

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Amendment  Yes  No

Do not use this form to update information

August 2008

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	08/21/24 <i>af</i>
e. Phone Number	910-477-2365

2. Report Year	2023
3. Period Start Date (mm/dd/yy)	07/17/23
4. Period End Date (mm/dd/yy)	09/26/23
5. Treasurer Full Name	Charles A. Drew

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

6. Type of Committee (Check One)	<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum
	<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser
	<input type="checkbox"/> Legal Expense Fund	
	<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Building Fund
8. Number of Fundraisers this Report	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Pre-runoff
	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Mid Year
	<input type="checkbox"/> Final	<input type="checkbox"/> Special
10. Special Report Name	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day
	<input type="checkbox"/> First	<input type="checkbox"/> Pre-election
	<input type="checkbox"/> Second	<input type="checkbox"/> Semi-annual
	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth
11. Account Information	<input type="checkbox"/> Organizational	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> State/County	<input type="checkbox"/> Final
	<input type="checkbox"/> Special	<input type="checkbox"/> Year End
	<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year

a. Financial Institution Full Name	
b. Purpose	300
c. Account Code	
d. Period Begin Balance	\$ 500.00
e. Account Code	

11. Account Information	
a. Financial Institution Full Name	
b. Purpose	300
c. Account Code	
d. Period Begin Balance	\$ 500.00
e. Account Code	

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: *Charles A. Drew*  
 Date: 08/21/24 *af*

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_  
 Date Postmarked: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_

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) Charles A. Drew for Doshier Hospital Trustee		2. Type of Report 2023 35-Day	3. ID Number
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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	\$ 505.00

**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	\$ 5.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 500.00	\$ 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)	\$	\$

Amendment  Yes  No