

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 Patricia Batleman for Leland Town Council	e. ID Number
b. Mailing Address (include City, State and Zip Code) 5450 Trinity Landing Way #333 Wilmington, NC 28409	d. Date Filed 02/26/2024
	e. Phone Number 910.269-8609

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 01/01/24	4. Period End Date (mm/dd/yy) 01/24/24	5. Treasurer Full Name Patricia Batleman
-------------------------------	--	--	--

6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Issue Campaign <input type="checkbox"/> Legal Expense Fund	9. Type of Report (check only one type of report from one category)		
	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Third Party <input type="checkbox"/> Preliminary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-rumor <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other	10. Special Report Name		
8. Number of Fundraisers this Report 0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wood Forest National Bank	a. Financial Institution Full Name	b. Purpose Campaign Account	b. Purpose
c. Account Code 007	c. Account Code	d. Period Begin Balance \$ 281.47	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.

Patricia Batleman Patricia Batleman 02/26/24
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

RECEIVED

Date Received: **MAR 04 2024** Employee: CN Delivery Method: Normal Mail

Date Postmarked: **BRUNSWICK COUNTY BOARD OF ELECTIONS** Employee: _____ Registered Mail

Date Scanned: _____ Employee: _____ Hand Delivered

Date Data Entered: _____ Employee: _____ 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-F) 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) Patricia Batleman for Town Council Leland		2. Type of Report Close Campaign Acct.	3. ID Number
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 281.47	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1240)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1250)	\$	\$	
11) Other Receipt Sources			
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)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$ 0	\$ 0
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$ 281.47	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$ 281.47	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$ 0	\$ 0
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1730)	\$	\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	\$
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	\$	\$
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	\$	\$
24) Account Transfers Within the Committee (CRO-1720)	\$	\$	\$
25) Administrative Support (CRO-1710)	\$	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$	\$
27) 48-Hour Notice Reports Sum (CRO-1750)	\$	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$	\$

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) Patricia Batleman for Leland Town Council						2. ID Number
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> Town of Leland 102 Town Hall Drive Leland, NC 28451			b. Coordinated Committee Name		d. Comments Donation to Leland Parks & Recreation	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		e. Election Sum to Date \$ 281.47	
f. Account Code 007	g. Form of Payment check	h. Purpose Code 0	i. Date (mm/dd/yyyy) 01/24/2024	j. Amount \$ 281.47	k. Required Remarks Close campaign account	
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	
			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	
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
5. Total only this Page					\$ 281.47	
6. Total of ALL CRO-1310 Pages					\$ 281.47	
<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			
F - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
J - Postage	J* - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						