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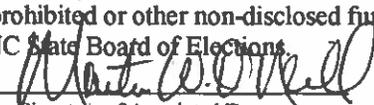
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment ☒ Yes ☐ No

1. Committee Information

a. Full Name
COMMITTEE TO ELECT JONATHAN DAMICO

c. ID Number

b. Mailing Address (Include City, State and Zip Code)
3729 WINDY POINT RD. SW
SUPPLY, NC 28462

d. Date Filed
07/15/2024

e. Phone Number
513-702-9247

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	12/15/2023	06/30/2024	MARTIN W. O'NEILL

6. Type of Committee (Check One)

☒ Candidate Campaign   ☐ Party
☐ PAC   ☐ Referendum
☐ Independent Expenditure   ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

2

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
☐ Semi-annual Mid Year	☐ Fourth	☐ Special
☐ Year End	☐ Semi-annual Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
TRUIST

b. Purpose	c. Account Code
TO RECORD ALL CONTRIB. AND EXPENSES OF THE CAMPAIGN	JD5
	d. Period Begin Balance
	$ 0

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code
	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.

MARTIN W. O'NEILL
Printed Name of Signer

Martin W. O'Neill
Signature of Appointed Treasurer

07/15/2024
Date

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.

CRO-1000   NC State Board of Elections   August 2008

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
COMMITTEE TO ELECT JONATHAN DAMICO	SECOND QUARTER 2024	

Start of Election Cycle: January 1, 2021		Total this Reporting Period	Total this Election Cycle
4)	Cash on Hand at Start	$ 0	$ 0

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$	$
6)	Contributions from Individuals	(CRO-1210)	$ 2034.75	$ 2034.75
7)	Contributions from Political Party Committees	(CRO-1220)	$ 500.00	$ 500.00
8)	Contributions from Other Political Committees	(CRO-1230)	$	$
9)	Loan Proceeds	(CRO-1410)	$	$
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	$	$
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)		$ 2534.75	$ 2534.75

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	$ 320.67	$ 320.67
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	$ 100.00	$ 100.00
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)	$ 408.75	$ 408.75
17)	In-Kind Contributions	(CRO-1510)	$ 724.75	$ 724.75
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1554.17	$ 1554.17
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 980.58	$ 980.58

ADDITIONAL INFORMATION

20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
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-2220)	$	$
28)	Contributions to be Refunded	(CRO-1215)	$	$

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
SHELLEY ALLEN 873 OCEAN HIGHWAY WEST HOLDEN BEACH, NC 28462	EDUCATOR	
	c. Employer's Name/Specific Field	
	SELF EMPLOYED	
		e. Election Sum to Date
		$ 361.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			FILING FEE	12/15/2023	$ 316.00
☐	JD5	CREDIT CAR		03/28/2024	$ 25.00
☐	JD5	CREDIT CAR		05/01/2024	$ 10.00

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MARTIN O'NEILL 3729 WINDY POINT RD. SW SUPPLY, NC 28462	NO JOB TITLE	
	c. Employer's Name/Specific Field	
	NOT EMPLOYED	
		e. Election Sum to Date
		$ 5..00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDIT CAR		02/02/24	$ 5.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
VIC GALLO 8804 MAPLE ASH TSRAIL NE LELAND, NC 28451	NO JOB	
	c. Employer's Name/Specific Field	
	NOT EMPLOYED	
		e. Election Sum to Date
		$ 10.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDIT CAR		02/03/2024	$ 10.00
☐					$
☐					$

4. Total only this Page	$ 366.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2034.75

CRO-1210   NC State Board of Elections   April 2007

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 JONATHAN DAMICO	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
BECKY JOHNSTON 211 PELICAN WALK HAMPSTEAD, NC 28443	NO JOB TITLE	
	c. Employer's Name/Specific Field NOT EMPLOYED	
		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
☐	JD5	CREDIT CAR		02/03/2024	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
TERRY TIMM 126 WOODHAVEN DR. PITTSBURGH, PA 15228	HANDYMAN	
	c. Employer's Name/Specific Field SELF EMPLOYED	
		e. Election Sum to Date $ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDIT CAR		03/30/2024	$ 25.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHAD THOMPSON 3945 FORBES AVE. SUITE 430 PITTSBURGH, PA 15213	COFFEE SHOP OWNER	
	c. Employer's Name/Specific Field SELF EMPLOYED POTOMAC COFFEE HOUSE	
		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
☐	JD5	CREDITCARD		03/30/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 225.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2034.75

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
GISELE FETTERMAN P.O. BOX 609 BRADDOCK, PA 15104	NON PROFIT WORKER	
	c. Employer's Name/Specific Field	
	FOR GOOD OF PITTSBURGH	
		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
☐	JD5	CREDITCARD		04/09/24	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
GUDRUN RAPP CHASE 9020 ISLAND RIDER CT. LELAND, NC 28451	NO JOB TITLE	
	c. Employer's Name/Specific Field	
	NO EMPLOYER	
		e. Election Sum to Date
		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDITCARD		04/15/2024	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
STEVEN MATTHEWS 961 TANNIN BARK CIR LELAND, NC 28451	NO JOB TITLE	
	c. Employer's Name/Specific Field	
	NOT EMPLOYED	
		e. Election Sum to Date
		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDITCARD		05/14/2024	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2034.75

Contributions from Individuals

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

Amendment: ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT JONATHAN DAMICO	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ROBERT ZELLERS 720 HIGHGATE PL OCEAN ISLE BEACH, NC 28469	NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED	e. Election Sum to Date $ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDITCARD		05/17/2024	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHERYL FULTON 3898 TIMBER STREAM DR SOUTHPORT, NC 28461	NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED	e. Election Sum to Date $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDITCARD		05/21/24	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MARGARET ROMESTAN 405 PROSPECT ST. MCDONALD, PA 15057	NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED	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
☐	JD5	CREDITCARD		05/22/24	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2034.75

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT JONATHAN DAMICO	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CAROLEE MORRIS 6497 WALDEN POND LN SOUTHPORT, NC 28461	NO JOB TITLE	
	c. Employer's Name/Specific Field NOT EMPLOYED	
		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
☐	JD5	CHECK		05/29/24	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
SHELLEY ALLEN 873 OCEAN BLVD. WEST HOLDEN BEACH, NC 28462	EDUCATOR	
	c. Employer's Name/Specific Field SELF EMPLOYED	
		e. Election Sum to Date $ 361.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDITCARD		05/30/24	$ 10.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KATE LESNETT 2416 KINGS LN PITTSBURGH, PA 15241	NO JOB TITLE	
	c. Employer's Name/Specific Field NOT EMPLOYED	
		e. Election Sum to Date $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CREDITCARD		06/03/2024	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 160.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2034.75

CRO-1210   NC State Board of Elections   April 2007

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ANITIA AUGUST 590 COACH TRAIL SUNSET BEACH, NC 28468	NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED	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
☐	JD5	CHECK		06/27/2024	$ 500.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
WILLIAM FLYTHE 620 E. LEONARD ST SOUTHPORT, NC 28461	NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED	e. Election Sum to Date $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CASH		06/27/2024	$ 50.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JONATHAN DAMICO 216 WHITEHILL RD. LELAND, NC 28451	CASE WORKER c. Employer's Name/Specific Field NEW HANOVER CO.NC	e. Election Sum to Date $ 0

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	JD5	CHECK#1003	RACK CARDS	04/29/2024	$ 258.75
☐	JD5	CHECK#1000	CAMP. EVENT SPA	02/01/2024	$ 150.00
☐					$

4. Total only this Page	$ 958.75
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2034.75

CRO-1210   NC State Board of Elections   April 2007

Contributions from Political Party Committees

Use this form to report contributions from a political party

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
BRUNSWICK CO. DEMOCRATIC PARTY P.O. 503 SUPPLY, NC 28462	STA-C3946N-C001

c. Election Sum to Date: $ 500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
JD5	CHECK		01/08/2024	$ 500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)	$ 500.00

CRO-1220   NC State Board of Elections   April 2007

Disbursements

Amendment ☒ Yes ☐ No

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BK TRANSFER	C	02/06/24	$0.42	EXPENSE TO COLL CAMP. FUNDS
JD5	BK TRANSFER	C	02/07/24	$4.53	EXPENSE TO COLL CAMP. FUNDS

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BK TRANSFER	C	04/01/24	$1.16	EXPENSE TO COLL CAMP. FUNDS
JD5	BK TRANSFER	C	04/03/24	$5.09	EXPENSE TO COLL CAMP. FUNDS

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACT BLUE 366 SUMMER ST. SOMERVILLE, MA 02144	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BK TRANSFER	C	04/11/24	$3.93	EXPENSE TO COLL CAMP. FUNDS
JD5	BK TRANSFER	C	04/17/24	$1.16	EXPENSE TO COLL CAMP. FUNDS

5. Total only this Page	$ 16.29

6. Total of ALL CRO-1310 Pages

(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)

$ 320.67

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

Amendment
☒ Yes   ☐ No

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACT BLUE 366 SUMMER ST. SOMMERVILLE, MA 02144	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	05/01/24	$.60	EXP TO COLLECT CAMP. FUNDS
JD5	BKTRANSFER	C	05/16/24	$1.16	EXP TO COLLECT CAMP. FUNDS

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACT BLUE 366 SUMMER ST. SOMMERVILLE, MA 02144	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	05/17/24	$1.16	EXP TO COLLECT CAMP. FUNDS
JD5	BKTRANSFER	C	05/21/24	$2.08	EXP TO COLLECT CAMP. FUNDS

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACT BLUE 366 SUMMER ST. SOMMERVILLE, MA 02144	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	05/22/24	$3.93	EXP TO COLLECT CAMP. FUNDS
JD5	BKTRANSFER	C	05/30/24	$.60	EXP TO COLLECTE CAMP. FUNDS

5. Total only this Page	$ 9.53

6. Total of ALL CRO-1310 Pages

(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)

$ 320.67

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

Amendment ☒ Yes ☐ No

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ACT BLUE
366 SUMMER ST.
SOMMERVILLE, MA 02144

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☒ County:
☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date
$ 27.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	06/03/2024	$.2.08	EXP TO COLLECT CAMP. FUNDS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
SQUARE SPACE WEB SITE
8 CLARKSON ST.
NEW YORK, NY

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☒ County:
☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date
$ 81.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	05/17/24	$23.00	EXPENSE FOR WEB SITE
JD5	BKTRANSFER	C	05/21/24	$23.00	EXPENSE FOR WEB SITE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
SQUARE SPACE WEB SITE
8 CLARKSON ST.
NEW YORK, NY

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☒ County:
☐ State ☐ Municipality:

d. Comments
EXPENSE FOR WEB SITE

e. Election Sum to Date
$ 81.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	BKTRANSFER	C	05/22/24	$12.00	EXPENSE FOR WEB SITE
JD5	BKTRANSFER	C	05/30/24	$.23.00	EXPENSE FOREXPE WEB SITE

5. Total only this Page	$ 83.08

6. Total of ALL CRO-1310 Pages

(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)

$ 320.67

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.

Amendment	
☒ Yes	☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Brunswick Beer & Cider Hall 1313 S. Dickinson Dr. Leland, NC 28451	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 110.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	02/05/24	$84.55	COST OF CAMPAIG EVENT
		C		$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BRUNSWICK BEER&CIDER HALL 1313 S. DICKINSON DR. LELAND, NC 28451	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 110.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	C	04/12/24	$15.80	CAMPAIGN MEETING
JD5	DEBITCARD	C	05/14/24	$10.25	CAMPAIGN MEETING

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VISTA PRINT 275 WYMAN WALTHAM, MA 02431	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 64.28

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	K	02/01/24	$14.93	BLANK CHECKS FOR CAMPAIGN
JD5	DEBITCARD	A	06/04/24	$49.35	CAR BANNER FOR CAMPAIGN

5. Total only this Page	$ 174.88

6. Total of ALL CRO-1310 Pages

(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)

$ 320.67

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

Amendment ☒ Yes ☐ No

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
UPS STORE 2013 OLDE REGENT WAY LELAND, NC 28451	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 4.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	K	02/05/2024	$4.25	COPIES FOR CAMP EVENT
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COASTAL ENGRAVING 118 S. KERR ST. WILMINGTON, NC 28403	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 32.64

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JD5	DEBITCARD	A	06/13/2024	$32.64	NAME TAG FOR CANDIDATE
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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	$ 36.89

6. Total of ALL CRO-1310 Pages	
(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)*	$ 320.67

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.

Pg **1** of **1**

Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NC 7TH CONGRESSIONAL DEMOCRATI PARTY DISTRICT 1462 LONGLEAF DR. SOUTHPORT, NC 28461	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	TO ATTEND A CAM EVENT TO SUPPOR THE 7TH DIST **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
JD5	CHECK#1001	G	04/14/2024	$100.00	CAMPAIGN EVENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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	$ 100.00

6. Total of ALL CRO-1310 Pages	
(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)*	$ 100.00

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)

Refunds/Reimbursements From the Committee

Pg __1__ of __1__

Amendment ☒ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee		h. Original Receipt Date
JONATHAN DAMICO 216 WHITEHILL RD. LELAND, NC 28451	☒ Candidate ☐ PAC ☐ Referendum ☐ Party		04/29/2024
	e. Level Registered (Specify)		**i. Original Receipt Amount**
	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 258.75
	f. Purpose Code		**j. Election Sum to Date**
	P (REIMBURSEMENT IN KIND)		$ 0

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
CASE WORKER	NEW HANOVER CO., NC		JD5

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CHECK#1002	REIMBURSE CANDIDATE FOR PAYMENT FOR HIS PORTION OF THE RACK CARDS	05/14/2024	$ 258.75

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee		h. Original Receipt Date
JONATHAN DAMICO 216 WHITEHALL RD. LELAND, NC 28451	☒ Candidate ☐ PAC ☐ Referendum ☐ Party		02/01/2024
	e. Level Registered (Specify)		**i. Original Receipt Amount**
	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 150.00
	f. Purpose Code		**j. Election Sum to Date**
	P (REIMBURSEMENT IN KIND)		$ 0

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
CASE WORKER	NEW HANOVER CO, NC		JD5

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CHECK#1000	TO REIMBURSE CANDIDATE FOR PAYMENT FOR EVENT SPACE RENTAL	02/15/2024	$ 150.00

3. Payee Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee		h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
	e. Level Registered (Specify)		**i. Original Receipt Amount**
	☐ Federal ☐ County: ☐ State ☐ Municipality:		$
	f. Purpose Code		**j. Election Sum to Date**
			$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 408.75
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 408.75

L - Returned to Contributor   M - Overpayment for Service   N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind   O* Other
* Codes require detailed explanation in required remarks field (m)

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In-Kind Contributions

Pg __1__ of __1__

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
COMMITTEE TO ELECT JONATHAN DAMICO	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JONATHAN DAMICO 216 WHITEHILL RD. LELAND, NC 28451	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	CAMPAIGN EXPENS TO BE REIMBURSE **d. Election Sum to Date** $ 0

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CANDIDATE PAID FOR SPACE FOR A CAMPAIGN EVENT WITH HIS OWN FUNDS TO BE REIMBURSE FROM THE COMMITTEE	02/15/2024	$ 150.00
CANDIDATE's PORTION OF COST FOR RACK CARDS CANDIDATE WAS REIMBURSED BY THE OTHER CANDIDATES	04/29/2024	$ 258.75
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY ALLEN 873 OCEAN BLVD WEST HOLDEN BEACH, NC 28462	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	 **d. Election Sum to Date** $ 361.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE FOR THE CANDIDATE	12/15/2023	$ 316.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	 **d. Election Sum to Date** $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 724.75
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 724.75

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