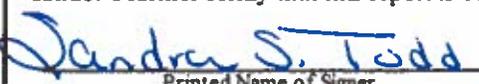
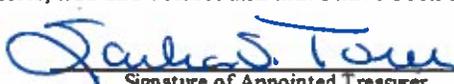


Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information			
a. Full Name COMMITTEE TO ELECT STEVEN P BARGER			c. ID Number
b. Mailing Address (include City, State and Zip Code) 6505 BIRCHWOOD LN NW OCEAN ISLE BEACH, NC 28469			d. Date Filed 06/18/2020
			e. Phone Number (910) 443-9247
2. Report Year 2020	3. Period Start Date (mm/dd/yy) 01/01/2020	4. Period End Date (mm/dd/yy) 02/15/2020	5. Treasurer Full Name SANDRA S TODD
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name	
3. Account Information		3. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose POLITICAL CAMPAIGN	c. Account Code CTE12	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 44.57		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		06/18/2020 Date	
FOR OFFICE USE ONLY			
Date Received:	JUL 08 2020	Employee:	jm
Date Postmarked:	BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT STEVEN P BARGER	2020 First Quarter		
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 44.57	\$ 265.66
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 335.00	\$ 465.00
6) Contributions from Individuals (CRO-1210)		\$ 1,665.15	\$ 4,032.30
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)		\$ 2,000.15	\$ 4,497.30
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 202.49	\$ 2,107.36
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 48.43	\$ 186.87
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)		\$ 1,305.15	\$ 1,980.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,556.07	\$ 4,274.31
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 488.65	\$ 488.65
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

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	
COMMITTEE TO ELECT STEVEN P BARGER							
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	
SCOTT ANDERSON 1275 FLETCHER HEWETT RD SHALLOTTE, NC 28470				PUBLIC SAFTY OFFICER			
				c. Employer's Name/Specific Field			
				VILLIAGE OF BALD HEAD		e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CTE12	Cash		01/15/2020	\$ 30.00		
<input type="checkbox"/>	CTE12	Cash		01/25/2020	\$ 30.00		
<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	
STEVEN P BARGER 32 GREENSBORO RD SOUTHPORT, NC 28461 (910) 918-0458				PUBLIC SAFETY OFFICER			
				c. Employer's Name/Specific Field			
				VILLIAGE OF BALD HEAD ISLAND		e. Election Sum to Date	
						\$ 1,834.52	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-Kind	STAMPS FOR MAILING POSTCARDS AND	01/10/2020	\$ 495.00		
<input type="checkbox"/>		In-Kind	BOSTON BUTTS FOR FUNDRAISER	01/24/2020	\$ 309.52		
<input type="checkbox"/>	CTE12	Cash		01/25/2020	\$ 30.00		
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	
BRANNON GRAY 1689 CLEMMONS ROAD SE BOLIVIA, NC 28422				PUBLIC SAFTY OFFICER			
				c. Employer's Name/Specific Field			
				VILLIAGE OF BALD HEAD ISLAND		e. Election Sum to Date	
						\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CTE12	Credit Card		01/11/2020	\$ 90.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 984.52	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,665.15	

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
COMMITTEE TO ELECT STEVEN P BARGER						
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	
DUSTIN SHAW 2496 LUMBERTON RD SOUHTPORT, NC 28461			LAW ENFORCMENT			
			c. Employer's Name/Specific Field NORTH CAROLINA			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CTE12	Credit Card		01/15/2020	\$ 60.00	
<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	
NICHOLAS W TODD 6505 BIRCHWOOD LN NW OCEAN ISLE BEACH, NC 28469 (910) 443-9247			AEMT			
			c. Employer's Name/Specific Field PENDER EMS & FIRE			
					e. Election Sum to Date	
					\$ 1,867.78	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	WOOD AND PAINT AND SUPPLIES FOR 4X4 ROAD	01/03/2020	\$ 323.50	
<input type="checkbox"/>		In-Kind	FOOD AND SUPPLIES FOR MEET AND GREET	01/21/2020	\$ 151.86	
<input type="checkbox"/>		In-Kind	HOT DOG ROLLS FOR MEET AND GREET	01/24/2020	\$ 25.27	
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	
SANDRA S TODD 6540 BIRCHWOOD LN NW OCEAN ISLE BEACH, NC 28469			NURSE			
			c. Employer's Name/Specific Field SEASHORE FMAILY MEDICAL			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CTE12	Check		01/19/2020	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 620.63	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,665.15	