

# 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.

I. Committee Information			
a. Full Name		c. ID Number	
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)		7940011	
b. Mailing Address (Include City, State and Zip Code)		d. Date Filed	
P.O. BOX 1111 ELIZABETHTOWN, NC 28337		JAN 08 2019 01/04/2019	
		e. Phone Number	
		910-862-4868	
2. Report Year	3. Period Start Date	4. Period End Date	5. Treasurer Full Name
2018	10/21/2018	12/31/2018	MINNIE B. PRICE
6. Type of Committee (Check One)			
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Referendum
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input checked="" type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual
8. Number of Contributors that Report		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Special	<input type="checkbox"/> Year End
		<input type="checkbox"/> Final	<input type="checkbox"/> Final
		<input type="checkbox"/> Special	<input type="checkbox"/> Special
9. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name	
BRANCH BANKING AND TRUST COMPANY		SCANNED	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CHECKING ACCOUNT	A	JAN 08 2019	
	d. Period Begin Balance	MEW	d. Period Begin Balance
	\$4612.31		\$
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	
Printed Name of Signer		Signature of Appointed Treasurer	
		01/04/2019	
		Date	
FOR OFFICE USE ONLY			
Date Received:	1/2/19	Employee:	[Signature]
Date Postmarked:	1/4/19	Employee:	[Signature]
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input checked="" type="checkbox"/> Registered Mail
			<input type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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
BLADEN COUNTY IMPROVEMENT ASSOC. PAC	FOURTH QUARTER	7940011
Start of Election Cycle: January 1, 2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,612.31	\$ 4,612.31
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1305)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 2,200.00	\$ 2,200.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 5,000.00	\$ 5,000.00
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-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)	\$ 7,200.00	\$ 7,200.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 7,195.16	\$ 7,195.16
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)	\$ 7,195.16	\$ 7,195.16
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4,617.15	\$ 4,617.15
<b>ADDITIONAL INFORMATION</b>		
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-2215)	\$	\$

# Contributions from Political Party Committees

Page 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from a political party

1. Committee Information				
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)				7940011
2. Contribution Information				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments
NORTH CAROLINA DEMOCRATIC PARTY NC FEDERAL AZ P.O. BOX 1926 RALEIGH, NC 27602				c. Election Sum to Date
				\$ 6,000.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
A	CHECK		10/23/2018	\$ 5,000.00
				\$
				\$
3. Contribution Information				
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. Contribution Information				
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
				\$
				\$
				\$
				\$ 5,000.00
				\$ 5,000.00

# Contributions from Individuals

Page 1 of 1

Amendments:  Yes  No

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

Contributor Information				Date (month/year)	Amount
<b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b> <small>Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</small>				7/4/00/11	
<small>Job Title/Profession</small> REAL ESTATE BROKER					
<small>Employer's Name/Specific Field</small> SELF-EMPLOYED					
				<small>Contribution Size to Date</small>	\$ 1,100.00
Priority	Account Code	Form of Payment	Description	Date (month/year)	Amount
<input checked="" type="checkbox"/>	A	CHECK		04/17/2018	\$ 100.00
<input checked="" type="checkbox"/>	A	CHECK		10/10/2018	\$ 500.00
<input type="checkbox"/>	A	CHECK		10/23/2018	\$ 500.00
<b>MARTIN A. DENNING</b> <small>Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</small>					
<small>Job Title/Profession</small> RETIRED					
				<small>Contribution Size to Date</small>	\$ 500.00
Priority	Account Code	Form of Payment	Description	Date (month/year)	Amount
<input type="checkbox"/>	A	CHECK		11/02/2018	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>BEVERLY T. PARKS</b> <small>Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</small>					
<small>Job Title/Profession</small> REGISTER OF DEEDS					
<small>Employer's Name/Specific Field</small> BLADEN COUNTY					
				<small>Contribution Size to Date</small>	\$ 1,200.00
Priority	Account Code	Form of Payment	Description	Date (month/year)	Amount
<input type="checkbox"/>	A	CHECK		10/24/2018	\$ 1,200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 2,200.00
					\$ 2,200.00

**Disbursements**

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 full name of applicable PAC)						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. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
US POSTAL SERVICES POPLAR STREET ELIZABETH TOWN, NC 28337						
				c. Level Registered (Specify)	e. Election Start to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality	\$ 4.16	
5. Account Code	6. Form of Payment	7. Purpose Code	8. Date (month/year)	9. Amount	10. Required Remarks	
A	CHECK	I	10/23/2018	\$ 4.16	MAILED REPORT	
4. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
DEBORAH MONROE 81 CLYDE HATCHER ROAD COUNCIL, NC 28434						
				c. Level Registered (Specify)	e. Election Start to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality	\$	
5. Account Code	6. Form of Payment	7. Purpose Code	8. Date (month/year)	9. Amount	10. Required Remarks	
A	CHECK	O	10/23/2018	\$ 300.00	G.O.T.V.	
A	CHECK	O	10/30/2018	\$ 300.00	G.O.T.V.	
4. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
DEBORAH MONROE 81 CLYDE HATCHER ROAD COUNCIL, NC 28434						
				c. Level Registered (Specify)	e. Election Start to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality	\$	
5. Account Code	6. Form of Payment	7. Purpose Code	8. Date (month/year)	9. Amount	10. Required Remarks	
A	CHECK	O	11/03/2018	\$ 330.00	G.O.T.V.	
A	CHECK	O	11/06/2018	\$ 80.00	G.O.T.V.	
11. Total of this Page						\$ 1014.16
12. Total of ALL CRO-1310 Pages						\$ 7,195.16
(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)						
13. Purpose Codes (Use detailed explanation in Appendix A)						
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 Email if applicable)						2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement <i>(Please check appropriate box for each type of Disbursement)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
JEBORAH MONROE 81 CLYDE HATCAER 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:				\$ 1060.00		
5. Disbursement Details						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/09/2018	\$ 50.00	G.O.T.V.	
6. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
LOLA WOOTEN P.O. BOX 2244 ELIZABETH TOWN, 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:				\$		
7. Disbursement Details						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/09/2018	\$ 50.00	G.O.T.V.	
A	CHECK	0	10/10/2018	\$ 15.00	G.O.T.V.	
8. Total only lines 5e						
						\$ 720.00
9. 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)						
						\$
10. Purpose Codes <i>(List details in explanation in required remarks field (k))</i>						
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**

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	
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		5. Required Remarks	
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:		\$ 885.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	11/02/2018
A	CHECK	0	11/06/2018
		j. Amount	
		\$ 20.00	
		\$ 80.00	
		k. Required Remarks	
		G.O.T.V.	
		G.O.T.V.	
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
ARTHUR OWENS 320 MCKOY STREET P.O. BOX 1524 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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	05/07/2018
A	CHECK	0	10/23/2018
		j. Amount	
		\$ 80.00	
		\$ 300.00	
		k. Required Remarks	
		G.O.T.V.	
		G.O.T.V.	
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
ARTHUR OWENS 320 MCKOY STREET P.O. BOX 1524 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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
A	CHECK	0	10/30/2018
A	CHECK	0	11/03/2018
		j. Amount	
		\$ 300.00	
		\$ 380.00	
		k. Required Remarks	
		G.O.T.V.	
		G.O.T.V.	
5. Total only this page		\$ 1080.00	
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)			
7. Purpose Codes (List detailed expenditures code in the 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			

### 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 Fund if applicable) <b>BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)</b>						2. ID Number <b>7940011</b>
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. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>ARTHUR OWENS 370 MCKOY STREET P.O. Box 1524 ELIZABETHTOWN, NC 28337</b>				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 <b>\$ 1140.00</b>
5. Disbursement Details						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>11/06/2018</b>	<b>\$ 80.00</b>	<b>G.O.T.V</b>	
6. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>SANDRA GLIONS 1813 VINE STREET ELIZABETHTOWN, NC 28337</b>				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 <b>\$</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>10/23/2018</b>	<b>\$ 300.00</b>	<b>G.O.T.V</b>	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>10/30/2018</b>	<b>\$ 300.00</b>	<b>G.O.T.V</b>	
7. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>SANDRA GLIONS 1813 VINE STREET ELIZABETHTOWN, NC 28337</b>				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 <b>\$</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>11/02/2018</b>	<b>\$ 40.00</b>	<b>G.O.T.V</b>	
<b>A</b>	<b>CHECK</b>	<b>0</b>	<b>11/03/2018</b>	<b>\$ 330.00</b>	<b>G.O.T.V</b>	
5. Total only this Page						<b>\$ 1050.00</b>
6. Total of ALL CRO-1310 Pages						<b>\$</b>
7. Purpose Codes (List detailed explanation in separate remarks field if necessary)						
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 Fund if applicable): **BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)** 2. ID Number: **7940011**

3. Type of Disbursement (Please use separate CRO-1310 form 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):  
**SANDRA GLIDAS  
 1813 VINE STREET  
 ELIZABETHTOWN, NC 28337**

b. Coordinated Committee Name: \_\_\_\_\_

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

d. Comments: \_\_\_\_\_

e. Election Sum to Date: **\$ 1200.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 150.00	G.O.T.V.

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**TERESA LESANE  
 401 CENTER ROAD  
 ELIZABETHTOWN, NC 28337**

b. Coordinated Committee Name: \_\_\_\_\_

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

d. Comments: \_\_\_\_\_

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
A	CHECK	0	10/23/2018	\$ 240.00	G.O.T.V.
A	CHECK	0	10/30/2018	\$ 240.00	G.O.T.V.

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**TERESA LESANE  
 401 CENTER ROAD  
 ELIZABETH TOWN, NC 28337**

b. Coordinated Committee Name: \_\_\_\_\_

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

d. Comments: \_\_\_\_\_

e. Election Sum to Date: **\$ 830.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	11/03/2018	\$ 270.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

5. Total only this Page: **\$ 1060.00**

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)

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**

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement (Please use separate CRO-1310 forms 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	
ROSA PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448						
				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:	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	05/07/2018	\$80.00	G.O.T.V.	
A	CHECK	0	11/01/2018	\$75.00	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	
ROSA PETERSON 827 LIGHTWOOD KNOT ROAD KELLY, NC 28448						
				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:	\$ 235.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/06/2018	\$80.00	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	
THELMA THOMAS 1526 LIGHTWOOD KNOT ROAD KELLY, NC 28448						
				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:	\$ 155.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/01/2018	\$75.00	G.O.T.V.	
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.	
5. Total only this Page						\$ 310.00
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)						
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**

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) **BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)** 2. ID Number **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):  
**ANN WRIGHT  
 279 WRIGHT ROAD  
 BLADENBORO, NC 28320**

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date:  
 \$ **160.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**BARBARA COGDLE  
 2990 MARTIN L. KING DRIVE  
 ELIZABETHTOWN, NC 28337**

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date:  
 \$ **160.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**LENNARD BALDWIN  
 2990 MARTIN L. KING DRIVE  
 ELIZABETHTOWN, NC 28337**

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date:  
 \$ **160.00**

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

5. Total only this Page \$ **240.00**

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)  
 \$

7. Purpose Codes (List detailed expenditure code in (b.) 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			

**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 Fund if applicable): **BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)** 2. ID Number: **794 0011**

3. Type of Disbursement (Please use separate CRO-1310 forms for each side 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):  
**DORETHEE DICKERSON  
 1002 BUTLER MILL ROAD  
 BLADENBORO, NC 28320**

b. Coordinated Committee Name

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

d. Comments

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
A	CHECK	0	04/27/2018	\$140.00	G.O.T.V.
A	CHECK	0	05/04/2018	\$120.00	G.O.T.V.

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**DORETHEE DICKERSON  
 1002 BUTLER MILL ROAD  
 BLADENBORO, NC 28320**

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
 \$ 420.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**QUINN DICKERSON  
 1002 BUTLER MILL ROAD  
 BLADENBORO, NC 28320**

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
 \$ 160.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.
					\$ 160.00

5. Total only this Page

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)

\$

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**

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): BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) 2. ID Number: 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. Payer Information  Add  Remove  
 a. Full Name, Mailing Address & Phone: (include city, state, & zip)  
VERONICA GILLESPIE  
P.O. BOX 532  
BLADEN BORO, NC 28320  
 b. Coordinated Committee Name  
 c. Level Registered (Specify)  
 Federal  County  
 State  Municipality  
 d. Comments  
 e. Election Sum to Date  
 \$

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	04/27/2018	\$140.00	G.O.T.V.
A	CHECK	0	05/04/2018	\$120.00	G.O.T.V.

4. Payer Information  Add  Remove  
 a. Full Name, Mailing Address & Phone: (include city, state, & zip)  
VERONICA GILLESPIE  
P.O. BOX 532  
BLADEN BORO, NC 28320  
 b. Coordinated Committee Name  
 c. Level Registered (Specify)  
 Federal  County  
 State  Municipality  
 d. Comments  
 e. Election Sum to Date  
 \$ 420.00

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.

4. Payer Information  Add  Remove  
 a. Full Name, Mailing Address & Phone: (include city, state, & zip)  
WANDA LOBATO  
388 LAWRENCE BROWN ROAD  
BLADEN BORO, NC 28320  
 b. Coordinated Committee Name  
 c. Level Registered (Specify)  
 Federal  County  
 State  Municipality  
 d. Comments  
 e. Election Sum to Date  
 \$ 80.00

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.
				\$	

5. Total only this Page: \$ 160.00  
 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)

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

**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 Fund if applicable)						2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement <i>Please use separate CRO-110 forms for each type of Disbursement.</i>						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC 28456						
c. Level Registered (Specify)				e. Election Start to Date		
<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality						
5. Account Code    g. Form of Payment    h. Purpose Code    i. Date (mm/dd/yyyy)    j. Amount    k. Required Remarks						
A		CHECK	0	04/27/2018	\$140.00	G.O.T.V.
A		CHECK	0	05/04/2018	\$120.00	G.O.T.V.
6. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC 28456						
c. Level Registered (Specify)				e. Election Start to Date		
<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality						
7. Account Code    g. Form of Payment    h. Purpose Code    i. Date (mm/dd/yyyy)    j. Amount    k. Required Remarks						
A		CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A		CHECK	0	11/06/2018	\$80.00	G.O.T.V.
8. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
IRMA CROMARTIE MCKOY 65 SANDPIT ROAD ELIZABETH TOWN, NC 28332						
c. Level Registered (Specify)				e. Election Start to Date		
<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality						
9. Account Code    g. Form of Payment    h. Purpose Code    i. Date (mm/dd/yyyy)    j. Amount    k. Required Remarks						
A		CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A		CHECK	0	11/06/2018	\$80.00	G.O.T.V.
10. Total only this Page						\$160.00
11. Total of ALL CRO-110 Pages						\$
12. Purpose Codes (Use detailed expenditure code in (k) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
L - Postage		I - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
*Codes require detailed explanation in required remarks field (k)						

**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 Fund if applicable): **BLADEN COUNTY IMPROVEMENT ASSOCIATION (AC)** ID Number: **7740011**

2. Type of Disbursement (Please use separate CRO-1310 form for each type of Disbursement)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

3. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**DELISA GRAHAM**  
**312 TROY GRAHAM ROAD**  
**RIEGELWOOD, NC 28456**  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  
 Federal  County  
 State  Municipality  
 d. Comments: \_\_\_\_\_  
 e. Election Sum to Date: \$ \_\_\_\_\_

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	04/27/2018	\$140.00	G.O.T.V.
A	CHECK	0	05/04/2018	\$120.00	G.O.T.V.

4. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**DELISA GRAHAM**  
**312 TROY GRAHAM ROAD**  
**RIEGELWOOD, NC 28456**  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  
 Federal  County  
 State  Municipality  
 d. Comments: \_\_\_\_\_  
 e. Election Sum to Date: \$ \_\_\_\_\_

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.

5. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip):  
**LEROY BOYKINS**  
**2836 OLD FAYETTEVILLE ROAD**  
**GARLAND, NC 28441**  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  
 State  Municipality  
 d. Comments: \_\_\_\_\_  
 e. Election Sum to Date: \$ **160.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$80.00	G.O.T.V.
					\$160.00

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)

7. Purpose Codes (List detailed expenditure code in (h) above)  
 A\* - Media      B\* - Printing      C\* - Fundraising      D - To Another Candidate  
 E - Salaries      F\* - Equipments      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 (h)

**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 Fund if applicable)						2. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement <i>Please use separate CRO-1100 forms for each type of Disbursement</i>						
<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	
PAMELA CROMARTIE 2925 US HWY 701 NORTH ELIZABETHTOWN, NC 28337						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal		<input type="checkbox"/> County		<input type="checkbox"/> Election Sum to Date		
<input checked="" type="checkbox"/> State		<input type="checkbox"/> Municipality		\$ 80.00		
e. Account Code	f. Form of Payment	h. Purpose Code	i. Date (month/day/year)	j. Amount	k. Required Remarks	
A	CHECK	0	11/06/2018	\$ 80.00	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	
JAMES SMITH 416 E. SWANZY STREET ELIZABETHTOWN, NC 28337						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal		<input type="checkbox"/> County		<input type="checkbox"/> Election Sum to Date		
<input checked="" type="checkbox"/> State		<input type="checkbox"/> Municipality		\$ 160.00		
e. Account Code	f. Form of Payment	h. Purpose Code	i. Date (month/day/year)	j. Amount	k. Required Remarks	
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.	
A	CHECK	0	11/06/2018	\$ 80.00		
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	
ROBERT LEE BROWN 680 SMITH CIRCLE APT 22C ELIZABETHTOWN, NC 28337						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal		<input type="checkbox"/> County		<input type="checkbox"/> Election Sum to Date		
<input checked="" type="checkbox"/> State		<input type="checkbox"/> Municipality		\$ 160.00		
e. Account Code	f. Form of Payment	h. Purpose Code	i. Date (month/day/year)	j. Amount	k. Required Remarks	
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.	
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.	
5. Total only this Page				\$ 240.00		
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)						
7. Purpose Codes (List detailed expenditure code in (k) 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**

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): BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC) 2. ID Number: 7940011

3. Type of Disbursement: *Please use separate CRO-1100 forms for each one of Disbursement*  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

4. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip):  
VIRGINIA THOMAS  
2806 MERCER MILL ROAD  
ELIZABETHTOWN, NC 28337  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  
 Federal  County  
 State  Municipality  
 d. Election Sum to Date: \$ 160.00

Account Code	Form of Payment	Purpose Code	Date (month/day/yr)	Amount	Required Remarks
A	CHECK	D	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	D	11/06/2018	\$80.00	G.O.T.V.

4. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip):  
ELLA PRIEST  
178 ROZIERVILLE ROAD  
ST. PAULS, NC 28384  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  
 Federal  County  
 State  Municipality  
 d. Election Sum to Date: \$ 160.00

Account Code	Form of Payment	Purpose Code	Date (month/day/yr)	Amount	Required Remarks
A	CHECK	D	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	D	11/06/2018	\$80.00	G.O.T.V.

4. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip):  
DORETHA WHITTIED  
280 GRIMES SINGLETARY ROAD  
TAR HEEL, NC 28392  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  
 Federal  County  
 State  Municipality  
 d. Election Sum to Date: \$ 160.00

Account Code	Form of Payment	Purpose Code	Date (month/day/yr)	Amount	Required Remarks
A	CHECK	D	05/07/2018	\$80.00	G.O.T.V.
A	CHECK	D	11/06/2018	\$80.00	G.O.T.V.

5. Total only this Page: \$ 240.00  
 6. Total of ALL CRO-1100 Pages: \_\_\_\_\_  
 (This line goes in line 13c 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 all other expenditure codes in (b) 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

**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 Fund if applicable): **BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)** ID Number: **7940011**

2. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

3. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip): **DELPHINE WHITTED  
11972 OLD FAYETTEVILLE ROAD  
FAYETTEVILLE, NC 28312**  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  State  Federal  County  Municipality  
 d. Election Sum to Date: **\$ 160.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

4. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip): **CARLOTTA SMITH  
12648 OLD FAYETTEVILLE ROAD  
FAYETTEVILLE, NC 28312**  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  State  Federal  County  Municipality  
 d. Election Sum to Date: **\$ 160.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

5. Payee Information  
 a. Full Name, Mailing Address & Phone (include city, state, & zip): **CAROL LEWIS  
P.O. BOX 102  
DUBLIN, NC 28332**  
 b. Coordinated Committee Name: \_\_\_\_\_  
 c. Level Registered (Specify):  State  Federal  County  Municipality  
 d. Election Sum to Date: **\$ 160.00**

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.

6. Total only this Page: **\$ 240.00**  
 7. 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)

8. Purpose Codes (Use detailed expenditure code in (b) 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

**Disbursements**

Amendment  
 Yes  No

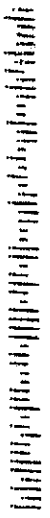
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable):						2. ID Number:
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement (Please use separate CRO-1310 forms 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						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
CLARA MAULTSBY 305 SWANZY RIDGE WAY APT 103 ELIZABETH TOWN, 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	
					\$ 160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.	
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.	
5. Payer Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
CLARENCE MAULTSBY 305 SWANZY RIDGE WAY APT 103 ELIZABETH TOWN, 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	
					\$ 160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	05/07/2018	\$ 80.00	G.O.T.V.	
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.	
6. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRAYANNAH SALLY 107 AVENUE AVE. WHITE OAK, NC 28399						
				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	
					\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	11/06/2018	\$ 80.00	G.O.T.V.	
						\$ 240.00
5. Total only this Page						
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)						
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**

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
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)						7940011
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
<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 COGDELL 2990 MARTIN L. KING DRIVE ELIZABETH TOWN, 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:						\$ 120.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	0	10/01/2018	\$ 40.03	G.O.T.V.	
A	CHECK	0	11/06/2018	\$ 80.00	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	
BRANCH BANKING AND TRUST COMPANY 215 WEST BROAD STREET ELIZABETH TOWN, 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:						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	DEBIT ACCOUNT	0	10/22/2018	\$ 4.00	BANK SERVICE CHARGE	
A	DEBIT ACCOUNT	0	11/21/2018	\$ 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 ELIZABETH TOWN, 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:						\$ 46.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	DEBIT ACCOUNT	0	12/21/2018	\$ 4.00	BANK SERVICE CHARGE	
A	DEBIT ACCOUNT	0	11/07/2018	\$ 29.00	CHARGE FOR CHECKS	
5. Total only this Page						\$ 121.00
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)						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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)						



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



7016 3560 0000 3389 1017



1000

27611-7255

U.S. POSTAGE PAID  
FOY T. BERRY  
ELIZABETH TOWN, NC  
28834-0419  
VAN UNT  
AMOUNT

**\$5.08**

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