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: BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)

c. ID Number: 7940011

b. Mailing Address (Include City, State and Zip Code): P.O. BOX 1111 ELIZABETHTOWN, NC 28337

OCT 26 2018

d. Date Filed: 10/23/2018

e. Phone Number: 910-862-4868

2. Report Year	3. Period Start Date	4. Period End Date	5. Treasurer Full Name
2018	07/01/2018	10/20/2018	MINNIE B. PRICE

6. Type of Committee (Check 1 box)

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

7. Type of Fund (if applicable, check all that apply)

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

8. Report Type (Check 1 box)

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	

9. Number of Amendments this Report:

11. Account Information

a. Financial Institution Full Name: BRANCH BANKING AND TRUST COMPANY

b. Purpose: CHECKING ACCOUNT

c. Account Code: A

d. Period Begin Balance: $ 1979.34

12. Second Depository

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

SCANNED
OCT 29 2018
MEW

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.

MINNIE B. PRICE	Minnie B. Price	10/23/2018
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	10/26/18	Employee:	
Date Postmarked:	10/23/18	Employee:	
Date Scanned:		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

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
BLADEN COUNTY IMPROVEMENT ASSOC. PAC	THIRD QUARTER	7940011

Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1979.34	$ 1979.34
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 1800.00	$ 1800.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 1000.00	$ 1000.00
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-1260)	$	$
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)		$ 2800.00	$ 2800.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 167.03	$ 167.03
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)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 167.03	$ 167.03
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 4612.31	$ 4612.31
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)	$	$

Contributions from Individuals

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Amended ☐ Yes ☒ No

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

1. Committee Name (receiving contributions)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contributor Information ☐ Individual ☐ Business

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Comments
HAKEEM BROWN 16039 NC HWY 87E COUNCIL, NC 28434	LICENSE + THEFT AGENT	
	d. Employer's Name/Specific Field NORTH CAROLINA DEPT. OF MOTOR VEHICLES	e. Election Term to Date $ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. Item/Event Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/10/2018	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Individual ☐ Business

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Comments
VINSTON ROZIER, SR 3006 NC HIGHWAY 20 ST. PAULS, NC 28384	REALESTATE BROKER	
	d. Employer's Name/Specific Field SELF-EMPLOYED	e. Election Term to Date $ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. Item/Event Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/10/2018	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Individual ☐ Business

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Comments
OPHELIA MUNN-GOINS 927 GRAHAM ROAD RIEGELWOOD, NC 28456-8040	RETIRED	
	d. Employer's Name/Specific Field COLUMBUS COUNTY SCHOOL SYSTEM	e. Election Term to Date $ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. Item/Event Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/18/2018	$ 300.00
☐					$
☐					$
					$ 1,800.00
					$ 1,800.00

Contributions from Political Party Committees

Use this form to report contributions from a political party

Amendment ☐ Yes ☒ No

1. Committee Full Name and Mailing Address	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Name, Address, and Phone of Political Party Committee

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
NORTH CAROLINA DEMOCRATIC PARTY FEDERAL ACCOUNT 220 HILLSBOROUGH STREET RALEIGH, NC 27603 919-821-2777	c. Election Sum to Date $ 1,000.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
A	CHECK		10/19/2018	$ 1,000.00
				$
				$

4. Name, Address, and Phone of Political Party Committee

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
				$
				$
				$

5. Name, Address, and Phone of Political Party Committee

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
				$
				$
				$

6.	$ 1,000.00
7.	$ 1,000.00

Disbursements

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 Initial if applicable)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Type of Disbursement: (Refer to the Appendix CRO-1310 Instructions for definitions of Disbursements)

☒ 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
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 40.03

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/01/2018	$ 40.03	G.O.T.V.
				$	

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
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 65.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/09/2018	$ 50.00	G.O.T.V.
A	CHECK	O	10/10/2018	$ 15.00	G.O.T.V.

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
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/09/2018	$ 50.00	G.O.T.V.
				$	

5. Total only this Page	$ 155.03
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)*	$ 167.03

7. Purpose Codes (List detailed explanation for purpose codes marked 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

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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 Party Affiliation Code)	2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

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
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	07/23/2018	$ 4.00	BANK SERVICE CHARGE
A	DEBIT ACCOUNT	O	08/21/2018	$ 4.00	BANK SERVICE CHARGE

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
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 24.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	09/21/2018	$ 4.00	BANK SERVICE CHARGE
				$	

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	$ 12.00
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)*	$ 167.03

7. Purpose Codes (List description if purpose code other than A, B, C, D, E, F, G, H, I, J, K, O, Q is shown)

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)

U.S. POSTAGE PAID
FCM LETTER
ELIZABETHTOWN, NC
28337
OCT 23, 18
AMOUNT
$4.16
R2305K142045-14

27611

1000

CERTIFIED MAIL®

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