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: BOSWELL FOR NC HOUSE

c. ID Number: OCG794

b. Mailing Address (include City, State and Zip Code): BEVERLY BOSWELL, 1705 SUNSET AVE, KILL DEVIL HILLS, NC 27948 — TREASURER SUSAN DINEEN, 61 DELRAY PATH LN, S. SHORES, NC 27949

d. Date Filed: 10/28/16

e. Phone Number: 252-261-3124

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	7/1/2016	10/22/2016	Susan Dineen

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☑ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name: FIRST BANK

b. Purpose: CAMPAIGN

c. Account Code: 2016

d. Period Begin Balance: $

11. Account Information

a. Financial Institution Full Name: RECEIVED

OCT 31 2016

Campaign Finance Office
NC State Board of Elections

b. Purpose

c. Account Code

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 of Elections.

SUSAN DINEEN (Printed Name of Signer) — Susan Dineen (Signature of Appointed Treasurer) — 10/28/16 (Date)

FOR OFFICE USE ONLY

Date Received:	10/31/16	Employee:	
Date Postmarked:	10/22/16	Employee:	
Date Scanned:	11-1-16	Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

☐ 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

3RD Quarter

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
BOSWELL FOR NC HOUSE	3RD Quarter	OCG794

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$149.99	$17,389.22
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$12,400.00	$17,417.00
7) Contributions from Political Party Committees	(CRO-1220)	$12,050.00	$19,550.00
8) Contributions from Other Political Committees	(CRO-1230)	$17,450.00	$17,700.00
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$41,900.00	$54,667.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$24,660.77	$35,328.21
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
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)	$4,666.85	$5,966.91
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$29,327.62	$41,967.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$12,722.37	$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
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)	$ —	$ 1095.06

FILE OCT. 28, 2016

X

Contributions from Individuals

3rd Q

Pg 1 of 9

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
Boswell for NC House	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carol Ann Angelos P.O. Box 2517 Kill Devil Hills, NC 27948 252-441-0305	Owner Jolly Roger	Jolly Roger Restaurant Kill Devil Hills NC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	1472 Check		8-12-16	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Michael P. Daniels P.O. Box 443 Manteo NC 27981 252-473-5001	Retired Fisherman.	Self.		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	Check		8-14-16	$ 400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Francis Warneck. 229 Sunset Dr. Kill Devil Hills NC 27948 252-480-3245	MGR.	Retired AIG		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	Check		9/1/16	$ 50.00
☐					$
☐					$

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)*	$ 700.00

3rd Quarter.

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
Boswell for NC House	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mattie Lawson 904 Clipper Ct. Kill Devil Hills, NC 27948 252-619-1225	Consultant	Self-Employed		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	2471 Check		9/8/16	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Barlow 124 Gareth Circle Manteo NC 27954 252-423-1353.	Roofer	Small Business Owner Roofing		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	Check		9/8/16	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William E. Pope 410B Linders Ave Kitty Hawk NC 27949. 252-255-0834	Consultant	Consulting LLC Self	100.00	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	3481 Check.		9-12-16.	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 275.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 975.00

3rd Quarter.

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
BOSWELL FOR NC HOUSE	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWIN HARDY 131 N. MARKET ST. WASHINGTON NC 27889 252.975.3010.	ATTORNEY	SELF		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	6667 CHECK		9/22/16	$250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Justin Whitehurst 802 Recycling lane Greenville NC 27834. 252.752.8274	Business Owner	Whitehurst Const Greenville NC 27834.		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016.	3561 CHECK		9/22/16	$ 2,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mark G. Public Manchester Jovers lane [illegible] NC P.O. Box 432. 27954 252.305-2718	Comm. fisherman	SELF.		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016.	CHECK 3886.		9/24/16	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 3,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,225.00

3RD Quarter

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
Boswell for NC House	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
WINKIE SILVER 593 BAUMTOWN RD. WANCHESE, NC 27981 252.256.5130	MECHANIC/OWNER	
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
	TOTAL MARINE SVC. P.O. BOX 415 Wanchese NC 27981	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 1727		9/21/16	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Charles F. Earley JR. Box 681 Manteo NC 27954 252.305-0098 252.473.5130.	EMT-Lieutenant	CRITICAL CARE
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
	EMS - DARE County.	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK.		9/21/16.	$ 250.00.
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
URSULA BATEMAN 360 SEA OATS TRAIL SOUTHERN SHORES NC 252-261-8617 27949	HOME MAKER	
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 165		9/30/16	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 375.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,600.00 ✓

3rd Quarter.

Contributions from Individuals

Pg 5 of 9

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
BOSWELL FOR NC HOUSE	OCG791

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SANDRA CLARK ~~302 W. CLARK ST~~ 252-256-1753 & 1508 SMALL COURT KILL DEVIL HILL NC 27948	HOME INSPECTR	TWIDDY KILL DEVIL HILLS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	4789 CHECK		10/3/16	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA LOMBARDI 141 POTESKEET LOOP SOUTHERN SHORES NC 27949 252-255-0544	RN-NURSE	SENTARA KITTY HAWK NC		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 5507		9/30/16	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICAH DANIELS PO Box 443 165 Schoolhouse RD. Wanchese NC 27981 252-305-9555	Manager	Wanchese Fish Company		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 3247		10/1/16	$ 100.00
☐					$
☐					$

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)*	$ 5,050.00 ✓

3RD Quarter

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
ROSWELL FOR NC HOUSE	OCG791

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOAN BEAIL 109 QUORK CT. KILL DEVIL HILLS NC 27948 252-449-9309	RUNS CRIS PREG CTR	CRISIS PREGNANCY NAGS HEAD		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	249 CHECK		10/1/16	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SHELLY SPENCER 234 BRAKENWOOD DR. MANTEO NC 27954 252-473-5657	HOME MAKER			$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 7825		9/26/16	$1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALMA EVETT 108 PINE TREE DR WASHINGTON NC 27889 252 833-4922	REAL ESTATE AGENT			$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 1362		9/29/16	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 1,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6,150.00

3rd Quarter.

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
Boswell for NC House	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Swain P.O. Box 702 Nags Head NC 27950 252-202-3197	Bail bondsman	Manteo Dare Cty		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	Check 603		9/30/16	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Gene Perry 215 S. Cuttysark Ln. Nags Head NC 27958 252-202-3197	Bail Bondsman	Manteo Dare Cty		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	Check 1542		9/30/16	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joseph Tauber 205 Eagle Dr. Kill Devil Hills, NC 27948 703-856-7399	Attorney	Self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	Check 126		9/30/16	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6,500.00

3RD Quarter

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
BOSWELL FOR NC HOUSE	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN GLEASON P.O. Box 29246. CHARLOTTE, NC 28229 103-856-7399	Prof Marketer	ASCENTION Marketing Group		$ 5,100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK 2892		10/3/16.	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WINKIE SILVER 593 BAUMSTOWN RD. WANCHESE, NC 27981 252.256.5130	MECHANIC (BOATS) OWNER	TOTAL MARINE P.O. BOX 415 WANCHESE NC 27981		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	CHECK		10/13/16.	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS FRANCHI 6053 MARTINS PT. RD. KITTY HAWK, NC 27949 252.201-0164	RETIRED/ENGINEER	OIL COMPANIES MOBIL INT.		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		1179 CHECK		10/8/16	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 5,225.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 11,725.00

Contributions from Individuals

Pg 9 of 9

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
BOSWELL FOR NC HOUSE	OCG794

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWIN HARDY 131 N. MARKET ST. WASHINGTON, NC 27889 252.975.3010	ATTORNEY	SELF		$ 325.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	ANEDOT VISA		10/17/16	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT MC MAHON 106 W. CANVASBACK DR. CURRITUCK NC 27929 252.207.9424	PLUMER	MC MAHON PLUMING		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	ANEDOT VISA		10/17/16	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLARK TWIDDY 1142 OCEAN BLVD. COROLLA NC 27927 252.216-6920	OWNER	TWIDDY REALTY		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	2016	248438 MONEY ORDER		10/17/16	$ 500.00
☐					$
☐					$

4. Total only this Page	(675.00) 675.00	$ 675.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	12,400.00	$ 12,400.00

3rd Quarter.

Contributions from Political Party Committees

Pg 1 of 2 Amendment ☐ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
Boswell for NC House	OCG794

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Dare County Republican Party P.O. Box 3383 Kill Devil Hills NC 27948 252-216-8294		$ 500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
2016	Check		8/12/16	$ 500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Dare County Republican Party P.O. Box 3383 Kill Devil Hills, NC 27948 252-216-8294		$ 1,000.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
2016	Check.		9/8/16	$ 500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Dare County Republican Party P.O. Box 3383 Kill Devil Hills, NC 27948 252-216-8294.		$ 1,500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
2016	Check		9/15/16	$ 500.00
				$
				$

4. Total only this Page	$ 1,500.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 1,500.00

3RD QUARTER

Contributions from Political Party Committees

Pg 2 of 7 Amendment ☐ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
BOSWELL FOR NC HOUSE	OCG794

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
3RD CONGRESSIONAL DIST. REC 2011 W. 15TH ST. WASHINGTON, NC 27889. 252.946.0079	c. Election Sum to Date $ 550.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
2016	1037 CHECK		10/17/16	$550.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
NC REPUBLICAN PARTY 1506 HILLSBOROUGH ST. RALEIGH NC 27605 919.828 6423	c. Election Sum to Date $ 10,000.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
2016	ELECTRONIC DEPOSIT		10/21/16	$10,000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$10,550.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$12,050.00

3RD Quarter.

Contributions from Other Political Committees

Pg 1 of 4 Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
BOSWELL FOR NC HOUSE	OCG794.

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
JIMMY DIXON FOR HD4 (REP) 427 W. TRADE RD. MOUNT OLIVE, NC 28365 910.590.1740.	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality:	e. Election Sum to Date $ 1,500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1328 CHECK.		9/1/16	$ 1,500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
MILLIS FOR NC HOUSE P.O. BOX 878 HAMPSTEAD, NC 28443 919.715.9664	☑ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality:	e. Election Sum to Date $ 5,100.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1214 CHECK		9/18/16	$ 5,100.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
919-733-3451 FRIENDS OF MOORE - (TIM) CAMPAIGN ACCOUNT 305 E. KING ST. KINGS MOUNTAIN NC (NC HOUSE REP) 28086	☑ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality:	e. Election Sum to Date $ 1500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	2287 CHECK		9/12/16.	$ 1500.00
				$
				$

4. Total only this Page	$ 8,100.00 X
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 8,100.00 X

3RD Quarter.

Contributions from Other Political Committees

Pg 2 of 4 Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
BOSWELL FOR NC HOUSE	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SPECIALE FOR NC HOUSE 803 STATELY PINES RD. NEW BERN, NC 28560-8463 919.733.5853	☑ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 1000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1032 CHECK		9/28/16	$ 1000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HARRY J. WARREN FOR NC HOUSE P.O. BOX 2521 SALISBURY NC 28145 704.603.8698	☑ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 1000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1526 CHECK		9/28/16	$ 1000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HARRY J. WARREN FOR NC HOUSE P.O. BOX 2521 SALISBURY NC 28145 704.603.8898	☑ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 2,500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1537 CHECK		10/18/16	$ 1500.00
				$
				$

4. Total only this Page	$ 3,500.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 11,600.00

3RD QUARTER.

Contributions from Other Political Committees

Pg 3 of 4 Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
BOSWELL FOR NC HOUSE	OCG794

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
ELMORE FOR NC HOUSE JEFFERY ELMORE P.O. BOX 522 N. WILKESBORO, NC 28659 919.733.5935	☑ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality: NC. HOUSE REP	e. Election Sum to Date $ 100.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1103 CHECK		10/13/16	$ 100.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
COMM. TO ELECT WILLIAM MCCOY JR 75 CAPE FEAR DR. CHOCOWINITY, NC 27817 919.715.8293	☑ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality: SENATOR	e. Election Sum to Date $ 1000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1213 CHECK		10/7/16	$ 1000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
JOHN BELL COMM. 501 HOLLAND HILL DR. GOLDSBORO NC 27530 919.344 6324	☑ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality: NC HOUSE REP	e. Election Sum to Date $ 1,500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016	1356 CHECK		10/21/16	$ 1,500.00
				$
				$

4. Total only this Page	$ 2,600.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 14,200.00

3RD Q.

Contributions from Other Political Committees

Pg 4 of 4 — Amendment ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
BOSWELL FOR NC HOUSE	OCG794

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
COMM. TO ELECT JEFF COLLINS 1109 CULPEPPER DR. ROCKY MT. NC 27803 252.443.1441	☑ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☑ State ☐ Municipality: NC HOUSE REP		$ 3,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016.	1188 CHECK		10/21/16	$3,000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
COMM. TO ELECT PAT McELRAFT P.O. BOX 4477 EMERALD ISLE, NC 28594 252.342.0693	☑ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☑ State ☐ Municipality: NC HOUSE REP.	Pat $250.00 McELRAFT 252.342.0693	$ 250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
2016.	1147 CHECK		10/18/16	$250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$ 3,250.00

4. Total only this Page	$
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 17,450.00

In-Kind Contributions 3RD Quarter

Pg 1 of 1 Amendment ☐ Yes ☐ No

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
BOSWELL FOR NC HOUSE	OCG79U

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
North Carolina Rep. Party P.O. Box 12905 Raleigh, NC 27605 ID: STA-CH184N-C-001	☐ Individual ☐ Candidate ☑ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	POSTAGE + PRINTING / DIRECT MAIL DISTRICT 6. d. Election Sum to Date: $ 4,666.85

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Mailers to District 6	10/14/16	$ 4,666.85
N.C. R.P. Headquarters		$
1506 Hillsborough St. Raleigh, NC		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 4,666.85
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 4,666.85

Disbursements 3rd Quarter. Pg 1 of 2 Amendment ☐ 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): BOSWELL FOR NC HOUSE

2. ID Number: OCG794

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): USPS, 3841 N. CROATAN Hwy, Kitty Hawk NC 27949, 800.275.8777

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 15,03

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	I	7/6/16	$15.03	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): 1ST BANK. 1822 CROATAN Hwy. Kill Devil Hills, NC 27949. 252.441.1206.

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 48.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	8/1/16.	$8.00	Monthly
				$	Charge.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): VISTAPRINT NETHERLANDS BV, HUDSONWEG 8, VENLO THE NETHERLANDS, 1866-614.8002 5928LW

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 202.80.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	8/19/16.	$202.80	
				$	

5. Total only this Page: $ 225.83.

6. Total of ALL CRO-1310 Pages: $ 225.83, X

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)

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)**

Disbursements

3rd Quarter Pg 2 of 7 Amendment ☐ 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
Boswell for NC House.	OCG791

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
1st Bank 1822 Croatan Hwy Kill Devil Hills NC 27949 252.441.1266	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 56.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	9/1/16	$ 8.00	Monthy Charge.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Red Wolf Strategies 5W Hargett St. Suite 1012 Raleigh NC 27601 919.890.1875.	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 8,880.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	CHECK		9/7/16	$780.40	Robo Calls/ Mailers/Polling
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Shadda' Manteo. 112 U.S. Hwy 64 Manteo, NC 27954 252.423.3013	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 19.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	9/21/16	$19.69	19.69
				$	lunch.

5. Total only this Page $ 801.09

6. Total of ALL CRO-1310 Pages 1026.9

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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) $

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)**

Disbursements

3RD Quarter.

Pg 3 of 7 Amendment ☐ 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
BOSWELL FOR NC HOUSE	OCG794

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Shell oil U.S. Hwy 64 Plymouth NC 27962 252.793.5884.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 28.31

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	9/26/16.	$ 28.31	Campaigning gas.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Dollar tree Kill Devil Hills 1730 N. Croatan Hwy Kill Devil Hills, NC 27948 252.441.6782		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 24.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	C*	9/30/16.	$ 24.41	Supplies for
				$	Meet + Greet.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Victory Stoke.com 5200 30th St SW. Davenport IA 52802 866.241.2294		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2,906.73

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	A*	9/30/16	$2,906.73	Signs
		A*		$	(Media)

5. Total only this Page $ 2959.45

6. Total of ALL CRO-1310 Pages $ 3986.37

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)

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)**

Disbursements 3RD Quarter

Pg 4 of 7 Amendment ☐ 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): BOSWELL FOR NC HOUSE

2. ID Number: OCG791L

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
(ATLANTIC P.O. Box 297 ROANOKE NC 27968 252-987-0210	MEDIA RESEARCH	☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 4,799.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	CHECK	A*	10/6/16	$ 4,799.35	CBL AD /
	1014			$	FB promotion

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES 100 DEERING ST. NAGS HEAD NC 27958 800.275.8777		☑ Federal ☐ County: ☑ State ☐ Municipality:		$ 36.62

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	K*	9/30/16	$	ENVELOPES +
				$ 36.62	Cards - Meet+Greet

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HARRIS PETERS 20125 CROATAN HWY K.D. Hills, NC 27948 252.449-9191		☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 80.22

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	C*	9/30/16	$ 80.22	food / MEET &
				$	GREET

5. Total only this Page $ 4916.19

6. Total of ALL CRO-1310 Pages $ 8,902.56

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)

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)

Disbursements

Pg 5 of 7 Amendment ☐ 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
BOSWELL FOR NC HOUSE	OCG794

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ATLANTIC MEDIA RESEARCH P.O. BOX 297 RODANTHE NC 27968 252-987-0210		☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 8,299.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	30066902	A* O	10/18/16	$3,500.00	Pollings / RADIO ADS.
	MONEY ORDER	FROM BOSWELL 4 NC HOUSE		$ ACCOUNT	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FOOD LION 5200 S. CROATAN HWY NAGS HEAD NC 27959 252.441.4118		☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 18.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	10/6/16	$ 18.80	FOOD FOR
				$	MEET & GREET

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VISTA PRINT NETHERLANDS BV $ 9281W HUDSONWEG 8 VENLO THE NETHERLANDS 1-866-614-8002		☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 376.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	10/17/16	$ 174.00	PALM CARDS
				$	

5. Total only this Page $ 3692.80

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)

$ 12,592.36

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)**

Disbursements

Pg 6 of 7 Amendment ☐ 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
BOSWELL FOR NC HOUSE	OCG79U

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
STAPLES 100 DEERING ST. NAGS HEAD, NC 27958 800.275-8777	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 62.61

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O/B*	10/17/16	$ 25.99	PAPER/ENVELOPES
				$	PRINTING

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NC GOP CAUCUS 1506 Hillsborough St. Raleigh NC 27605 919.828.6423	c. Level Registered (Specify) ☐ Federal ☐ County: ☑ State ☐ Municipality:	e. Election Sum to Date $ 12,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	3006690	I/B*/O	10/18/16	$ 12,000.00	MAILERS 4
	MONEY ORDER FROM BOSWELL & NC HOUSE			$	DISTRICT 6 - EVERYONE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
1st Bank 1822 CROATAN HWY Kill Devil Hills, NC 27949 252.441.1266	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 68.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	10/18/16	$ 12.00	CHECK TRANSACTIONS
				$	

5. Total only this Page $ 12,037.99

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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) $ 24,633.35

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)**

Disbursements

Pg 7 of 7 Amendment ☐ 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
BOSWELL FOR NC HOUSE	OCG794

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
1st Bank 1822 Croatan Hwy Kill Devil Hills, NC 27948 252.441.1266		☐ Federal ☐ County: ☑ State ☐ Municipality:		$ 88.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
2016	debit	O	10/21/16	$20.00	WIRE FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ANEDOT P.O. Box 84314 Baton Rouge, LA 70884 252.250.1301		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 7.42

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DIRECT fee for TRANACTION VISA - HARDY / McMahon			$ 7.42	ANEDOT Processing fee for 210 — LINE DONATIONS 100.00 — FEE 4.20 75.00 FEE 3.22
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page $ 27,42

6. Total of ALL CRO-1310 Pages $ 24,660,77

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)

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)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7016 0340 0000 1234 8447

UNITED STATES POSTAL SERVICE®

1000

27611

U.S. POSTAGE
PAID
KITTY HAWK, NC
27949
OCT 27 16
AMOUNT
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