

Disclosure Report Cover

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.

Amendment

☐ Yes ☒ No

a. Full Name BEVERLY GWYN BOSWELL		c. ID Number DCG79U
b. Mailing Address (Include City, State and Zip Code) BEVERLY BOSWELL 1705 SUNSET AVE. KILL DEVIL HILLS, NC. 27948		d. Date Filed
		e. Phone Number 252-216-9820

2016	12/2/15	12/31/15	Susan ELIZABETH DINEEN
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1. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		2. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
3. Type of Fund (Check One) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:							
4. Number of Funds in this Report 0							

5. Account Information a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name RECEIVED	
b. Purpose CAMPAIGN	c. Account Code 2016	b. Purpose JAN 14 2016	c. Account Code STATE BOARD OF EL
	d. Period Begin Balance \$ 100.00		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

1/11/16
Date

FOR OFFICE USE ONLY

Date Received: 1/14/16
Date Postmarked: 1/12/16
Date Scanned: 1/14/16
Date Data Entered: _____

Employee: SM
Employee: SM
Employee: JF
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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Boswell for NC House	ORGANIZATIONAL REPORT	DCG 794

Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100.00	\$

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$	\$
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)	\$	\$
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)	\$ 0.00	\$

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
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)	\$ 307.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 100.00	\$

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)	\$	\$

CRO-1100

NC State Board of Elections

August 2008

Contributions from Individuals

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

Pg ____ of ____

Amendment

☐ Yes

☒ No

<div style="font-size: 1.2em; font-family: cursive;">BOSWELL for n.c. house</div>						<div style="font-size: 1.2em; font-family: cursive;">066794</div>	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>				b. Job Title/Profession		d. Comments	
<div style="font-size: 1.1em; font-family: cursive;">BEVERLY BOSWELL 1705 SUMMIT AVE. KILL DEVIL HILLS N.C. 282-216 9820 27948</div>				<div style="font-size: 1.1em; font-family: cursive;">NURSE</div>		<div style="font-size: 1.1em; font-family: cursive;">SELF</div>	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				<div style="font-size: 1.1em; font-family: cursive;">BEACH MEDICAL CENTER</div>		<div style="font-size: 1.1em; font-family: cursive;">\$</div>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		PERSONAL CHECK	Filing fee	12/21/15	\$ 207.00		
<input type="checkbox"/>		PERSONAL CHECK	OPEN ACCOUNT FOR CAMPAIGN	12/30/15	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total of this Page						<div style="font-size: 1.2em; font-family: cursive;">\$ 207.00</div>	
5. Total of ALL CRO-1210 Pages						<div style="font-size: 1.2em; font-family: cursive;">\$ 307.00</div>	

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Pg ____ of ____

Amendment

☐ Yes

☒ No

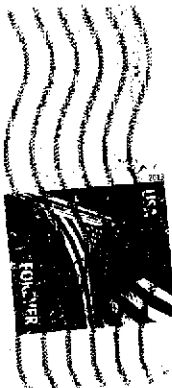
Boswell for NC House		OCG79U
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone <small>(Include city, state, & zip)</small> BEVERLY BOSWELL 1705 SUMMIT AVE KILL DEVIL HILLS, NC 252-216-9820 27942	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description Filing fee paid by CANDIDATE OPEN CANDIDATE ACCOUNT PD BY CANDIDATE	f. Date (mm/dd/yyyy) 12/21/15 12/30/15	g. Fair Market Amount \$ 207.00 \$ 100.00 \$
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone <small>(Include city, state, & zip)</small>	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount \$ \$ \$
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone <small>(Include city, state, & zip)</small>	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount \$ \$ \$
\$ 207.00 \$ 207.00		

U1 Deer path lane
S. Snopes N.C.
27949

Campover finance
P.O. Box 27255

Daleigh N.C.
27611

POST OFFICE BOX 205
RESEARCH TRIANGLE REGION
122 1944 20115 1974 3 4



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