

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

<b>1. Committee Information</b>	
a. Full Name PAT BRADFORD FOR NHC BOARD OF EDUCATION	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 870 WRIGHTSVILLE BEACH, NC 28480	d. Date Filed 01/22/2024
	e. Phone Number

<b>2. Report Year</b> 2023	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2023	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2023	<b>5. Treasurer Full Name</b> KIMBERLY GRAHAM
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name TRUIST		a. Financial Institution Full Name	
b. Purpose CAMPAIGN DONATIONS	c. Account Code 000	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 396.58		d. Period Begin Balance \$

**CERTIFICATION**  
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Kimberly GRAHAM                      Kimberly Graham                      01/22/2024  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: <u>1/23/24</u>	Employee: <u>JS</u>	<b>Delivery Method</b>
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

JAN 23 2021

Amendment

 Yes  No**Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
PAT BRADFORD FOR NHC BOARD OF EDUCATION	2023 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2021</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 396.58	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 1,355.00	
6) Contributions from Individuals (CRO-1210)	\$ 0.00	\$ 69,289.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 15,494.09	
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)	\$ 0.00	\$ 86,138.09	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 385.12	\$ 55,007.49	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 400.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 1,178.05	
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)	\$ 0.00	\$ 29,541.09	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 385.12	\$ 86,126.63	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 11.46	\$ 11.46	
<b>ADDITIONAL INFORMATION</b>			
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	



# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
PAT BRADFORD FOR NHC BOARD OF EDUCATION							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <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)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 418.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
000	Electric Funds Tran	A	09/22/2023	\$ 19.00	WEBSITE		
000	Electric Funds Tran	A	10/22/2023	\$ 19.00	WEBSITE		
<b>4. Payee Information</b> <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)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 418.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
000	Electric Funds Tran	A	11/22/2023	\$ 19.00	WEBSITE		
000	Electric Funds Tran	A	12/22/2023	\$ 19.00	WEBSITE		
<b>5. Total only this Page</b>						\$ 76.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 385.12	
<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>							
<b>7. Purpose Codes</b> (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							
<b>* Codes require detailed explanation in required remarks field (k)</b>							