

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
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1. Committee Information	
a. Full Name	Charles A. Drew for Doshier Hospital Trustee
b. Mailing Address (include City, State and Zip Code)	112 Park Ave. Southport, NC 28461
c. ID Number	
d. Date Filed	8/21/24 <i>af</i>
e. Phone Number	910-477-2365

2. Report Year	2023
3. Period Start Date (mm/dd/yy)	10/24/23
4. Period End Date (mm/dd/yy)	12/31/23
5. Treasurer Full Name	Charles A. Drew

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	☐ Municipal	☐ State/County
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational
☐ Independent	☐ Joint Fundraiser	☐ Pre-primary	☐ First
☐ Legal Expense Fund	☐ Booster Fund	☐ Pre-election	☐ Second
7. Type of Fund (if applicable, check one)		☐ Pre-runoff	☐ Third
☐ Other:	☐ Building Fund	☐ Semi-annual	☐ Fourth
☐ Other:	☐ Building Fund	☐ Mid Year	☐ Year End
8. Number of Fundraisers this Report		☐ Final	☐ Final
0		☐ Special	☐ Special
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose		b. Purpose	
c. Account Code		c. Account Code	
First National		First National	
Campaign		Campaign	
Transactions	300	Transactions	
d. Period Begin Balance	\$ 500.00	d. Period Begin Balance	\$

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a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose		b. Purpose	
c. Account Code		c. Account Code	
First National		First National	
Campaign		Campaign	
Transactions	300	Transactions	
d. Period Begin Balance	\$ 500.00	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.	
Printed Name of Signer	Charles A. Drew
Signature of Appointed Treasurer	<i>Charles A. Drew</i>
Date	8/21/24 <i>af</i>

FOR OFFICE USE ONLY	
Date Received:	
Date Postmarked:	
Date Scanned:	AUG 21 2024
Date Data Entered:	BRUNSWICK COUNTY BOARD OF ELECTIONS
Employee:	
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.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Charles A. Drew for Dosher Hospital Trustee	2023 YESA	

Start of Election Cycle: January 1, 2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 500.00	\$ 0.00

RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$
6) Contributions from Individuals	(CRO-1210)	\$ 505.00
7) Contributions from Political Party Committees	(CRO-1220)	\$
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)		\$ 0.00

EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$
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)	\$ 5.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 500.00

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)	\$