

# Disclosure Report Cover

REC'D IN PERSON

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

JAN 31 2025

NHC BD OF ELECTIONS

<b>1. Committee Information</b>	
a. Full Name Pat Bradford For NHC Board of Education	c. ID Number Pat Brad
b. Mailing Address (include City, State and Zip Code) PO Box 15428 Wilmington, NC 28408	d. Date Filed 1/31/25
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Kimberly Graham
----------------	---------------------------------	-------------------------------	---

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name TRUST	a. Financial Institution Full Name	b. Purpose Campaign Donations	c. Account Code 600
b. Purpose	b. Purpose	d. Period Begin Balance \$ 127.46	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 of Elections.

Kimberly Graham  
Printed Name of Signer

[Signature]  
Signature of Appointed Treasurer

1/31/2025  
Date

**FOR OFFICE USE ONLY**

Date Received: 1/31/25 Employee: [Signature]

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

JAN 07 2025

**Detailed Summary**

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Part Bradford Fox NAC Board of Education		2024 NHQB OF ELECTIONS Semi-annual			
<b>Start of Election Cycle:</b>		January 1, 2021	<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>			\$ 127.46	\$	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>	(CRO-1205)	\$		\$	
<b>6) Contributions from Individuals</b>	(CRO-1210)	\$		\$	
<b>7) Contributions from Political Party Committees</b>	(CRO-1220)	\$		\$	
<b>8) Contributions from Other Political Committees</b>	(CRO-1230)	\$		\$	
<b>9) Loan Proceeds</b>	(CRO-1410)	\$		\$	
<b>10) Refunds/Reimbursements To the Committee</b>	(CRO-1240)	\$	0	\$	
<b>11) Other Receipt Sources</b>					
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	0	\$	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
13a) Operating Expenditures	(CRO-1310)	\$	115.00	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
<b>14) Aggregated Non-Media Expenditures</b>	(CRO-1315)	\$		\$	
<b>15) Loan Repayments</b>	(CRO-1420)	\$		\$	
<b>16) Refunds/Reimbursements From the Committee</b>	(CRO-1320)	\$		\$	
<b>17) In-Kind Contributions</b>	(CRO-1510)	\$		\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$	12.46	\$	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>	(CRO-1330)	\$		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	(CRO-1430)	\$		\$	
<b>22) Debts and Obligations owed By the Committee</b>	(CRO-1610)	\$		\$	
<b>23) Debts and Obligations owed To the Committee</b>	(CRO-1620)	\$		\$	
<b>24) Account Transfers Within the Committee</b>	(CRO-1720)	\$		\$	
<b>25) Administrative Support</b>	(CRO-1710)	\$		\$	
<b>26) Forgiven Loans</b>	(CRO-1440)	\$		\$	
<b>27) 48-Hour Notice Reports Sum</b>	(CRO-2220)	\$		\$	
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$	0	\$	

# Disbursements

REC'D IN PERSON

of 1

Amendment

Yes

No

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

JAN 31 2025

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
Pat Bradford Full NTC Board of Education						
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
wix.com PO Box 40190 San Francisco, CA						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 115.00	
<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	Elect. Funds Trans	A	8/22/24	\$ 23.	website	
000	Elect. Funds Trans	A	9/22/24	\$ 23.	website	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
wix.com PO Box 40190 San Francisco, CA						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 115.00	
<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	Elect. Funds Trans	A	10/22/24	\$ 23	website	
000	Elect. Funds Trans	A	11/22/24	\$ 23.	website	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
wix.com PO Box 40190 San Francisco, CA						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<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	Elect. Funds Trans	A	12/22/24	\$ 23.	website	
<b>5. Total only this Page</b>						\$ 115.00
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 115.00
<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						
* Codes require detailed explanation in required remarks field (k)						