Disclosure	Report	Cover
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Amendm	ent	
☑ Yes		No
4141	3-4-11-4	£

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	
Tide Turners		REC	EIVED		STA-10Z049-C-001	
b. Mailing Address (include City, State	and Zip Code)	0 4	/ / / / / / /		d. Date Filed	
5653 Carolina Beach Rd. Wilmington, NC 28412	0 2 2022		4/25/2022			
Williangton, NC 20412					e. Phone Number	
			RD OF ELECTIO		910-373-5278	
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/yy)	5. Treasure	r Full Name	
2021 10/1	/2021		12/31/2021	Kimb	erly M. Rudder	
6. Type of Committee (Check C			ort (check only one	type of repo	rt from one category)	
Candidate Campaign Party	/ Mu	nicipal	State/County		Referendum	
☐ PAC ☐ Refe	rendum	Organizational	Organizat	ional	Organizational	
	Fundraiser 🔲	Thirty-five day	Quarterly		Pre-referendum	
Legai Expense Fund	<u> </u>	Pre-primary	First		Final	
		Pre-election	Seco		Supplemental Final	
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thin		Annual	
Booster Fund		Semi-annual	Four		Special	
Building Fund		Mid Year	l			
	빌	Year End			10. Special Report Name	
Other:	<u>, </u>	Final	Year	End		
8. Number of Fundraisers this	Report 🔲	Special	Final			
1			L Special			
11. Account Information 11. Account Information						
a. Financial Institution Full Name						
First National Bank						
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
PAC Funds	1					
FAC Fullus	d. Period Begin Ba	alance	iance		d. Period Begin Balance	
	\$ 0				\$	
CERTIFICATION	1					
I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct timbed. M. Ruddy	at no funds are con t and that I have b	nmingled with	prohibited or other no	n-disclosed fu	3 & 22D-22M of Chapter 163 ands. I further certify that this 4-25-2022	
Printed Name of Sign		Sig	nature of Appointed Trea	surer	Date	
FOR OFFICE USE ONLY	, ,					
_	12/22		15	Del	ivery Method	
Date Received: 2	10100	Employ	yee:	- 🗖	Normal Mail	
Date Postmarked: 4	128 121	Employ	yee: <u>LÉ</u>	_ 呂	Registered Mail Hand Delivered	
Date Scanned: <u>5/</u>	2/22	Employ	yee: <u>(E</u>	_ 🗖	Electronically Filed	
Date Data Entered:		Employ	yee:		Signer has not received mandatory training	
Please Note: This form ca	nnot be used to	amend comm	ittee information su	h as the con	mittee address, treasurer.	
			s information, or acc			
			n (CRO-2100A-E) to			
Tor miner minerin			_ ,		J	

Amendment No

Detailed Summary
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
Tide Turners	Year End		STA-10Z049-C-001
Start of Election Cycle: January 1,	2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 11560.00	\$ 11560.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, 11d and 11e)	\$ 11560.00	\$ 11560.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 100.30	\$ 100.30
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 36.50	\$ 36.50
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 1885.00	\$ 1885.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 2021.80	\$ 2021.80
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ibtract line 18)	\$ 9538.20	\$ 9538.20
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl ones from other campai	gns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	Art of the Late of the
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0
CDO 1100			Aumiet 2008

		n Individuals vidual contributions o	ver \$50	or contrib	Pg utions under	_1 of r \$50 if form CRO	<u>5</u> O 1205 is not	Amendment Yes used	☐ No
		and Fund if applicab					2. ID Num		
Tide Turi	ners						STA	-10Z049-C-	001
3. Contri	butor Informatio	n		Add [] Rem	ove		مات کے بیاد	
	ie, Mailing Address &	k Phone		b. Job Title	e/Profession		d. Comments		·····
	city, state, & zip)			Chinana	noto#				
Bradley V 6054 Shil				Chiropra	er's Name/Spe	cific Field			
	on, NC 28409				actic Practic				
	•						e. Election Su	m to Date	
						·	\$	3580.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	tion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Credit Car				10/14/20	021	\$	25.00
	1	Credit Car				12/03/2	021	\$	2500.00
		In-Kind	Ema	il Platform		12/30/2	021	\$	55.00
3. Contri	butor Informatio)		Add [Rem	ove			<u> </u>
	ne, Mailing Address &	& Phone		b. Job Titl	e/Profession	<u></u>	d. Comments		
	city, state, & zip) Walter	- A <u>-</u>		Chiropra	ector				
Bradley Walter 6054 Shiloh Drive					er's Name/Spe	cific Field			
Wilmington, NC 28409				Chiropra	actic Practic	е			······
							e. Election St	m to Date	
							\$	3580.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Descript	tion	j. Date (mm/dd/yy	yy)	k. Amount	
		In-Kind	Web	site Design	n	10/11/2	021	\$	650,00
		In-Kind	Ente	rtainment		12/2/20	021	\$	350.00
								\$	
	ibutor Informatio			Add	Rem	iove	1.0		
l	ue, Mailing Address &	& Phone		b. Job Titl	e/Profession	<u> </u>	d. Comments	3	
Becky W	city, state, & zip)			Office A	Administrato	or			
, -	loh Drive			c. Employ	er's Name/Spe	cific Field]		
Wilming	ton, NC 28409			Chiropra	actic Office		e. Election S	ım to Date	
							\$	830.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	Food	1		11/29/2	021	\$	530.00
		In-Kind	Food	i		12/02/2	2021	\$	300.00
								\$	211 11
4. Tota	l only this Pag	e					\$		4410.00
5. Tota	l of ALL CRO	-1210 Pages					\$		11560.00
(This lin	e must be on line 6 of	Detailed Summary Page C	RO-1100)		Ş.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"		11200,00

		n Individuals vidual contributions o	ver \$50	Pg or contributions unde	_2 of or \$50 if form CR	<u>5</u> O 1205 is not	Amendmen Yes used	·
		and Fund if applical				2. ID Num		
Tide Tun						STA	-10Z049-C	-001
3. Contri	butor Informatio)n.	· 🔲 ,	Add 🗌 Ren	10Ve			5 .
a. Full Nan	e, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	3	
Amy Bea 2043 Spa	city, state, & zip) tty nish Wells Drive ton, NC 28405			Department Director c. Employer's Name/Sp	-			
				}		e. Election St	am to Date	
<u> </u>						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Credit Car			12/08/2	021	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio)n		Add Ren	nove			
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Comments	3	
(include city, state, & zip) Angela Robinson 4224 Masonboro Loop Road Wilmington, NC 28409			Realtor c. Employer's Name/Sp Self-Employed	e. Election S	um to Date			
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Credit Car			12/07/2	2021	\$	200.00
							\$	
							\$	
3. Contr	ibutor Informatio	on g g			nove	*	·	<u> </u>
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Comment	<u>s</u>	_
Tracy Ho 1510 Car	city, state, & zip) ogan olina Beach Ave 1 Beach, NC 28428			Driving Instructor c. Employer's Name/Sp Self - Employed	ecific Field	- - -		
Caronna	Deach, NC 20420			Bon - Employed		e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Credit Car			12/05/2	2021	\$	50.00
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4. Tota	l only this Pag	e				\$		350.00
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		n Individuals	o co	Pi		<u>5</u>	Xmendment Yes	No.
		vidual contributions of and Fund if application		or contributions un	der \$50 if form CR	2. ID Num		
		ано гини и арриса:	DIE)					001
Tide Turr	ners					SIA	-10Z049-C-	001
	butor Informatio			· · · · · · · · · · · · · · · · · · ·	emove		r51	
	ae, Mailing Address &	& Phone		b. Job Title/Professio	<u> </u>	d. Comments	S	
	city, state, & zip)							
Chuck Pa				Self-Employeed c. Employer's Name/	Specific Field	{		
	aranth Aly on, NC 28412			Self-Employed	specine Meia	1		
William ge	on, 110 20412			Box Employed		e. Election Si	um to Date	*,
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/y)	уу)	k. Amount	
	1	Credit Car			12/03/2	021	\$	500.00
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a. Fuli Nau	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Comment	8	
	city, state, & zip)	i'						
Cynthia S	•			Retired		_		
	w Holland Drive			c. Employer's Name/	Specific Field	_		
Wilmington, NC 28412			Retired		e. Election S	um to Date	, <u></u>	
ļ						S	100.00	
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	1	Check	ļ	_,	12/21/2	021	\$	100.00
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3. Contr	ibutor Informatio	מס		Add 🔲 R	emove	a		
1	ne, Malling Address &	& Phone		b. Job Title/Profession) <u>n</u>	d. Comment	3	
	city, state, & zip)			0.1671		ļ		
D Logan	rium Drive			Self-Employeed c. Employer's Name/	Specific Field	1		
	rille Beach, NC 28	480		Construction	specific Picit	1		
Wilghisv	inc beach, NC 26	700		Committee		e. Election S	um to Date	
						\$	2500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	Check			12/23/2	:021	\$	2500.00
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(This lin	e must be on line 6 of	Detailed Summary Page (CRO-110	0)		1		

11560.00

		n Individuals				Pg	_4 of		Yes	□ No	
		vidual contributions o		or contrib	outions	under	\$50 if form CR				
1. Comm	ittee Full Name (and Fund if applicat	ole):					2. ID Number			
Tide Turn	iers							STA	-10Z049-C	-001	
	butor Informatio		Д.,	Add		Rem	ove	·· r · · · · · · · · · · · · · · · · ·		. a	
ì	e, Mailing Address &	Phone		b. Job Tit	ic/Profe	ession		d. Comment	5	-	
	city, state, & zip) rd Contracting, LI	C		Self-Employeed							
5001 Mor	•			c. Employ			eific Field	7			
	on, NC 28409			Constru	ction					· ·	
								e. Election Si	um to Date		
								\$	2500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	tion		j. Date (mm/dd/y	ууу)	k. Amount	·····	
	1	Check					12/23/2	2021	\$	2500.00	
									\$		
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	butor Informatio			Add	\Box	Rem	ove	<u>.</u> #9 ß	·	ta u	
	ie, Mailing Address &	& Phone		b. Job Tit	le/Prof	ession		d. Comment	5		
	city, state, & zip)			Attorna							
William V	wmie twood Road, Suite	201		Attorne		me/Spe	cific Field	┪			
	on, NC 28403	. 201		Law Fir				1			
	,							e. Election S	um to Date		
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f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	otion		j. Date (mm/dd/y	ууу)	k. Amount		
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	ibutor Informatio			Add.	<u> </u>	Rem	ove		• •	1	
t .	ne, Mailing Address &	& Phone		b. Job Tit	lle/Prof	ession		d. Comment	3		
Alan Bro	city, state, & zip)			Self-En	nnlove	ed.					
	nd View Drive						cific Field	1			
	ton, NC 28409			Medica							
	•							e. Election S	um to Date		
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Amendment

Contri	ibutions fror	n Individuals		I	e .	<u>5</u> of	5	Amendmen Yes	t No
		vidual contributions o							
1. Comm	ittee Full Name (and Fund if applica	ble)				2. ID Num	ber	
Tide Turi	ners						STA	-10Z049-C	-001
3. Contri	ibutor Informatio	ni a		Add 🔲 R	emove	, , , , , ,	Programme v	·	* 6 %
a. Foli Nan	ne, Mailing Address &	& Phone		b. Job Title/Professi	OΠ		d. Comments	1	
	city, state, & zip)								
Alyce Ma				Paralegal	····	. Triald	<u> </u> 		
	w Holland Drive ton, NC 28412			c. Employer's Name	Specific	FIEIU	-		
willing	WII, NC 20412			Lawini			e. Election St	m to Date	
							\$	100.00	
	T		1		1	D ((11)	<u> </u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j.	Date (mm/dd/yy		k. Amount	
	1	Check		. , ,	_	12/07/2	021	\$	100.00
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								\$	
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a. Full Nan	ne, Mailing Address d	& Phone		b. Job Title/Professi	OD.		d. Comments	1	· - · · · · · · · · · · · · · · · · · ·
(include	city, state, & zip)	j		_					
ļ				c. Employer's Name	/Specific	. Eield	<u> </u>		
				c. Employer's Name	Specific	c Ficiu	<u> </u>		
							e. Election St	ım to Date	
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a. Full Nat	ne, Mailing Address	& Phone		b. Job Title/Professi	o n		d. Comment	3	
(include	city, state, & zip)	3 		_					
]				c. Employer's Name	/Specific	e Field	-		
1				t. Employer s Name	Specia	¢ treid	+		
							e. Election S	um to Date	
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4. Tota	l only this Pag	e .		·		····	\$		100.00
	l of ALL CRO			3		a.	\$		11560.00
		Detailed Summary Page	CRO-110	0)	· 	- /	<u> </u>		- 1200.00

Aggre	gated	Non	-Media	Expe	nditures
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Amendment

☑ Yes □ No

Optional form used to report NC Non-Media Expenditures	of \$50	or less.
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1. Commit	tee Full Name (a	nd Fund if applica	<u>2. m r</u>	2. ID Number							
Tide Turn	ers		STA-1	STA-10Z049-C-001							
3. Payee In	3. Payee Information										
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy)	y) f. Amou	nt	g. Required Remarks				
☐ Add ☐ Remove	1	Draft	К	10/14/2021	\$ 1.30)	Fees to Process online Donations				
☐ Add ☐ Remove	1	Draft	К	12/08/2021	\$ 4.30	0	Fees to Process online Donations				
Add Remove	1	Draft	К	12/07/2021	\$ 8.3	0	Fees to Process online Donations				
Add Remove	1	Draft	К	12/05/2021	\$ 2.3		Fees to Process online Donations				
Add Remove	1	Draft	к	12/03/2021	\$ 20.		Fees to Process online Donations				
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5. Total	of ALL CRO-	1315 Pages		·····	\$36.5						
		Detailed Summary Page									
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E - Salar I - Posta O* - Ot	ge J-I	- Equipment Penalties	G - Politica K* - Office	l Party Expenses	H* - Holdin Q* - Donati	g Public O ons to Lega	ffice Expenses al Expense Fund				
		ed explanation in	required rema	arks field (g)							
CDO-1315	* Codes require detailed explanation in required remarks field (g) NC State Board of Elections December 2009										

Disburseme				Pg		<u>1</u> of <u>1</u>		Amendment Yes	☐ No
			e f	or; operating expenses	5, 0	contributions to c	andidat	e/political	
	coordinated party ex							0 TD N	
	ull Name (and Fund	l if applicable)						2. ID Number	1 C 001
Tide Turners			D	1210 C C T	4	CD:-I		STA-10Z049	7-C-001
3. Type of Disbu				1-1310 forms for each ates/Political Committees	τv			Party Expenditures	
Operating E		Contributions to Can		dd		Remove	Tulliated	Party Expenditures	V , 3
4. Payee Inform				Coordinated Committee	Nai		d. Comments		
· ·	ng Address & Phone	<u>"</u>	Coordinated Committee	174	<u> </u>	4.00			
(include city, state, Anedot	& 21p)								
1340 Poydras Street				Level Registered (Specify	<u>, </u>				
Suite 1770				Federal	_	County:			
New Orleans, LA 70112				State		Municipality:	e. Elec	tion Sum to Date	
Í							\$ 1:	36,80	
f. Account Code	g. Form of Payment	h. Purpose Code	<u>'</u>	i. Date (mm/dd/yyyy)		j. Amount		uired Remarks	
1	Draft	K		12/03/2021		\$100.30		to Process le Donation	
						\$			
4. Payee Inform	lation !'		Á	.dđ 🔲	!	Remove			
	ng Address & Phone		b.	Coordinated Committee	Na	me	d. Comments		
(include city, state,									
			L						
1			c.	Level Registered (Specify					
			╽ <u>┞</u>	Federal		County:	<u> </u>		
			<u> L</u>	State		Municipality:	c. Elec	tion Sum to Date	
ļ							\$		
f. Account Code	g. Form of Payment	b. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Req	uired Remarks	
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4. Payee Inform	ation ::		Α	dd 🔲		Remove	<u> </u>	10	
	ing Address & Phone	b. Coordinated Committee Name				d. Cor	nments		
(include city, state,									
			1]		
				Level Registered (Specify	y)				
				Federal]	County:			
				State		Municipality:	e. Elec	tion Sum to Date	
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)		j. Amount	k. Rec	uired Remarks	
						\$			
		`							
E Trans.	3- Deec	<u> </u>				\$	 \$	100.30	
5. Total only th 6. Total of ALI	1 9	100.30							
(This line goes in			100.00						
(This line goes in		\$	100.30						
			_	Coordinated Party Expend	litu	res)	1		
7. Purpose Cod	les (List detailed ex	penditure code in	(h.) above)					

CRO-1310

A* - Media

E - Salaries

I - Postage O*-Other B* - Printing
F* - Equipment

J - Penalties

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

C* - Fundraising G - Political Party

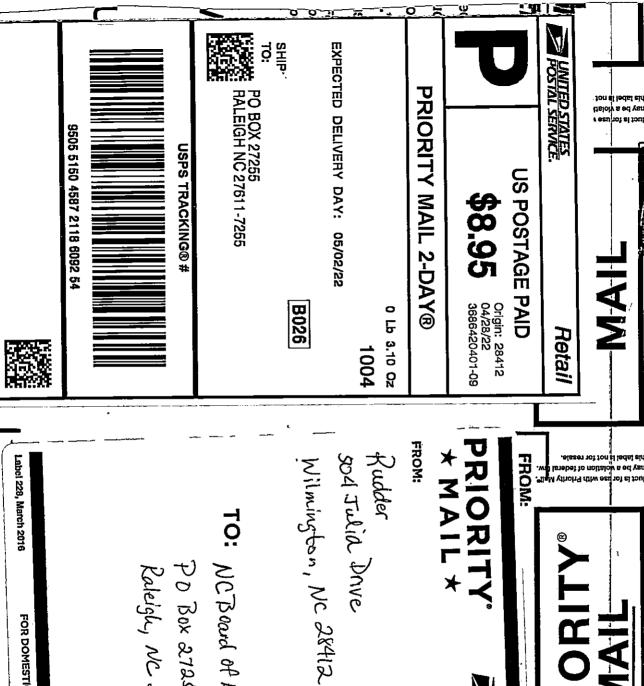
K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

Amendment **In-Kind Contributions** \boxtimes Yes Νo Pg Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 2. ID Number 1. Committee Full Name (and Fund if applicable) STA-10Z049-C-001 Tide Turners Add Remove 3. Contributor Information b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) Candidate Bradley Walter Party 6054 Shiloh Drive PAC Wilmington, NC 28409 Referendum d. Election Sum to Date Other Receipt Source 3580.00 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description **Email Platform** 12/30/2021 \$ 55.00 Website Design 10/11/2021 \$ 650.00

Entertainment			12/02/2021	i	\$ 350.00						
3. Contributor Information Add R	emove										
a. Full Name, Mailing Address & Phone		of C	ontributor	c. Com	c. Comments						
(include city, state, & zip)	🔯 Indi		ridual								
Becky Walter	□ (Cand	lidate								
6054 Shiloh Drive	Part Part		,								
Wilmington, NC 28409		PAC Referendum									
	I I			d. Election Sum to Date							
		Othe	r Receipt Source	\$ 830.00							
e. Description			f. Date (mm/dd/yy)	/y)	g. Fair Market Amount						
Food for Launch Party			11/29/2021		\$ 530.00						
Food for Launch Party			12/02/2021	1	\$ 300.00						
					\$						
3. Contributor Information Add Remove											
a. Full Name, Mailing Address & Phone	of C	Contributor c		c. Comments							
(include city, state, & zip)		Indiv	ridual								
	i 🗆 🐧	Candidate									
	🔲 ı	Party	,								
	🔲 1	PAC									
	י ⊑ا	Refe	rendum	d. Election Sum to Date							
	Othe	r Receipt Source	\$								
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount						
					\$						
			<u> </u>		\$						
					\$						
4. Total only this Page			<u> </u>	\$	1885.00						
5. Total of ALL CRO-1510 Pages											
(This line must be on line 17 of Detailed Summary Page CRO-1100)	\$ 1885.0		1885.00								
	NC State Board of Elections De										



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