

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 (Business, City, State and Zip Code) P.O. BOX 1111 ELIZABETH TOWN, NC 28337	d. Date Filed 10/23/2018
e. Phone Number 910-862-4868	

OCT 26 2018

2. Report Year 2018	3. Period Start Date 07/01/2018	4. Period End Date 10/20/2018	5. Treasurer Full Name MINNIE B. PRICE
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6. Type of Committee (Check all that apply)		7. Type of Fund (if applicable, check all that apply)		8. Report Frequency	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Booster Fund	<input type="checkbox"/> Building Fund	<input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser		
<input type="checkbox"/> Legal Expense Fund					
Municipal		State/County		Referendum	
<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Final	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Mid Year	9. Special Report Name	
<input type="checkbox"/> Final	<input type="checkbox"/> Special	<input type="checkbox"/> Final	<input type="checkbox"/> Year End		
<input type="checkbox"/> Special		<input type="checkbox"/> Final	<input type="checkbox"/> Special		

11. Account Information			
a. Financial Institution Full Name BRANCH BANKING AND TRUST COMPANY		b. Financial Institution Full Name SCANNED	
c. Purpose CHECKING ACCOUNT	d. Account Code A	e. Purpose OCT 29 2018	f. Account Code MEW
g. Period Begin Balance \$ 1979.34		h. Period End 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.

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

FOR OFFICE USE ONLY

Date Received: <u>10/26/18</u>	Employee: <u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>10/23/18</u>	Employee: <u>[Signature]</u>	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
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-1255)	\$	\$
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

Pg 1 of 1

Applicable 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		2. Full Name, Mailing Address & Phone (include city, state, & zip)		3. Job Title/Position	4. Comments
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011			
HAKEEM BROWN 16039 NC HWY 87E COUNCIL, NC 28434		LICENSE & THEFT AGENT NORTH CAROLINA DEPT. OF MOTOR VEHICLES			Election Start to Date \$ 1,000.00
Prior	Account Code	Form of Payment	Kind Description	Date (month/year)	Amount
<input type="checkbox"/>	A	CHECK		10/10/2018	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
VINSTON ROZIER, SR 3006 NC HIGHWAY 20 ST. PAULS, NC 28384		REALESTATE BROKER SELF-EMPLOYED			Election Start to Date \$ 600.00
Prior	Account Code	Form of Payment	Kind Description	Date (month/year)	Amount
<input type="checkbox"/>	A	CHECK		10/10/2018	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
OPHELIA MUNN-GOINS 927 GRAHAM ROAD RIEGELWOOD, NC 28456-8040		RETIRED COLUMBUS COUNTY SCHOOL SYSTEM			Election Start to Date \$ 600.00
Prior	Account Code	Form of Payment	Kind Description	Date (month/year)	Amount
<input type="checkbox"/>	A	CHECK		10/18/2018	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,800.00
					\$ 1,800.00

Contributions from Political Party Committees

Use this form to report contributions from a political party

Page 1 of 1

Amendment
 Yes No

1. Committee Name BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)					7940011
2. Full Name, Mailing Address & Phone (include city, state, & zip) NORTH CAROLINA DEMOCRATIC PARTY FEDERAL ACCOUNT 220 HILLSBOROUGH STREET RALEIGH, NC 27603 919-821-2777					b. Comments
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	
				\$	
				\$	
3. 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. 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. Total					\$ 1,000.00
6. Total					\$ 1,000.00

Disbursements

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

1. Committee Full Name (and Other Party Name)		2. ID Number	
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011	
3. Type of Disbursement <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
G. MICHAEL COGDILL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337			
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 40.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	10/01/2018
			j. Amount
			\$ 40.03
			k. Required Remarks
			G.O.T.V.
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
LOLA WOOTEN P.O. BOX 2244 ELIZABETHTOWN, NC 28337			
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 65.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	10/09/2018
			j. Amount
			\$ 50.00
			k. Required Remarks
			G.O.T.V.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	10/10/2018
			j. Amount
			\$ 15.00
			k. Required Remarks
			G.O.T.V.
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
DEBORAH MONROE 2242 BALTIMORE ROAD COUNCIL, NC 28434			
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	10/09/2018
			j. Amount
			\$ 50.00
			k. Required Remarks
			G.O.T.V.
5. Total only this Page			\$ 155.03
6. Total of ALL CRO-1100 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 details in Remarks field (k))			
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			

Disbursements

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

1. Committee Full Name (and Full Address if Applicable)						2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement (Check one box) (Do not check more than one box for each type of disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
H	DEBIT ACCOUNT	0	07/23/2018	\$ 4.00	BANK SERVICE CHARGE	
A	DEBIT ACCOUNT	0	08/21/2018	\$ 4.00	BANK SERVICE CHARGE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETHTOWN, NC 28337						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 24.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
H	DEBIT ACCOUNT	0	09/21/2018	\$ 4.00	BANK SERVICE CHARGE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$
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-1110 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 (Use codes from the list below)						
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 (R)						

U.S. POSTAGE PAID
U.S. LETTER
ELIZABETHTOWN, NC
28324
OCT 23 18
AMOUNT
R2305K1 42045-14

\$4.16



27611



1000



CERTIFIED MAIL

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