186.61			
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$.02	\$.03			
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$			
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$			
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, IId and IIe)	\$ 2786.63 286	\$ 6538.63			
EXPENDITURES	***************************************					
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 3089.56	\$ 3912.75			
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 572.21	\$ 572.21			
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$			
17) In-Kind Contributions	(CRO-1510)	\$ 77.00	\$ 727.00			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 3738.77	\$ 5211.96			
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 1326.67	\$ 1326.67			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	gns) <i>(CRO-1430)</i>	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$				
25) Administrative Support	(CRO-1710)	\$	\$			
26) Forgiven Loans	(CRO-1440)	\$	\$			
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			
-v, -van avadous to be available	(CRU-1213)					

Amendment **Contributions from Individuals** \bowtie Pg 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 PJ FOR BOC **8HCK45** 3. Contributor Information \boxtimes Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments INSURANCE AGENT/OWNER (include city, state, & zip) **BRANDON SEWELL** 312 SILVER CREEK LANDING RD c. Employer's Name/Specific Field **SWANSBORO NC 28584** SEWELL INSURANCE 910-376-0970 e. Election Sum to Date 800.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount EKP3 **VENMO** 09/27/2019 \$ 00.008 \$ \$ 3. Contributor Information \boxtimes Add Remove a. Full Name, Maîling Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **OWNER** JUSTIN K CLEVE 676 SWANSBORO LOOP RD c. Employer's Name/Specific Field SWANSBORO, NC 28584 TASK CONTRACTING 910-389-0064 e. Election Sum to Date 400.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount EKP3 **VENMO** 09/27/2019 \$ 400.00 \$ \$ 3. Contributor Information \times Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PRESIDENT SURLES D FREEMAN PO BOX 1649 c. Employer's Name/Specific Field **SWANSBORO NC 28584** EMERALD COAST INC. 910-325-0220 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 EKP3 CHECK 10/01/2019 \$ 200.00 \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2677.00

1400.00

\$

\$

\$

Amendment **Contributions from Individuals** Yes 🔀 Pg 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 8HCK45 3. Contributor Information \boxtimes Add Remove

a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
(include	city, state, & zip)			SALES CLERK	.,				
BRENDA	W PUGLIESE			RETIRED EMERG	SVCS				
112 BON	ITA LN			c. Employer's Name/Spe	cific Field				
SWANSI	BORO, NC 28584			WATERS ACE HA	RDWARE	1			
910-326-	3579					e. Election S	um to Date	· · ·	
						\$	3 00.00 3	77, ⁶⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	EKP3	CHECK			10/01/2	019	\$	300.00	
	ENGS		Suc	2 tri Meters	10(17)	2010	\$	77.00	
							\$		
3. Contri	butor Informatio	n	\boxtimes	Add 🗌 Rem	ove				
a. Full Nan	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Comment	d. Comments		
	city, state, & zip)			OWNER					
ß	A FLOYD								
105 LESI				c. Employer's Name/Spe	cific Field				
HUBERT NC 28539				TIDEWATER LAN	DSCAPE				
910-330-5900						e. Election S	um to Date		
						\$	400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	уу)	k. Amount			
	EKP3	CHECK		~	10/05/20	019	\$	400.00	
							\$		
							\$		
3. Contri	butor Informatio	n	\boxtimes	Add Rem	ove				
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
Townson and the second	city, state, & zip)			OWNER					
l .	L W SWANSON								
•	NTATION DR			c. Employer's Name/Spe					
	BORO NC 28584			ICEHOUSE RESTA	URANT				
910-325-0	0501					e. Election S	um to Date		
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount		
	EKP3	CHECK			10/05/20	019	\$	500.00	
							\$		
							\$		
F	only this Page	***************************************				\$	1377.0	> 1200.00 -	
	of ALL CRO	~	BA 1100	,		\$		2677.00	
CDO 121		Detailed Summary Page C	KU-1100)					

PJ FOR BOC

Refunds/Reimbursements To the Committee Pg 1 of

			Amendment
1	of	<u>1</u>	Yes

 \boxtimes

No

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

1. Committee Full	Name (and Fund if appli	icable)				2. ID Number	r		
PJ FOR BOC									ICK45	
3. Contributor In	formatio	n	\boxtimes	Add		Remove				
a. Full Name, Mailing	Address &	2 Phone		d. Type o	f Cor	nmittee			Comments	
(include city, state,	& zip)			<u>⊠</u> c	andio	late	PAC	l .	EFUNDED COST	
BUILD A SIGN				<u> </u>		ndum	Party	OF SIGN STAKES		
11525A STONEH	OLLOW	DR				tered (Specify)		h. (Original Expenditure Date	
SUITE 100 AUSTIN,TX 7875	8			=	edera tate		County: Municipality:		09/30/2019	
1-800-330-9622								i. Original Expenditure Amt		
								\$ 1012.65		
b. Job Title/Profession	l	c. Employer's Nam	e/Specific Field	f. Purpos	e			j. E	lection Sum to Date	
					•			\$		
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)	<u> </u>	o. Amount	
EKP3	REFU	ND TO BANK				1(0/09/2019		\$ 186.61	
3. Contributor In	formatio	n		Add	П	Remove				
a. Full Name, Mailing	Address &	Phone		d. Type o	f Co	nmittee		g. (Comments	
(include city, state,	& zip)			C	andio	late	PAC			
				☐ R	efere	ndum 🔲	Party			
000000000000000000000000000000000000000				e. Level F	(egis	tered (Specify)		h. (Original Expenditure Date	
				☐ F	edera	1	County:			
5 TO THE TOTAL PROPERTY OF THE TOTAL PROPERT				s	tate		Municipality:			
								i. 0	Priginal Expenditure Amt	
								\$		
b. Job Title/Profession	l	c. Employer's Nam	e/Specific Field	f. Purpos	e			j. E	lection Sum to Date	
								\$		
k. Account Code	l. Form (of Payment	m. In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)		o. Amount	
									\$	
3. Contributor In	formatio	n		Add		Remove				
a. Full Name, Mailing		¿ Phone		d. Type o				g. (Comments	
(include city, state,	& zip)			==	andio		PAC			
						ndum 📗	Party			
						tered (Specify)		h. (Original Expenditure Date	
					edera tate	<u> </u>	County: Municipality:			
								i. C	Priginal Expenditure Amt	
								\$		
b. Job Title/Profession	.	c. Employer's Nam	e/Specific Field	f. Purpos	e			j. E	lection Sum to Date	
								\$		
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)		o. Amount	
									\$	
4. Total only this								\$	186.61	
5. Total of ALL C		_	_					\$	186.61	
(This line must be or	n line 10 oj	Detailed Summary P	age CRO-1100)					-		

Other Reco	eipt Sources	7	D	1 .	£	г	mendment Yes	\boxtimes	No
	^	ted on another form. i.e. interest	-	1 o		<u> </u>			INU
	ull Name (and Fund if			200 101	prozer co		Number		
PJ FOR BOC				•••		2.20		CK45	
3. Type of Rece	ipt Source	(Please use separate CRO-12	~~~~~	`	ch type o				
Interest		Contributions from Not-for-	Profit Orga	nizations		***	tside Sources o	of Income	
4. Contributor		⊠ Add	· · · · · ·		Rem				
	ing Address & Phone		b. Not-fo	er-Profit	Federal II) #	d. Commen		
(include city, stat	AL CREDIT UNION		4				DIVIDE	ND	
1109 W CORB			c Ontsid	le Source	Explanat	ion	_		
SWANSBORO					. KAPIKINE		1		
1-888-842-6328	3						e. Election	Sum to Dat	te
							\$.02		
f A 4 C - 3		T	<u> </u>	T - 2					
f. Account Code EKP3	g. Form of Payment DEPOSIT	h. In-Kind Description		i. Date	(mm/dd/y	ууу)	j. Amount		
EKI J	DEFOSIT			09	9/30/2019	7	\$.02	
							\$		
4. Contributor	Information	☐ Add			Reme	ove	******	•	
a. Full Name, Maili	ng Address & Phone		b. Not-fo	r-Profit	Federal III) #	d. Commen	ts	
(include city, stat	te, & zip)	····	1						
					T		-		
			c. Outsid	ie Source	Explanati	on	-		
							e. Election S	Sum to Dat	е
							\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	<u> </u>	i. Date	(mm/dd/y	vvv)	j. Amount		
			W. 4		·				
						***	\$		***************************************
						····	\$		
4. Contributor		Add			Remo				
	ng Address & Phone		b. Not-fo	r-Profit]	Federal ID	#	d. Commen	ts	
(include city, stat	e, & zip)	· · · · · · · · · · · · · · · · · · ·	ļ						
			c. Ontsid	e Source	Explanati	0.00			
				0000	JAgranat.	014			
			ļ				e. Election S	Sum to Date	<u> </u>
							\$	***************************************	
f. Account Code	g. Form of Payment	h. In-Kind Description	I	i. Date	(mm/dd/y	/yy)	j. Amount		
					~~~~				

## 5. Total only this Page6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

\$

\$

.02

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

Amendment Ves

Q* - Donation to Legal Expense Fund

X

No

committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number PJ FOR BOC 8HCK45 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 冈 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) **BUILD A SIGN** 11525A STONEHOLLOW DR c. Level Registered (Specify) SUITE 100 Federal County: **AUSTIN TX 78758** State X Municipality: e. Election Sum to Date 1-800-330-9622 1750.01 b. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks **BANNERS** EKP3 0* **DEBIT** 10/02/2019 \$72.22 \$ 4. Payee Information M Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) VISTAPRINT c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date 789.56 g. Form of Payment h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks CAMPAIGN EKP3 **B*** DEBIT 10/03/2019 \$88.24 **POSTCARDS** PRINT/MAIL EKP3 DEBIT **B*** 10/18/2019 \$701.32 **POSTCARDS** 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) TOWN OF SWANSBORO **601 W CORBETT AVE** c. Level Registered (Specify) SWANSBORO,NC 28584 Federal County: 910-326-4428 State M Municipality: e. Election Sum to Date \$ 25.63 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/vvvv) j. Amount k. Required Remarks **FESTIVAL PARADE** EKP3 DEBIT 0* 09/27/2019 \$25.63 **FEE** \$ 5. Total only this Page \$ 887.41 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 3089.56 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 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

O* - Other

Disbursements
---------------

Amendment

 $\boxtimes$ 

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. Yes

	'ull Name (and Fun	d if applicable)							2. ID Number	
PJ FOR BOC									8HCK45	
3. Type of Disb		ise use separate C				vpe of Disbi				
Operating E	<u> </u>	Contributions to Ca			ttees		Coord	linated	Party Expenditures	
4. Payee Inform		$\boxtimes$	Ad	······································		Remove				
1	ing Address & Phone		b. C	Coordinated Comm	nittee N:	ame	-	d. Cor	nments	
(include city, state,	& zip)						İ			
WALMART										
1109 W CORB			c. L	evel Registered (S	pecify)					
SWANSBORO	NC 28584		Federal County:				<u> </u>			
910-708-5010				State		Municipality	y: e	e. Elec	ction Sum to Date	
								\$ 3	1.54	
	1	h D	1							
f. Account Code	g. Form of Payment	b. Purpose Code	1	i. Date (mm/dd/yy	уу)	j. Amount			uired Remarks	
ЕКР3	DEBIT	O*		10/15/2019		\$31.54	I		DY FOR PARAD LET FESTIVAL	
						\$				
4. Payee Information Add Remove										
a. Full Name, Maili	ing Address & Phone		b. C	Coordinated Comm	aittee Na	ame		d. Cor	nments	
(include city, state,			_							
LEFT TURN D										
102 SETH THO			c. L	evel Registered (S	pecify)					
SWANSBORO	NC 28584			Federal		County:				
910-358-0712				State		Municipality	y: e	e. Elec	ction Sum to Date	
								423.10		
f. Account Code	g. Form of Payment	h. Purpose Code	i	i. Date (mm/dd/yy	уу)	j. Amount	,	k. Req	uired Remarks	
EKP3	DEBIT	O*		10/11/2019 \$924.48			7	T SH	IRTS W/CAMP	
	DEBIT			10/11/2019	***************************************	Ψ724.40	1	AIG	1 LOGO	
						\$				
4. Payee Inform	ation	$\boxtimes$	Ade	d		Remove	·			-
a. Full Name, Maili	ng Address & Phone		b. C	Coordinated Comn	nittee Na	ame	(	d. Con	oments	
(include city, state,							1			
BUILD A SIGN										
ŀ	EHOLLOW DR		c. L	evel Registered (S	pecify)					
SUITE 100				Federal		County:				
AUSTIN, TX 7				State	$\boxtimes$	Municipality	y: 6	e. Elec	tion Sum to Date	
1-800-330-9622							S	\$ 2:	264.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i	. Date (mm/dd/yy	уу)	j. Amount	]	k. Reg	uired Remarks	
ЕКР3	DEBIT	O*		09/27/2019		\$63.26	1	VEH	MAGNETS	
ЕКР3	DEBIT	O*		09/30/2019		\$1012.65	2	24 X	36 SIGNS	R
5. Total only th	is Page					•	- 5	\$	2031.93	
	CRO-1310 Pages									
	line 13a of Detailed Sun						٥	r	2000 56	
(This line goes in	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  \$ 3089.56									
	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
	es (List detailed ex	<u> </u>	<u> </u>							
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses										
I - Salaries I - Postage	F* - Equipment J - Penalties	K* - Offi							Office Expenses zal Expense Fund	
O* - Other	2 2 210111101	A. OIII	-v maj	Fr		~ - 120	vientiUII (	o ne	Per Pahense Lana	

committees and	report expenditures coordinated party ex	ependitures.	ee f	Pg for; operating expenses			3 o candi	date/polit		$\boxtimes$	No
·~·····	ull Name (and Fund	d if applicable)						2. ID	Number		
PJ FOR BOC									8HCK	45	
3. Type of Disbu				)-1310 forms for each	ty.	pe of Disburse	ment.)	1			
Operating E		Contributions to Car		ates/Political Committees			Coordina	ated Party Ex	xpenditures	3	
4. Payee Inform			ł	.dd	_	Remove					
a. Full Name, Maili	ing Address & Phone		b.	Coordinated Committee	Na	me	d. 0	Comments			
(include city, state,									_		
QUALITY LOC		i		· · · · · · · · · · · · · · · · · · ·							
724 NORTH HIGHLAND AVE				Level Registered (Specify							
AURORA IL 60506				Federal	1	County:					
866-312-5646		I		State 🔀	1	Municipality:	e. F	Election Sur	m to Date		
					_	\$	\$ 170.22				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. I	Required R	emarks		
EKP3	DEBIT	O*		09/26/2019		\$17022	ST	RESS BA			-
			$\neg$			\$	**	1000			
4. Payee Inform	eation			.dd 🗍		Remove					
	ing Address & Phone			Coordinated Committee	Na		1 4 4	^	<del></del>		
(include city, state,	=	!	b. Coor dinated Committee Name					Comments			
(include tity, state,	St 21p)		1								
		!	-	Level Registered (Specify			$\dashv$				
		!	-	Federal T	<u></u>	County:	$\dashv$				
		!	-	State	r	Municipality:		Election Sur	- to Data	<del></del>	
		ļ	-		—	Municipanty.	C- E	Accion Sun	n to Date		
		!					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	<u>'</u>	i. Date (mm/dd/yyyy)	$\overline{}$	j. Amount	k.F	Required Ro	emarks	<del></del>	
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	ng Address & Phone			Coordinated Committee 1	Nai		1 (	Comments			
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(SMORRORD DATE)	x 215)										
		ļ	c.	Level Registered (Specify)	<i>r</i> )		$\dashv$				
		ļ	一	Federal	<u>_</u>	County:	$\dashv$				
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h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ \$ 5. Total only this Page \$ 170.22 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 3089.56 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 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

Dishawaan	anda					Amendment
Disbursem		e		Pg	<u>1</u> of	
			tee for; operating e	xpenses.	, contributions t	to candidate/political
	coordinated party ex					
PJ FOR BOC	full Name (and Fun	d if applicable)				2. ID Number
	Wasanan (Dia	750 750 540 540 5	CDO 1210 C C		4 C D * 4	8HCK45
3. Type of Disb Operating I			CRO-1310 forms forms forms forms forms formation of the contraction of			
4. Payee Inform		Contributions to Ca	Add	muees -	Remove	Coordinated Party Expenditures
	ing Address & Phone		b. Coordinated Cor	nmittaa N		d. Comments
(include city, state,	•		b. Cool dinated Co	manuee I	(SINE	G. Comments
JEFFREY DUS			-			
415 PATRIOTS			c. Level Registered	(Specify)		
SWANSBORO			Federal		County:	<del></del>
910-389-2034	110 20001		State	$\boxtimes$	e. Election Sum to Date	
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						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks
EKP3	VENMO	D	10/03/2019	.,	\$200.00	CONTRIBUTION
TAKES	VENIVIO	ט	10/03/2019		\$200.00	
EKP3	VENMO	D	10/15/2019		\$300.00	CONTRIBUTION
			10/13/2019		\$300.00	
4. Payee Inform			Add		Remove	
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(include city, state,			_			
JEFFREY DUS						
415 PATRIOTS			c. Level Registered	(Specify)		
SWANSBORO	Federal	닐	***************************************			
910-389-2034			State		Municipality:	e. Election Sum to Date
						\$ 72.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	vvvv)	j. Amount	k. Required Remarks
				1333)	1	CAMPAIGN
EKP3	O*	D	10/02/2019		\$72.21	BANNER
	***************************************					
					\$	
4. Payee Inforn	nation		Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Cor	amittee N	ame	d. Comments
(include city, state,	& zip)					
			c. Level Registered	(Specify)		
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					<b>_</b> \$	
5. Total only th						\$ 572.21
	CRO-1310 Pages					···
	line 13a of Detailed Sun			2S)		\$ 572.21

7. Purpose Codes (List detailed expenditure code in (h.) above)

A*-Media B*-Printing C*-Fe E - Salaries F*-Equipment G-Pol

F* - Equipment J - Penalties C* - Fundraising
G - Political Party
K* - Office Expenses

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

I - Postage O* - Other

## In-Kind Contributions $P_g \quad \underline{1} \quad \text{of} \quad \underline{1} \quad \underline{1} \quad Y_{es}$

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 i	if applicab	le)					2. ID Number		
PJ FOR BOC						.,		8HCK45	
3. Contributor Information	⊠ Add		R	emove					
a. Full Name, Mailing Address & Phone			<del></del>			Contributor	c. Cor	nments	
(include city, state, & zip)						vidual			
BRENDA W PUGLIESE						didate			
112 BONITA LN				ıĦ	Part				
SWANSBORO NC 28584				lH	PAC	=			
910-326-3579				IĦ		erendum	d Ele	ction Sum to Date	
3.0 520 5579				H		er Receipt Source	d. Die		
							\$	300.00 377.º°	
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SWEATSHIRTS FOR FAMILY			я			10/17/2019	9	\$ 77.00	
		•						\$	
								\$	
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4. Total only this Page	TIMPAUL 1						\$	77.00	
5. Total of ALL CRO-1510 Pages							\$	77.00	
(This line must be on line 17 of Detailed Sum	mary Page Cl	R <i>O-1100)</i>					φ	/ / .00	

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