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	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	01/04/2019
JAN 08 2019 STATE BOARD OF ELECTIONS	e. Phone Number: 910-862-4868

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2018	10/21/2018	12/31/2018	MINNIE B. PRICE

6. Type of Committee (Check One)

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

7. Type of Fund (if applicable, else leave blank)

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

8. Number of Fundraisers this Report:

9. Report Type (Check One)

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 Notice:**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
BRANCH BANKING AND TRUST COMPANY	CHECKING ACCOUNT	A	$4612.31

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
SCANNED JAN 08 2019 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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
MINNIE B. PRICE	Minnie B. Price	01/04/2019

FOR OFFICE USE ONLY

Date Received:	1/8/19	Employee:	CW
Date Postmarked:	1/4/19	Employee:	CW
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	FOURTH QUARTER	7940011

Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4612.31	$ 4612.31
RECEIPTS			
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-1258)	$	$
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
EXPENDITURES			
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
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 Political Party Committees

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Name (Last Name, First Name if Candidate)	2. SBOE ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

3. Contribution Information ☒ New ☐ Revised

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
NORTH CAROLINA DEMOCRATIC PARTY NC FEDERAL AZ P.O. BOX 1926 RALEIGH, NC 27602		$ 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 ☐ New ☐ Revised

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
				$
				$
				$

3. Contribution Information ☐ New ☐ Revised

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. Continuation from Page	$ 5,000.00
5. Total of All Pages This Report	$ 5,000.00

Contributions from Individuals

Pg 1 of 1

Amended: ☐ Yes ☒ No

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

a. Committee Full Name	b. ID Number
BLADEN COUNTY IMPROVEMENT ASSOCIATION (PAC)	7940011

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	REAL ESTATE BROKER	
	d. Employer's Name/Specific Field	e. Election Sum to Date
	SELF-EMPLOYED	$ 1,100.00

f. Prior	g. Account Code	h. Form of Payment	i. Memo Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	CHECK		04/17/2018	$ 100.00
☒	A	CHECK		10/10/2018	$ 500.00
☐	A	CHECK		10/23/2018	$ 500.00

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Comments
MARTIN A. DENNING 97 LEE STREET P.O BOX 155 WHITE LAKE, NC 28337	RETIRED	
	d. Employer's Name/Specific Field	e. Election Sum to Date
		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. Memo Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		11/02/2018	$ 500.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Comments
BEVERLY T. PARKS P.O. BOX 2458 ELIZABETHTOWN, NC 28337	REGISTER OF DEEDS	
	d. Employer's Name/Specific Field	e. Election Sum to Date
	BLADEN COUNTY	$ 1,200.00

f. Prior	g. Account Code	h. Form of Payment	i. Memo Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	CHECK		10/24/2018	$ 1,200.00
☐					$
☐					$
					$ 2,200.00
					$ 2,200.00

Amendment ☐ Yes ☒ No

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

3. Type of Disbursement (Please complete separate CRO-1100 Schedule for each type of Disbursement)
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Revise

4. Payee Information

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
US POSTAL SERVICES POPLAR STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 4.16

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	I	10/23/2018	$ 4.16	MAILED REPORT
				$	

☐ Add ☐ Revise

4. Payee Information

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 81 CLYDE HATCHER ROAD COUNCIL, NC 28434		☐ 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	CHECK	O	10/23/2018	$ 300.00	G.O.T.V.
A	CHECK	O	10/30/2018	$ 300.00	G.O.T.V.

☐ Add ☐ Revise

4. Payee Information

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 81 CLYDE HATCHER ROAD COUNCIL, NC 28434		☐ 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	CHECK	O	11/03/2018	$ 330.00	G.O.T.V.
A	CHECK	O	11/06/2018	$ 80.00	G.O.T.V.

5. Total this Page	$ 1014.16
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)	$ 7,195.16

7. Purpose Codes (Use detailed explanation for all "other" items)

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)

Amendment ☐ Yes ☒ No

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 a separate Page 2 form for each type of Disbursement)
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

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 81 CLYDE HATCHER ROAD COUNCIL, NC 28434		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 1060.00

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.
				$	

☐ Add ☐ Remove

4. Payee Information

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:		$

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.

☐ Add ☐ Remove

4. Payee Information

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:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	10/30/2018	$ 360.00	G.O.T.V.
A	CHECK	O	11/03/2018	$ 360.00	G.O.T.V.
					$ 720.00

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 13e of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (Use default Expenditure Code in 3. 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)

Amendment ☐ Yes ☒ No

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

3. Type of Disbursement: (Please mark one box. Complete a separate CRO-1100 for each type of Disbursement.)

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): LOLA WOOTEN, P.O. BOX 2244, ELIZABETHTOWN, NC 28337

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 885.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/02/2018	$ 20.00	G.O.T.V.
A	CHECK	O	11/06/2018	$ 80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): ARTHUR OWENS, 320 McKOY STREET, P.O. BOX 1524, 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	O	05/07/2018	$ 80.00	G.O.T.V.
A	CHECK	O	10/23/2018	$ 300.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): ARTHUR OWENS, 320 McKOY STREET, P.O. BOX 1524, 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	O	10/30/2018	$ 300.00	G.O.T.V.
A	CHECK	O	11/03/2018	$ 380.00	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 expenditure codes in the boxes 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).

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Amendment ☐ Yes ☒ No

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 pages for each type of Disbursement)

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

☐ Add ☐ Remove

4. Payee Information

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
ARTHUR OWENS 320 McKOY STREET P.O. BOX 1524 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 1140.00

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

☐ Add ☐ Remove

4. Payee Information

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
SANDRA GUIONS 1813 VINE 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	CHECK	O	10/23/2018	$ 300.00	G.O.T.V.
A	CHECK	O	10/30/2018	$ 300.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

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
SANDRA GUIONS 1813 VINE 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	CHECK	O	11/02/2018	$ 40.00	G.O.T.V.
A	CHECK	O	11/03/2018	$ 330.00	G.O.T.V.
					$ 1050.00

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 explanation in the remarks)

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)

Amendment ☐ Yes ☒ No

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): SANDRA GUIONS, 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	O	11/06/2018	$ 800.00	G.O.T.V.
A	CHECK	O	11/06/2018	$ 150.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

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

☐ Add ☐ Remove

4. Payee Information

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: $ 830.00

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

Amendment ☐ Yes ☒ No

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.)*

☒ 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): ROSA PETERSON, 827 LIGHTWOOD KNOT ROAD, KELLY, NC 28448

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	O	05/07/2018	$ 80.00	G.O.T.V.
A	CHECK	O	11/01/2018	$ 75.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): ROSA PETERSON, 827 LIGHTWOOD KNOT ROAD, KELLY, NC 28448

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 235.00

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): THELMA THOMAS, 1526 LIGHTWOOD KNOT ROAD, KELLY, NC 28448

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 155.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/01/2018	$ 75.00	G.O.T.V.
A	CHECK	O	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
L - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Amendment ☐ Yes ☒ No

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)*

☒ 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	O	05/07/2018	$ 80.00	G.O.T.V.
A	CHECK	O	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 COGDELL, 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	O	05/07/2018	$ 80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$ 80.00	G.O.T.V.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): LENWARD 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	O	05/07/2018	$ 80.00	G.O.T.V.
A	CHECK	O	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)

Amendment ☐ Yes ☒ No

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)	794011

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
DORETHER DICKERSON 1002 BUTLER MILL ROAD BLADENBORO, NC 28320		☐ 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	CHECK	O	04/27/2018	$140.00	G.O.T.V.
A	CHECK	O	05/04/2018	$120.06	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
DORETHER DICKERSON 1002 BUTLER MILL ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 420.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	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
QUINN DICKERSON 1002 BUTLER MILL ROAD BLADENBORO, NC 28320		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 160.00

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

* Codes require detailed explanation in required remarks field (K).

Amendment ☐ Yes ☒ No

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)	794011

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): VERONICA GILLESPIE, P.O. BOX 532, 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	O	04/27/2018	$140.00	G.O.T.V.
A	CHECK	O	05/04/2018	$120.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): VERONICA GILLESPIE, P.O. BOX 532, 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip): WANDA LOBATO, 388 LAWRENCE BROWN ROAD, BLADENBORO, NC 28320

b. Coordinated Committee Name:

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

d. Comments:

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	O	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			

* Codes require detailed explanation in required remarks field (k)

Amendment: ☐ Yes ☒ No

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)	744011

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
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ 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
A	CHECK	O	04/27/2018	$140.00	G.O.T.V.
A	CHECK	O	05/04/2018	$120.00	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
FANNIE LONG 2653 EAST ARCADIA ROAD RIEGELWOOD, NC 28456		☐ Federal ☐ County: ☒ State ☐ Municipality:	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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	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
IRMA CROMARTIE MCKOY 65 SAND PIT ROAD ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	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 *(for 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)

Amendment: ☐ Yes ☒ No

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)*
☒ 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
DELISA GRAHAM 312 TROY GRAHAM ROAD RIEGELWOOD, NC 28456		☐ 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	CHECK	O	04/27/2018	$140.00	G.O.T.V.
A	CHECK	O	05/04/2018	$120.00	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
DELISA GRAHAM 312 TROY GRAHAM ROAD RIEGELWOOD, NC 28456		☐ 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	CHECK	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	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
LEROY BOYKINS 2836 OLD FAYETTEVILLE ROAD GARLAND, NC 28441		☐ Federal ☐ County ☒ State ☐ Municipality		$ 160.00

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

Amendment ☐ Yes ☒ No

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)	744011

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
PAMELA CROMARTIE 2925 US HWY 701 NORTH ELIZABETHTOWN, NC 28337		☐ Federal ☐ County ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	11/06/2018	$ 80.00	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
JAMES SMITH 416 E. SWANEY STREET ELIZABETHTOWN, NC 28337		☐ Federal ☐ County ☒ State ☐ Municipality:		$ 160.00

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

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
ROBERT LEE BROWN 680 SMITH CIRCLE APT 22C ELIZABETHTOWN, NC 28337		☐ Federal ☐ County ☒ State ☐ Municipality:		$ 160.00

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

Amendment ☐ Yes ☒ No

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)	7744011

3. Type of Disbursement: (Please use separate CRO-1310 forms for each one of Disbursement.)
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VIRGINIA THOMAS 2806 MERCER MILL ROAD ELIZABETHTOWN, NC 28337	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ELLA PRIEST 178 ROZIERVILLE ROAD ST. PAULS, NC 28384	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DORETHA WHITTED 280 GRIMES SINGLETARY ROAD TAR HEEL, NC 28392	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	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 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 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).*

Amendment: ☐ Yes ☒ No

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)	794011

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

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DELPHINE WHITTED 11972 OLD FAYETTEVILLE ROAD FAYETTEVILLE, NC 28312	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CARLOTTA SMITH 12648 OLD FAYETTEVILLE ROAD FAYETTEVILLE, NC 28312	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	11/06/2018	$80.00	G.O.T.V.

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CAROL LEWIS P.O. BOX 102 DUBLIN, NC 28332	c. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ 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	O	05/07/2018	$80.00	G.O.T.V.
A	CHECK	O	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 (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
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Amendment ☐ Yes ☒ No

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.*)

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

☐ Add ☐ Remove

4. Payee Information

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
CLARA MAULTSBY 305 SWANEY RIDGE WAY APT 103 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 160.00

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

☐ Add ☐ Remove

4. Payee Information

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
CLARENCE MAULTSBY 305 SWANEY RIDGE WAY APT 103 ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 160.00

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

☐ Add ☐ Remove

4. Payee Information

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
BRAYANNAH SALLY 107 AVENUE AVE. WHITE OAK, NC 28399		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	CHECK	O	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 (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)	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
G. MICHAEL COGDELL 2990 MARTIN L. KING DRIVE ELIZABETHTOWN, NC 28337		☐ Federal ☐ County: ☒ State ☐ 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	O	10/01/2018	$ 40.03	G.O.T.V.
A	CHECK	O	11/06/2018	$ 80.00	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
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	10/22/2018	$ 4.00	BANK SERVICE CHARGE
A	DEBIT ACCOUNT	O	11/21/2018	$ 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:		$ 41.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	DEBIT ACCOUNT	O	12/21/2018	$ 4.00	BANK SERVICE CHARGE
A	DEBIT ACCOUNT	O	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 (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)

U.S. POSTAGE PAID
FCM LG ENV
ELIZABETHTOWN, NC
28337
JAN 04, 19
AMOUNT

$5.08

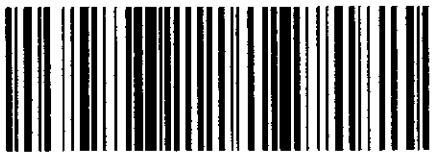
R2305K142881-11

1000

27611-7255

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

CERTIFIED MAIL®



7016 3560 0000 3389 1017