

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	2022 First Quarter		
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,497.02	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 565.00	\$ 570.00
6) Contributions from Individuals (CRO-1210)		\$ 33,791.00	\$ 35,591.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 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)		\$ 34,356.00	\$ 36,161.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 17,222.33	\$ 17,529.81
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 400.00	\$ 400.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 355.15	\$ 355.65
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)		\$ 11,916.00	\$ 11,916.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 29,893.48	\$ 30,201.46
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,959.54	\$ 5,959.54
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-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment
 Yes 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	Cash		03/13/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Cash		03/13/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Electric Funds Tran		04/29/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Cash		03/13/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Electric Funds Tran		03/05/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Cash		03/13/2022	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		03/27/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Electric Funds Tran		02/12/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		03/20/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		03/13/2022	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Electric Funds Tran		02/13/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Cash		03/13/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		02/12/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		03/13/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		02/09/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Cash		03/13/2022	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		04/14/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	000	Check		03/13/2022	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$565.00
5. Total of ALL CRO-1205 Pages					\$	\$565.00
<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
 MAY 09 2022
 NHC BD OF ELECTIONS

Contributions from Individuals

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	
RHONDA AMOROSO 8732 SEDGLEY DRIVE WILMINGTON, NC 28412			PUBLISHING			
			c. Employer's Name/Specific Field			
			SIMPLY FRANCIS		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		04/21/2022	\$ 125.00	
<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	
JENNIFER AUGI PO BOX 394 BURGAW, NC 28425			SELF			
			c. Employer's Name/Specific Field			
			HOMEMAKER		e. Election Sum to Date	
					\$ 125.00	
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		04/28/2022	\$ 125.00	
<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	
GIORGIOS BAKATSI 503 GOLDSBORO AVENUE CAROLINA BEACH, NC 28428			CHEF			
			c. Employer's Name/Specific Field			
			GIORGIOS HOSPITALITY AND LIFESTYLE GROUP		e. Election Sum to Date	
					\$ 5,400.00	
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	FUNDRAISER	04/29/2022	\$ 5,400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 5,650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 33,791.00	

Contributions from Individuals

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	
TAMMY BLACK 635 RIBBLE DRIVE LELAND, NC 28451			SYSTEMS DEVELOPER			
			c. Employer's Name/Specific Field			
			THERMO FISHER SCIENTIFIC		e. Election Sum to Date	
					\$ 2,750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		03/13/2022	\$ 2,500.00	
<input type="checkbox"/>	000	Check		04/29/2022	\$ 250.00	
<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	
PAT BRADFORD PO 1448 WRIGHTSVILLE BEACH, NC 28480			JOURNALIST			
			c. Employer's Name/Specific Field			
			SOZO8, INC		e. Election Sum to Date	
					\$ 4,448.00	
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	Check		12/10/2021	\$ 300.00	
<input type="checkbox"/>	000	In-Kind	PRINT ADVERTISING	02/28/2022	\$ 2,074.00	
<input type="checkbox"/>	000	In-Kind	PRINT ADVERTISING	03/05/2022	\$ 2,074.00	
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	
PAT BRADFORD PO 1448 WRIGHTSVILLE BEACH, NC 28480			JOURNALIST			
			c. Employer's Name/Specific Field			
			SOZO8, INC		e. Election Sum to Date	
					\$ 2,368.00	
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	PRINT ADVERTISING	03/30/2022	\$ 1,184.00	
<input type="checkbox"/>	000	In-Kind	PRINT ADVERTISEMENT	04/22/2022	\$ 1,184.00	
<input type="checkbox"/>				MAY 09 2022	\$	
4. Total only this Page					\$ 9,266.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 33,791.00	

Contributions from Individuals

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	
KAY BRAXTON 1301 FUTCH CREEK ROAD WILMINGTON, NC 28411				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				RMB		e. Election Sum to Date	
						\$ 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		04/05/2022		\$ 200.00	
<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	
DEBORAH BROWN 184 SOUND VIEW DRIVE WILMINGTON, NC 28409				SELF			
				c. Employer's Name/Specific Field			
				PRESIDENT SURGILM		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		04/28/2022		\$ 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	
CATHERINE BRUNJES 404 LUMINA AVENUE N WRIGHTSVILLE BEACH, NC 28480				RETIRED			
				c. Employer's Name/Specific Field			
				EDUCATION		e. Election Sum to Date	
						\$ 250.00	
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		04/11/2022		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
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	
					\$ 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	Check		03/15/2022	\$ 1,000.00	
<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	
KAREN CLARK 7002 KEY POINT DRIVE WILMINGTON, NC 28405			RETIRED			
			c. Employer's Name/Specific Field			
			SCHOOL TEACHER		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	Check		02/03/2022	\$ 500.00	
<input type="checkbox"/>	000	Check		02/14/2022	\$ 500.00	
<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	
KAREN CLARK 7002 KEY POINT DRIVE WILMINGTON, NC 28405			RETIRED			
			c. Employer's Name/Specific Field			
			SCHOOL TEACHER		e. Election Sum to Date	
					\$ 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		04/22/2022	\$ 200.00	
<input type="checkbox"/>				REC'D IN PERSON	\$	
<input type="checkbox"/>				MAY 09 2022	\$	
4. Total only this Page					NHC BD OF ELECTIONS \$ 2,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 33,791.00	

Contributions from Individuals

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	
JAN CLEMMONS 9400 LYN MARIE DRIVE LELAND, NC 28451				NURSE PRACTITIONER			
				c. Employer's Name/Specific Field			
				NOVANT			
						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		03/13/2022		\$ 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	
ELISABETH DUNN 1608 MIDDLE SOUND LOOP ROAD WILMINGTON, NC 28411				ENGINEER			
				c. Employer's Name/Specific Field			
				CORNING			
						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	Electric Funds Tran		03/20/2022		\$ 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	
MARY JANE DYSON 1047 TIDELINE DRIVE LELAND, NC 28451				BOOKKEEPER			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 900.00	
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		03/15/2022		\$ 400.00	
<input type="checkbox"/>	000	Check		04/28/2022		\$ 500.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

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	
V. BROOKE DYSON-BYRD 1240 LIBERTY LANDING DRIVE WINNABOW, NC 28479				TEAMSTER DRIVER			
				c. Employer's Name/Specific Field MOVIE INDUSTRY			
						e. Election Sum to Date	
						\$ 250.00	
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		04/29/2022		\$ 250.00	
<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	
LORETTA EFSTATHIOU 1224 LT CONGLETON ROAD WILMINGTON, NC 28409				RETIRED			
				c. Employer's Name/Specific Field DOMESTIC VIOLENCE ADVOCATE			
						e. Election Sum to Date	
						\$ 125.00	
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		04/22/2022		\$ 125.00	
<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	
EDWARD FAULKNER 249 FAYEMARSH ROAD WILMINGTON, NC 28412				RETIRED			
				c. Employer's Name/Specific Field PHARMACIST			
						e. Election Sum to Date	
						\$ 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		03/13/2022		\$ 200.00	
<input type="checkbox"/>				REC'D IN PERSON		\$	
<input type="checkbox"/>				MAY 09 2022		\$	
4. Total only this Page						\$ 575.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

Contributions from Individuals

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	
MICHAEL FEY 1000 MANDEVILLA COURT WILMINGTON, NC 28409				INVESTIGATOR			
				c. Employer's Name/Specific Field			
				SELF		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		03/15/2022		\$ 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	
LINDY FORD 1901 MARKET STREET WILMINGTON, NC 28403				SELF			
				c. Employer's Name/Specific Field			
				NUTRITION COACH		e. Election Sum to Date	
						\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		04/29/2022		\$ 125.00	
<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	
STEPHANIE FORTUNATO 3509 MELISSA COURT WILMINGTON, NC 28409				INDEPENDENT CONTRACTOR			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 125.00	
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		04/29/2022		\$ 125.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
NHC ED 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	
JOHN GRINNELL 7011 ESCHOL COURT WILMINGTON, NC 28409				CONSULTANT			
				c. Employer's Name/Specific Field			
				LEAERSHIP INC		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		03/18/2022		\$ 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	
JOY HINES 231 BEECH STREET WILMINGTON, NC 28403				RETIRED			
				c. Employer's Name/Specific Field			
				AUTOMOTIVE		e. Election Sum to Date	
						\$ 350.00	
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		03/09/2022		\$ 350.00	
<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	
JOHN HINNANT 219 N 23RD STREET WILMINGTON, NC 28405				REAL ESTATE			
				c. Employer's Name/Specific Field			
				LIVING THIRD REAL ESTATE		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	Electric Funds Tran		03/30/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

NEED IN PERSON
MAY 09 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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	
SAMUEL IBRAHIM 705 WINDEMERE ROAD WILMINGTON, NC 28405			SOFTWARE DEVELOPMENT			
			c. Employer's Name/Specific Field ELM STREET			
					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	Electric Funds Tran		02/15/2022	\$ 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	
BECKY JASKEY 1811 MEWS DRIVE WILMINGTON, NC 28405			RETIRED			
			c. Employer's Name/Specific Field INTERIOR DESIGN			
					e. Election Sum to Date	
					\$ 250.00	
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		03/09/2022	\$ 250.00	
<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	
LORAN JOHNSON 4190 SPIREA DRIVE WILMINGTON, NC 28403			REAL ESTATE			
			c. Employer's Name/Specific Field WAYPOST REALTY			
					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	Electric Funds Tran		04/30/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00

REC'D IN PERSON

MAY 09 2022

NHC BOARD OF ELECTIONS

Contributions from Individuals

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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JOANNE KEMP 314 S FRONT STREET WILMINGTON, NC 28401	RETIRED	
	c. Employer's Name/Specific Field	
	POLITICS	e. Election Sum to Date
		\$ 150.00

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		04/24/2022	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
BEVERLY KINLAW 4148 BREEZEWOOD DRIVE UNIT 202 WILMINGTON, NC 28412	RETIRED	
	c. Employer's Name/Specific Field	
	NOTARY	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		04/02/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KATHY KNIGHT 3225 ASTER COURT WILMINGTON, NC 28409	REALTOR	
	c. Employer's Name/Specific Field	
	INTRACOASTAL REALTY CORP	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	Electric Funds Tran		03/30/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

REC'D IN PERSON
MAY 09 2022
NHC BD OF ELECTIONS

4. Total only this Page \$ 350.00

5. Total of ALL CRO-1210 Pages \$ 33,791.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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	
SUSAN KREAMER 1529 SOUTH MOORINGS DRIVE WILMINGTON, NC 28405				RETIRED			
				c. Employer's Name/Specific Field			
				REALTOR		e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		02/12/2022		\$ 50.00	
<input type="checkbox"/>	000	Electric Funds Tran		02/12/2022		\$ 100.00	
<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	
TREVOR LANPHEAR 123 SATATA DRIVE WILMINGTON, NC 28412				GENERAL CONTRACTOR			
				c. Employer's Name/Specific Field			
				LANPHEAR BUILDERS INC		e. Election Sum to Date	
						\$ 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	Electric Funds Tran		04/25/2022		\$ 200.00	
<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	
LARA LOGAN 7M AUDITORIUM CIRCLE WRIGHTSVILLE BEACH, NC 28480				HOMEMAKER			
				c. Employer's Name/Specific Field			
				HOMEMAKER		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	000	Check		04/07/2022		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
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	
DANIEL MC COMAS PO BOX 2274 WILMINGTON, NC 28402				BUSINESS EXECUTIVE			
				c. Employer's Name/Specific Field			
				MCO TRANSPORT INC		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		04/07/2022		\$ 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				RETIRED			
				c. Employer's Name/Specific Field			
				CONSULTANT, AUTHOR, ARTIST		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	Check		02/11/2022		\$ 1,000.00	
<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				RETIRED			
				c. Employer's Name/Specific Field			
				CONSULTANT, AUTHOR, ARTIST		e. Election Sum to Date	
						\$ 250.00	
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		04/20/2022		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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	
MARY MARGARET MCEACHERN 108 EDGEWATER LANE WILMINGTON, NC 28403			RETIRED			
			c. Employer's Name/Specific Field			
			ATTORNEY		e. Election Sum to Date	
					\$ 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	Electric Funds Tran		03/12/2022	\$ 200.00	
<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	
LISA MOORE 1102 MILLHEIM COURT WILMINGTON, NC 28411			ITINERANT REVEREND			
			c. Employer's Name/Specific Field			
			MINISTRY		e. Election Sum to Date	
					\$ 250.00	
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		02/13/2022	\$ 250.00	
<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	
DESEREE MURAGLIA 1901 MARKET STREET WILMINGTON, NC 28403			CFO/CREATIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			J. LONG CUSTOM HOMES		e. Election Sum to Date	
					\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		04/28/2022 REC'D IN PERSON	\$ 750.00	
<input type="checkbox"/>				MAY 09 2022	\$	
<input type="checkbox"/>				NHC BD OF ELECTIONS	\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 33,791.00	

Contributions from Individuals

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	
FEREYDOUN NASSERI 4101 OLEANDER DRIVE WILMINGTON, NC 28403				BUSINESS OWNER			
				c. Employer's Name/Specific Field GALLERY OF ORIENTAL RUGS			
						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	Check		04/06/2022		\$ 1,000.00	
<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	
MARION NESBITT 1918 ODYSSEY DRIVE WILMINGTON, NC 28405				RETIRED			
				c. Employer's Name/Specific Field STATISTICS RESEARCH NASA			
						e. Election Sum to Date \$ 225.00	
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		03/31/2022		\$ 100.00	
<input type="checkbox"/>	000	Check		04/23/2022		\$ 125.00	
<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	
NITA NEUMEISTER 432B CAUSEWAY DRIVE WRIGHTSVILLE BEACH, NC 28480				RETIRED			
				c. Employer's Name/Specific Field BUSINESS AND GOVERNMENT			
						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	Cash		04/09/2022		\$ 50.00	
<input type="checkbox"/>	000	Cash		04/19/2022		\$ 50.00	
<input type="checkbox"/>				MAY 09 2022		\$	
4. Total only this Page						NHC BD OF ELECTIONS \$ 1,325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

Contributions from Individuals

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	
SALLY NOLTING 312 BUCKHURST DRIVE WILMINGTON, NC 28411			CASTING DIRECTOR			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 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		02/27/2022	\$ 200.00	
<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	
HUGH OVERHOLT 2505 S COLLEGE ROAD WILMINGTON, NC 28412			LAWYER			
			c. Employer's Name/Specific Field			
			THE OVERHOLT LAW FIRM		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	Electric Funds Tran		04/07/2022	\$ 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	
ART PADILLA 6 PALMETTO DRIVE WRIGHTSVILLE BEACH, NC 28480			RETIRED PROFESSOR			
			c. Employer's Name/Specific Field			
			UNCW		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	Electric Funds Tran		03/07/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00

Contributions from Individuals

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	
ART PADILLA 6 PALMETTO DRIVE WRIGHTSVILLE BEACH, NC 28480				RETIRED PROFESSOR			
				c. Employer's Name/Specific Field			
				UNCW		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		04/28/2022		\$ 250.00	
<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	
CARLOS PARAJON 2514 ROYAL PALM LANE WILMINGTON, NC 28409				MANAGER			
				c. Employer's Name/Specific Field			
				HARBOR ISLAND EQUITY PARTNERS		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	Electric Funds Tran		03/11/2022		\$ 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	
AMARYALLIS REHDER 6314 MALLARD DRIVE WILMINGTON, NC 28403				RETIRED			
				c. Employer's Name/Specific Field			
				REAL ESTATE MGT		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		04/15/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>				REC'D IN PERSON		\$	
4. Total only this Page						MAY 09 2022 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						NHC BD OF ELECTIONS \$ 33,791.00	

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	
R. ALLEN RIPPY 101 CIRCLE DRIVE WRIGHTSVILLE BEACH, NC 28480				CAR SALES			
				c. Employer's Name/Specific Field			
				RIPPY AUTOMOTIVE		e. Election Sum to Date	
						\$ 400.00	
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		04/25/2022		\$ 400.00	
<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	
CHARLIE RIVENBARK 4924 PINE STREET WILMINGTON, NC 28403				REALTOR			
				c. Employer's Name/Specific Field			
				CAPE FEAR COMMERCIAL		e. Election Sum to Date	
						\$ 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		03/15/2022		\$ 200.00	
<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	
GEORGE ROUNTREE III 1960 HILLSBORO ROAD WILMINGTON, NC 28403				ATTORNEY			
				c. Employer's Name/Specific Field			
				ROUNTREE LOSEE LLP		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		03/22/2022 REC'D IN PERSON		\$ 500.00	
<input type="checkbox"/>				MAY 09 2022		\$	
<input type="checkbox"/>				NHC BD OF ELECTIONS		\$	
4. Total only this Page						\$ 1,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

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	
KIM RUDDER 504 JULIA DRIVE WILMINGTON, NC 28412				SALES			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 250.00	
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		02/14/2022		\$ 250.00	
<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	
WILLIAM RUDISILL 6435 WESTPORT DRIVE WILMINGTON, NC 28409				HOTEL OWNER			
				c. Employer's Name/Specific Field			
				SELF		e. Election Sum to Date	
						\$ 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		04/22/2022		\$ 200.00	
<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	
JUDI SANDERS PO BOX 3167 WILMINGTON, NC 28406				RETIRED BUSINESSWOMAN			
				c. Employer's Name/Specific Field			
				DEVELOPMENT		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		04/07/2022		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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	
REBEKAH SANTANA-DESOTO 4014 WILLOWICK PARK DRIVE WILMINGTON, NC 28409			HOMEMAKER			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	000	Electric Funds Tran		03/01/2022	\$ 125.00	
<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	
GAIL SCOGGINS 2454 FLAT TOP ROAD BLOWING ROCK, NC 28605			RETIRED			
			c. Employer's Name/Specific Field			
			HAIR DRESSER		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		03/05/2022	\$ 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	
GAIL SCOGGINS 2454 FLAT TOP ROAD BLOWING ROCK, NC 28605			RETIRED			
			c. Employer's Name/Specific Field			
			HAIR DRESSER		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	Electric Funds Tran		03/19/2022	\$ 100.00	
<input type="checkbox"/>				REC'D IN PERSON	\$	
<input type="checkbox"/>				MAY 09 2022	\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 33,791.00	

NHC BD OF ELECTIONS

Contributions from Individuals

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	
LISA SHARRARD 9 NATCHEZ COURT COLUMBIA, SC 29229				INSURANCE			
				c. Employer's Name/Specific Field			
				CHOICE FLOOD INSURANCE LLC		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		03/29/2022		\$ 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	
BRUCE SHELL 1921 ATLANTIC DRIVE WILMINGTON, NC 28411				RETIRED BUSINESSMAN			
				c. Employer's Name/Specific Field			
				NEW HANOVER COUNTY		e. Election Sum to Date	
						\$ 250.00	
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		04/06/2022		\$ 250.00	
<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	
						\$ 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	Electric Funds Tran		02/25/2022		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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	
TREY WALLACE 1902 EASTWOOD ROAD WILMINGTON, NC 28403			REALTOR			
			c. Employer's Name/Specific Field			
			INTRACOASTAL REALTY CORP		e. Election Sum to Date	
					\$ 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	Electric Funds Tran		03/14/2022	\$ 200.00	
<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	
ROBERT WARWICK 2000 MARSH HARBOR PLACE WILMINGTON, NC 28405			CPA			
			c. Employer's Name/Specific Field			
			RFW CONSULTING LLC		e. Election Sum to Date	
					\$ 250.00	
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		04/19/2022	\$ 250.00	
<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	
RANDALL J WILLIAMS PO BOX 1232 WRIGHTSVILLE BEACH, NC 28480			REALTOR			
			c. Employer's Name/Specific Field			
			HARDEE HUNT AND WILLIAMS		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		02/11/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 950.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 33,791.00

REC'D IN PERSON
MAY 09 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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	
AVERY WILMETH PO BOX 430 WRIGHTSVILLE BEACH, NC 28480			RETIRED			
			c. Employer's Name/Specific Field			
			DERMATOLOGIST		e. Election Sum to Date	
					\$ 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	Electric Funds Tran		04/29/2022	\$ 200.00	
<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	
R THOMAS WOLFE 3739 RESTON COURT WILMINGTON, NC 28403			RETIRED			
			c. Employer's Name/Specific Field			
			COMMERCIAL REAL ESTATE		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		04/24/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 33,791.00	

REC'D IN PERSON
MAY 09 2022
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 type="checkbox"/> Operating Expenses <input checked="" 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	
DAVID ROUZER FOR US CONGRESS 4001 US Hwy. 301 S. Suite 106 Four Oaks, NC 27524						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	D	02/16/2022	\$ 100.00		
				\$		
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	
NEW HANOVER COUNTY GOP NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 175.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	G	02/26/2022	\$ 175.00		
				\$		
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	
PAT MCCRORY FOR US SENATE PO Box 471146, Charlotte, NC 28247						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Electric Funds Tran	D	02/01/2022	\$ 125.00		
				\$		
5. Total only this Page					\$ 400.00	
6. Total of ALL CRO-1310 Pages					\$ 400.00	
<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	
AMAZON 410 Terry Ave N Seattle, WA 98109						
			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:			
					\$ 74.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Electric Funds Tran	AB	03/05/2022	\$ 74.79	FRAME WIRE STAKES	
				\$		
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	
AMAZON 410 Terry Ave N Seattle, WA 98109						
			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:			
					\$ 118.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	O	04/26/2022	\$ 74.79	FRAME WIRE STAKES	
				\$		
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	
ANEDOT 1340 Poydras Street New Orleans, LA 70112					<div style="border: 1px solid blue; padding: 5px; color: blue; font-weight: bold;">REC'D IN PERSON</div> <div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold; margin-top: 5px;">MAY 09 2022</div>	
			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:			
					\$ 216.10	
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	03/13/2022	\$ 100.30	TRANSACTION FEE	
				\$		
5. Total only this Page						\$ 249.88
6. Total of ALL CRO-1310 Pages						
<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>						\$ 17,222.33
<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	
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:			
					\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	A	02/24/2022	\$ 500.00	AD DESIGN	
				\$		
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:			
					\$ 5,405.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	A	03/16/2022	\$ 3,250.00	ADVERTISING	
000	Check	O	04/09/2022	\$ 540.00	ADVERTISING	
				\$		
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:			
					\$ 5,405.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	O	04/26/2022	\$ 1,615.14	ADVERTISING	
				\$		
5. Total only this Page					\$ 5,905.14	
6. Total of ALL CRO-1310 Pages					\$ 17,222.33	
<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)						

REC'D IN PERSON
MAY 09 2022
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	
FLOAT BALLOONS AND DESIGNS 1203 S 43RD STREET WILMINGTON, NC 28403						
			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:			
					\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	C	04/29/2022	\$ 75.00	DECOR	
				\$		
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:			
					\$ 574.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	O	02/04/2022	\$ 151.00	CHARITABLE DONATION	
000	Check	O	02/21/2022	\$ 223.00	CHARITABLE DONATION	
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					<div style="color: blue; font-weight: bold; font-size: 1.2em;">REC'D IN PERSON</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">MAY 09 2022</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">STATE BOARD OF ELECTIONS</div>	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$ 574.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	O	02/26/2022	\$ 165.00	CHARITABLE DONATION	
				\$		
5. Total only this Page						\$ 614.00
6. Total of ALL CRO-1310 Pages						
<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>						\$ 17,222.33
<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	
LIMELIGHT MARKETING 533 OLD COVE ROAD UNION MILLS, NC 28167			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:			
					\$ 4,054.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Electric Funds Tran	AC	04/06/2022	\$ 4,054.40	MARKETING	
				\$		
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	
MICHAEL'S 6881 Monument Dr WILMINGTON, NC 28405			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:			
					\$ 61.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	C	04/28/2022	\$ 61.57	SUPPLIES	
				\$		
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	
NAME TAG WIZARD 2021 ST AUGUSTINE ROAD E JACKSONVILLE, FL 32207			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:			
					\$ 37.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	A	02/24/2022	\$ 17.72	CAMPAIGN MATERIALS	
				\$		
5. Total only this Page						\$ 4,133.69
6. Total of ALL CRO-1310 Pages						\$ 17,222.33
<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	
NEW HANOVER COUNTY NC						
			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:			
					\$ 127.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	O	03/01/2022	\$ 127.00	NC BOE FILING FEE	
				\$		
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	
NEW HAVOVER COUNTY GOP 829 S Kerr Ave Wilmington, NC 28403						
			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:			
					\$ 262.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	AO	04/05/2022	\$ 250.00	ADVERTISING	
				\$		
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	
KIM RUDDER 504 JULIA DRIVE WILMINGTON, NC 28412					REC'D IN PERSON MAY 09 2022 NHC BD OF ELECTIONS	
			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:			
					\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	O	03/05/2022	\$ 250.00	REFUND CONTRIBUTION	
				\$	3.5.2022	
5. Total only this Page						\$ 627.00
6. Total of ALL CRO-1310 Pages						\$ 17,222.33
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SAGE ISLAND 2002 Eastwood Rd Suite 306 WILMINGTON, NC 28403						
				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
						\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Electric Funds Tran	AK	02/25/2022	\$ 25.00	INTERNET	
000	Electric Funds Tran	AK	02/25/2022	\$ 25.00	INTERNET	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SAGE ISLAND 2002 Eastwood Rd Suite 306 WILMINGTON, NC 28403						
				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
						\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Electric Funds Tran	AK	02/25/2022	\$ 25.00	INTERNET	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
GAIL SCOGGINS 2454 FLAT TOP ROAD BLOWING ROCK, NC 28605						REC'D IN PERSON MAY 09 2022 NHC BOARD OF ELECTIONS
				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
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Check	O	03/13/2022	\$ 100.00	REFUND CAMPAIGN	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$	CONTRIBUTION 3.13.2022	
5. Total only this Page						\$ 175.00
6. Total of ALL CRO-1310 Pages						\$ 17,222.33
<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	
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:			
					\$ 214.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	A	04/28/2022	\$ 214.00	SIGNAGE	
				\$		
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	
STICKER MULE 336 Forest Ave Amsterdam, NY 12010						
			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:			
					\$ 277.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	B	04/18/2022	\$ 113.42	STICKERS	
000	Debit Card	B	04/27/2022	\$ 163.71	MARKETING	
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	
THE FRESH MARKET 1060 International Dr WILMINGTON, NC 28405					REC'D IN PERSON MAY 09 2022 NHC BD OF ELECTIONS	
			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:			
					\$ 64.19	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	O	02/03/2022	\$ 64.19	FOOD CATERING	
				\$	DONATION NHC REP	
5. Total only this Page						\$ 555.32
6. Total of ALL CRO-1310 Pages						\$ 17,222.33
<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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
USPS 206 Causeway Dr Wrightsville Beach, NC 28480						
			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:			
					\$ 23.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	I	04/15/2022	\$ 23.20		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421						
			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:			
					\$ 1,355.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	B	02/02/2022	\$ 142.86	CAMPAIGN MATERIALS	
000	Debit Card	B	02/18/2022	\$ 161.50	CAMPAIGN MATERIALS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421					REC'D IN PERSON MAY 09 2022 ANC BE OPERATIONS	
			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:			
					\$ 1,355.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	B	02/18/2022	\$ 781.09	CAMPAIGN MATERIALS	
000	Debit Card	B	03/08/2022	\$ 103.72	CAMPAIGN MATERIALS	
5. Total only this Page						\$ 1,212.37
6. Total of ALL CRO-1310 Pages						\$ 17,222.33
<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	
VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421						
			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:			
					\$ 854.93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	B	04/11/2022	\$ 573.12	CAMPAIGN MATERIALS	
000	Debit Card	B	04/18/2022	\$ 110.73	CAMPAIGN MATERIALS	
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	
VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421						
			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:			
					\$ 854.93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
000	Debit Card	B	04/26/2022	\$ 171.08	CAMPAIGN MATERIALS	
				\$		
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	
WIX.COM PO BOX 40190 SAN FRANCISCO, CA					REC'D IN PERSON MAY 09 2022	
			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:			
					\$ 19.00	
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	02/21/2022	\$ 19.00	WEB SITE	
				\$		
5. Total only this Page					\$ 873.93	
6. Total of ALL CRO-1310 Pages					\$ 17,222.33	
<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)						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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WIX.COM PO BOX 40190 SAN FRANCISCO, CA				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:			
						\$ 38.00	
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	03/22/2022	\$ 19.00	WEB SITE		
000	Electric Funds Tran	A	04/25/2022	\$ 19.00	WEB SITE		
5. Total only this Page						\$ 38.00	
6. Total of ALL CRO-1310 Pages						\$ 17,222.33	
<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)							

REC'D IN PERSON
 MAY 09 2022
 NHC BD OF ELECTIONS

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable) PAT BRADFORD FOR NHC BOARD OF EDUCATION	2. ID Number
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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	Electric Funds Tran	CFK	04/22/2022	\$ 4.78	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	CK	04/22/2022	\$ 5.55	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	C	04/26/2022	\$ 33.15	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	02/12/2022	\$ 1.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	02/12/2022	\$ 2.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	02/12/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	02/25/2022	\$ 20.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	02/28/2022	\$ 5.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/02/2022	\$ 1.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/07/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/11/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/12/2022	\$ 8.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/14/2022	\$ 8.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/19/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/20/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/30/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/30/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/07/2022	\$ 4.30	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/21/2022	\$ 5.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/25/2022	\$ 8.30	TRANSACTION FEES

4. Total only this Page	\$ REC'D IN PERSON 138.58
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5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ MAY 09 2022 355.15
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6. Purpose Codes (List detailed expenditure code in (d) above)			
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund

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

Aggregated Non-Media Expenditures

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	Electric Funds Tran	O	04/27/2022	\$ 30.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/28/2022	\$ 10.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/29/2022	\$ 1.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/29/2022	\$ 5.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/29/2022	\$ 8.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	04/30/2022	\$ 4.30	TRANSACTION FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Check	O	03/05/2022	\$ 35.00	CHARITABLE DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Check	O	04/04/2022	\$ 23.00	CHARITABLE DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	F	04/16/2022	\$ 7.65	SIGN STANDS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	B	04/19/2022	\$ 27.45	NAME TAGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	B	04/21/2022	\$ 23.15	NAME TAGS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Electric Funds Tran	O	03/14/2022	\$ 12.24	NHC GOP CONVENTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	B	02/02/2022	\$ 16.24	CAMPAIGN MATERIALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	B	02/18/2022	\$ 3.21	CAMPAIGN MATERIALS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	000	Debit Card	B	02/18/2022	\$ 8.83	CAMPAIGN MATERIALS
4. Total only this Page					\$	216.57
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	355.15
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment	G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (g)						

REC'D IN PERSON
 MAY 09 2022
 NHC BD OF ELECTIONS

In-Kind Contributions

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

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
GIORGIOS BAKATSI 503 GOLDSBORO AVENUE CAROLINA BEACH, NC 28428		<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
		\$	5,400.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FUNDRAISER		04/29/2022	\$ 5,400.00
			\$
			\$
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
PAT BRADFORD PO 1448 WRIGHTSVILLE BEACH, NC 28480		<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
		\$	4,448.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINT ADVERTISING		02/28/2022	\$ 2,074.00
PRINT ADVERTISING		03/05/2022	\$ 2,074.00
			\$
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
PAT BRADFORD PO 1448 WRIGHTSVILLE BEACH, NC 28480		<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	REC'D IN PERSON MAY 09 2022 NHC BD OF ELECTIONS
			d. Election Sum to Date
		\$	1,368.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINT ADVERTISING		03/30/2022	\$ 1,184.00
PRINT ADVERTISEMENT		04/22/2022	\$ 1,184.00
			\$
4. Total only this Page		\$	11,916.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	11,916.00