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 Robert (Bob) Fulton

c. ID Number
4DFZ10

b. Mailing Address (include City, State and Zip Code)
3898 Timber Stream Dr
Southport, NC 28461

d. Date Filed
07/16/2024

e. Phone Number
412-337-4406

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	03/28/2024	06/30/2024	Keith Lintz

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

()

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

Municipal
☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County
☐ Organizational
Quarterly
☐ First
☒ Second
☐ Third
☐ Fourth
Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
First Citizens Bank

b. Purpose	c. Account Code
Campaign Transactions	Sterling1
	d. Period Begin Balance
	$ 1000

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.

Keith Lintz
Printed Name of Signer

Keith Lintz (signature)
Signature of Appointed Treasurer

07/16/2024
Date

FOR OFFICE USE ONLY

RECEIVED
JUL 16 2024
BRUNSWICK COUNTY BOARD OF ELECTIONS

Date Received: _____
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: CN
Employee: _____
Employee: _____
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.

Detailed Summary

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

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Robert (Bob) Fulton	2024 2nd Qtr	4DFZ10

Start of Election Cycle: January 1, 2021		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1000.00	$ 0

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$ 595.00	$ 595.00
6)	Contributions from Individuals	(CRO-1210)	$ 3239.51	$ 4598.55
7)	Contributions from Political Party Committees	(CRO-1220)	$ 816.00	$ 816.00
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)	$	$
11 e)	Exempt Purchase Price Sales	(CRO-1265)	$	$
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 4650.51	$ 6009.55

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	$ 985.91	$ 985.91
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	$ 279.40	$ 279.40
13c)	Coordinated Party Expenditures	(CRO-1310)	$	$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	$ 137.55	$ 137.55
15)	Loan Repayments	(CRO-1420)	$	$
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	$ 489.51	$ 489.51
17)	In-Kind Contributions	(CRO-1510)	$ 489.51	$ 848.55
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2381.88	$ 2740.92
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 3268.63	$ 3268.63

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
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

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 Robert (Bob) Fulton	4DFZ10

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Sue Marsh 6142 Brown St Unit H 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
☐	Sterling1	Check		04/20/2024	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Dick Geiger 3866 Timber Stream Dr Southport, NC 28461	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	
		e. Election Sum to Date
		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Sterling1	Check		05/03/2024	$ 1000.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Keith Lintz 3837 Timber Stream Dr 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
☐	Sterling1	Check		05/03/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3239.51

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 Robert (Bob) Fulton	4DFZ10

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Larry Nardecchia	No Job Title	
3688 Willow Lake	c. Employer's Name/Specific Field	
Southport, NC 28461	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
☐	Sterling1	Check		05/03/2024	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Patrick Regan	Lawyer	
1240 Miners Trail Rd	c. Employer's Name/Specific Field	
Midlothian, VA 23114	Public Law Firm	

e. Election Sum to Date $ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Sterling1	ActBlue		05/08/2024	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Carol Chatham	No Job Title	
3718 Pond Pine Court SE	c. Employer's Name/Specific Field	
Southport, NC 28461	Not Employed	

e. Election Sum to Date $ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Sterling1	ActBlue		05/10/2024	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 3239.51

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 Robert (Bob) Fulton	4DFZ10

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
☐	Sterling1	Check		05/17/2024	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jan Stocklinski 1403 N Middleton Dr Calabash, NC 28467	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
☐	Sterling1	Check		05/30/2024	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Felicia Garland 2604 Parkridge Dr Southport, NC 28461	No Job Title	
	c. Employer's Name/Specific Field Not Employed	
		e. Election Sum to Date $ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Sterling1	Check		06/13/2024	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3239.51

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 Robert (Bob) Fulton	4DFZ10

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Jonathan Damico
216 Whitehill Rd
Leland, NC 28451

b. Job Title/Profession
Social Worker

c. Employer's Name/Specific Field
New Hanover County. NC

d. Comments

e. Election Sum to Date
$ 0.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			Hand Cards	04/29/2024	$ 258.84
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Robert Fulton
3898 Timber Stream Dr
Southport, NC 28461

b. Job Title/Profession
No Job Title

c. Employer's Name/Specific Field
Not Employed

d. Comments

e. Election Sum to Date
$ 1359.04

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			Donation Party	04/08/2024	$ 100.00
☐					$
☐			Office Supplies	05/22/2024	$ 30.67

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Robert Fulton
3898 Timber Stream Dr
Souyhport, NC 28461

b. Job Title/Profession
No Job Title

c. Employer's Name/Specific Field
Not Employed

d. Comments

e. Election Sum to Date
$ 1359.04

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			PO Box	05/11/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 489.51
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3239.51

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 Robert (Bob) Fulton	4DFZ10

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Anita 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
☐	Sterling1	Check		06/26/2024	$ 500.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
David Merkle 236 NE 34th St Oak Island, NC 28465	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
☐	Sterling1	ActBlue		06/27/2024	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Sid Batts 3541 Sanderling Dr 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
☐	Sterling1	ActBlue		06/30/2024	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 3239.51

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 Robert (Bob) Filton	44DFZ10

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)
Banners on the Cheap
www.bannersonthecheao.com

Tx
877-710-1876

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date
$ 96.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Sterling I	Credit Card	B	05/08/2024	$96.85	2 Banners
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
VistaPrint
www.vistaprint.com

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date
$ 889.06

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Sterling I	Credit Card	B	05/15/2024	$284.59	Buttons
Sterling I	Credit Card	B	06/14/2024	$604.47	Buttons

4. Payee Information   ☐ Add   ☐ Remove

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

b. Coordinated Committee Name

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

d. Comments

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	$ 985.91

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)

$ 985.91

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)

CRO-1310   NC State Board of Elections   December 2009

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)	2. ID Number
Committee to Elect Robert (Bob) Fulton	4DFZ10

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 Cou Democratic Party 1420 Ocean Hwy Bolivia. NC 28422	**c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 154.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Sterling1	In Kind	I	06/20/2024	$54.40	Stamps
Sterling1	Check	G	05/23/2024	$100.00	Donation

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Committee to Elect Jill Brown 618 McKenzie Circle Southport, NC 28461	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☒ State ☐ Municipality:	**e. Election Sum to Date** $ 125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Sterling1	ActBlue	D	06/05/2024	$125.00	
				$	

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	$ 279.40
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)*	$ 279.40

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

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

Pg **1** of **2**

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Robert (Bob) Fulton	4DFZ10

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) ☐ Federal ☒ County: ☐ State ☐ Municipality:	**i. Original Receipt Amount** $ 258.84
	f. Purpose Code O	**j. Election Sum to Date** $ 0.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Social Worker	New Hanover County	Check refund for cost of cardsr	Sterling1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Hand Cards	05/01/2024	$ 258.84

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Robert Fulton 3898 Timber Stream Dr Southport, NC 28461	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	04/08//2024
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	**i. Original Receipt Amount** $ 100.00
	f. Purpose Code P	**j. Election Sum to Date** $ 1359.04

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
No Job Title	Not Employed	Reimb for BCDP Golf Spons	Sterling1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	To reimburse for BCDP Golf Sponsership	06/27/2024	$ 100.00

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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	**i. Original Receipt Amount** $
	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	$ 358.84
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 489.51

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)

CRO-1320   NC State Board of Elections   December 2007

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 Robert (Bob) Fulton	4DFZ10

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Robert Fulton 3898 Timber Stream Dr Southport, NC 28461	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	05/22/2024

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

i. Original Receipt Amount $ 30.67

f. Purpose Code P

j. Election Sum to Date $ 1359.04

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
No Job Title	Not Employed		Sterling1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Office supplies	06/27/2024	$ 30.67

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Robert Fulton 3898 Timber Stream Dr Southport, NC 28461	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	05/11/2024

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

i. Original Receipt Amount $ 100.00

f. Purpose Code P

j. Election Sum to Date $ 1359.04

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
No Job Title	Not Employed		Sterling1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	PO Box	06/27/2024	$ 100.00

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) ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount $

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	$ 130.67
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 489.51

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)

In-Kind Contributions

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.

Pg __1__ of __1__   Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Robert (Bob) Fulton	4DFZ10

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Jonathan Damico 215 Whitehill Rd Leland, NC 28451	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Hand Cards

		d. Election Sum to Date
		$ 0.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
J Damico purchased hand cards for three candidates This is R Fultons share for the cards received.	04/29/24	$ 258.84
		$
		$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Robert Fulton 3898 Timber Stream Dr Southport, NC 28461	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

		d. Election Sum to Date
		$ 1359.04

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Donation to Brunswick Dem Party	04/08/2024	$ 100.00
		$
Office Supplies Paper & Env	05/22/2024	$ 30.67

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Robert Fulton 3898 Timber Stream Dr Southport, NC 28461	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

		d. Election Sum to Date
		$ 1359.04

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
USPS PO Box	05/11/2024	$ 100.00
		$
		$

4. Total only this Page	$ 489.51
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 489.51

CRO-1510   NC State Board of Elections   December 2007