
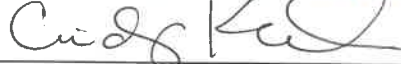


Disclosure Report Cover

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 PAT BRADFORD FOR NHC BOARD OF EDUCATION		c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 15428 WILMINGTON, NC 28408		d. Date Filed 02/22/2026		e. Phone Number
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 01/01/2026	4. Period End Date (mm/dd/yy) 02/14/2026	5. Treasurer Full Name CINDY KUHNE	
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report 0		10. Special Report Name		
3. Account Information		3. Account Information		
a. Financial Institution Full Name TRUIST		a. Financial Institution Full Name		
b. Purpose CAMPAIGN DONATIONS	c. Account Code 000	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 24,583.97		d. Period Begin Balance \$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board				
 Printed Name of Signer		 Signature of Appointed Treasurer		02/22/2026 Date
FOR OFFICE USE ONLY				
Date Received:	2/23/26	Employee	PK	Delivery Method
Date Postmarked:		Employee		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee		<input type="checkbox"/> Registered Mail
Date Data Entered:	FEB 22 2026	Employee		<input checked="" 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

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	
PAT BRADFORD FOR NHC BOARD OF EDUCATION	2026 First Quarter		
Start of Election Cycle: January 1, <u>2025</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 24,583.97	\$ (46.54)	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 125.00	\$ 679.00	
6) Contributions from Individuals (CRO-1210)	\$ 5,220.00	\$ 33,721.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1250)	\$ 0.00	\$ 0.00	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 5,345.00	\$ 34,400.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 23,029.95	\$ 26,653.60	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 156.77	\$ 207.61	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 595.00	\$ 1,345.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 23,781.72	\$ 28,206.21	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6,147.25	\$ 6,147.25	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00		
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2320)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	

REC'D IN PERSON

FEB 22 2026

NHC BD OF ELECTIONS

Aggregated Contributions from Individuals

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	000	Credit Card		01/04/2026	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		02/10/2026	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		01/29/2026	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$125.00
5. Total of ALL CRO-1205 Pages					\$	\$125.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

REC'D IN PERSON

FEB 22 2026

NHC BD OF ELECTIONS

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RUSSELL BYRD 1240 LIBERTY LANDING ROAD SE WINNABOW, NC 28479				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				AZALEA LIMO			
						e. Election Sum to Date	
						\$ 595.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	In-Kind	LOAN OF VEHICLE FOR MLK PARADE	01/19/2026	\$ 595.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NELL CHAPMAN CASE 1807 Brewton Ct Wilmington, NC 28403				NO PROFESSION OR TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Credit Card		02/07/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BILL CHERRY 6308 S BRADLEY OVERLOOK DR WILMINGTON, NC 28403				NO PROFESSION OR TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Credit Card		02/14/2026	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						e. Election Sum to Date	
						\$ 1,195.00	
4. Total only this Page						\$ 1,195.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,220.00	

REC'D IN PERSON

FEB 22 2026

NHC BD OF ELECTIONS

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) PAT BRADFORD FOR NHC BOARD OF EDUCATION						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KAREN CLARK 7002 KEY POINT DRIVE WILMINGTON, NC 28405				b. Job Title/Profession NO PROFESSION OR JOB TITLE		d. Comments
				c. Employer's Name/Specific Field NOT EMPLOYED		
						e. Election Sum to Date \$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Check		02/05/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY JANE DYSON 1047 TIDELINE DRIVE LELAND, NC 28451				b. Job Title/Profession BOOKKEEPER		d. Comments
				c. Employer's Name/Specific Field SELF		
						e. Election Sum to Date \$ 1,100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Check		02/13/2026	\$ 600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) REC'D IN PERSON EDWARD FAULKNER 249 FAYEMARSH ROAD WILMINGTON, NC 28412 NHC BD OF ELECTIONS				b. Job Title/Profession PHARMACIST (RETIRED)		d. Comments
				c. Employer's Name/Specific Field NOT EMPLOYED		
						e. Election Sum to Date \$ 525.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	000	Cash		12/21/2025	\$ 25.00	
<input type="checkbox"/>	000	Check		02/09/2026	\$ 500.00	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,200.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,220.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
VIRGINIA MASTER 2308 OCEAN POINT DR WILMINGTON, NC 28405				NO PROFESSION OR TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Check		02/13/2026	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BEVERLY MCCARTER 2001 SCRIMSHAW PLACE WILMINGTON, NC 28405				ARTIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BEVERLY MCCARTER FINE ARTS LLC		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Check		01/16/2026	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RAINELLE MISHOE 413 MOSS TREE DR WILMINGTON, NC 28405				REALTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				INTRACOASTAL REALTY		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Credit Card	NHC BD OF ELECTIONS	02/11/2026	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,220.00	

REC'D IN PERSON

FEB 22 2026

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LINDA MURPHY 501 MOSS TREE DRIVE WILMINGTON, NC 28405				BROKER/REALTOR			
				c. Employer's Name/Specific Field			
				INTRACOASTAL REALTY			
						e. Election Sum to Date	
						\$ 275.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Credit Card		01/29/2026	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
FRANCINE SULAK 2121 STILLWATER PLACE WILMINGTON, NC 28405				NO PROFESSION OR TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Check		02/05/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRETT TANNER 8020 BALD EAGLE LANE WILMINGTON, NC 28411				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				PINNACLE TRAILER SALES INC			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	000	Credit Card		01/13/2026	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,125.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,220.00	

REC'D IN PERSON

FEB 22 2026

NHC BD OF ELECTIONS

Contributions from Individuals

Pg 5 of 5

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KATHY WEBB 3825 SCOTS PLACE W WILMINGTON, NC 28412				SECRETARY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NOT EMPLOYED		
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Check		02/09/2026	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,220.00	

CRO-1210

NC State Board of Elections

April 2007

REC'D IN PERSON

FEB 27 2026

NHC BD OF ELECTIONS

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	
PAT BRADFORD FOR NHC BOARD OF EDUCATION							
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FIRELUX 7009 NORTH BEND ROAD WILMINGTON, NC 28411							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 19,966.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
000	Electric Funds Tran	E	01/05/2026	\$ 1,000.00	CONSULTING SERVICES		
000	Electric Funds Tran	A	01/05/2026	\$ 1,500.00	SOCIAL MEDIA/DIGITAL ADS		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FIRELUX 7009 NORTH BEND ROAD WILMINGTON, NC 28411							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 19,966.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
000	Electric Funds Tran	O	02/03/2026	\$ 125.00	MLK PARADE FEE		
000	Electric Funds Tran	E	02/03/2026	\$ 1,500.00	CONSULTING SERVICES		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FIRELUX 7009 NORTH BEND ROAD WILMINGTON, NC 28411							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 19,966.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
000	Electric Funds Tran	A	02/03/2026	\$ 14,841.55	SOCIAL MEDIA, BILLBOARD,		

REC'D IN PERSON
FEB 22 2026
NHC BD OF ELECTIONS

5. Total only this Page						\$ 18,966.55	
6. Total of ALL CRO-1310 Pages						\$ 23,029.95	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							

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	
PAT BRADFORD FOR NHC BOARD OF EDUCATION							
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
GLOBAL RIVER CHURCH 4702 College Rd Wilmington, NC 28412							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,746.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
000	Check	O	01/02/2026	\$ 1,031.00	DONATION TO 501C3		
000	Check	O	02/01/2026	\$ 160.00	DONATION TO 501C3		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CINDY KUHNE 603 VAN DORN CT WILMINGTON, NC 28412							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 693.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
000	Electric Funds Tran	E	01/22/2026	\$ 693.75			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
SOUTHERN SIGN COMPANY 5649 CAROLINA BEACH ROAD WILMINGTON, NC 28412							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 53.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
000	Debit Card	O	02/05/2026	\$ 53.50	CAMPAIGN YARD		
				\$	STAKES		
5. Total only this Page						\$ 1,938.25	
6. Total of ALL CRO-1310 Pages						\$ 23,029.95	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

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) PAT BRADFORD FOR NHC BOARD OF EDUCATION	2. ID Number
---------------------------------------------------------------------------------------------------	---------------------

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> STICKER MULE 336 Forest Ave Amsterdam, NY 12010	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
			e. Election Sum to Date \$ 209.72

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
000	Debit Card	B	01/16/2026	\$ 209.72	CAMPAIGN PRINT STICKERS

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
			e. Election Sum to Date \$ 1,915.43

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
000	Debit Card	B	01/05/2026	\$ 340.48	CAMPAIGN SIGNS
000	Debit Card	B	01/05/2026	\$ 859.21	CAMPAIGN YARD SIGN PRINT

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
			e. Election Sum to Date \$ 1,915.43

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
000	Debit Card	B	01/15/2026	\$ 87.39	CAMPAIGN PRINT NOTE
000	Debit Card	B	01/22/2026	\$ 628.35	CARDS CAMPAIGN YARD SIGN

5. Total only this Page \$ 2,125.15

6. Total of ALL CRO-1310 Pages \$ 23,029.95
(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)

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Draft	O	01/04/2026	\$ 1.30	CC SVC FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	O	01/13/2026	\$ 40.30	CC SVC FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Draft	O	01/29/2026	\$ 1.30	CC SVC FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Draft	O	02/07/2026	\$ 4.30	CC CVS FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Draft	O	02/11/2026	\$ 20.30	CC SVC FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Draft	O	02/14/2026	\$ 20.30	CC SVC FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	O	01/16/2026	\$ 29.44	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	B	01/15/2026	\$ 39.53	NAMETAGS
4. Total only this Page					\$	156.77
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	156.77
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

REC'D IN PERSON
 FEB 22 2026
 NHC BD OF ELECTIONS

In-Kind Contributions

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
RUSSELL BYRD 1240 LIBERTY LANDING ROAD SE WINNABOW, NC 28479		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	595.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LOAN OF VEHICLE FOR MLK PARADE		01/19/2026	\$ 595.00
			\$
			\$
4. Total only this Page		\$	595.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	595.00

CRO-1510

NC State Board of Elections

December 2007

REC'D IN PERSON
FEB 22 2026
NHC BD OF ELECTIONS