

Disclosure Report Cover

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		c. ID Number		
Committee To Elect Aquinetta Rochelle Beatty		GDFD80		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed		
PO BOX 255 BOLINA, NC 28422		1/14/2025		
		e. Phone Number		
		(910) 231-6398		
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024	07/01/2024	10/19/2024	Lataya Young	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<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"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <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:		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Truist				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign transactions	ARB			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2,407.50		\$	
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.				
Lataya Young		Lataya Young		1/14/2025
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	RECEIVED	Employee:	TP	Delivery Method
Date Postmarked:	JAN 14 2025	Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:	BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.				

Contributions from Individuals

Pg 1 of 5 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 Acquinetta Porchelle Beatty						GDFD80	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Naomi Randolph 3024 Hardsmith St. Shallotte, NC 28470				No Profession			
				c. Employer's Name/Specific Field			
				Not Employed		e. Election Sum to Date	
						\$ 210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	ARB	Check		07/02/2024	\$ 600.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Amy J. White Predien 1804 Sandalwood Dr. SW Ocean Isle Beach, NC 28469				No Profession			
				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		
<input type="checkbox"/>	ARB	Check		08/22/2024	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ronnie Jenkins 1123 Lexington Ave NE Leland, NC 28451				No Profession			
				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		
<input type="checkbox"/>	ARB	Cash		07/15/2024	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1210 Pages						\$ 877.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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 Aquinetta Rochelle Beatty					GDFDBQ	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Holly Segalla 386 Ellis Rd SE Bolivia, NC 28422			No Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed		\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ARB	Check		08/15/2024	\$ 20.00	
<input type="checkbox"/>	ARB	Check		10/18/2024	\$ 25.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sylvia Anderson 712 Seacastle Ct Wilmington, NC 28412			No Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed		\$ 220.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ARB	Check		08/02/2024	\$ 120.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jewell T. Williams 1055 Golden Sands way Leland, NC 28451			No Profession			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not Employed		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ARB	Check		08/13/2024	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 877.00	

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 Acquinetta Rachelle Beatty						GDFD8Q	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Daisy McBroom 2600 Randolphville Rd NE Bolivia, NC 28422				NO Profession			
				c. Employer's Name/Specific Field			
				Not Employed			
						e. Election Sum to Date	
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	ARB	Cash				\$ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Betty Jones 4255 River Rd SE Winnabow, NC 28479				Cashier			
				c. Employer's Name/Specific Field			
				Retail			
						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	
<input type="checkbox"/>	ARB	Check		09/28/2024		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> 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 Profession			
				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	
<input type="checkbox"/>	ARB	Check		09/27/2024		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 270.00	
5. Total of ALL CRO-1210 Pages						\$ 877.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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 Aquinetta Rochelle Beatty						GDFD&Q	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Velva Jenkins 1123 Lexington Ave NE Leland, NC 28451				No Profession			
				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		
<input type="checkbox"/>	ARB	Cash		07/15/2024	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Gwendolyn Daniels PO Box 2075 Providence, RI 02905				No Profession			
				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		
<input type="checkbox"/>	ARB	check			\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sheila Wittaky 108 Woodland Dr. Leland, NC 28451				No Profession			
				c. Employer's Name/Specific Field			
				Not Employed			
						e. Election Sum to Date	
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	ARB	Cash		10/18/2024	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 95.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 877.00	

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 Aquiretta Rochelle Beatty						GDFTD800	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Vanessa Newton 1084 Sandy Grove Pl Leland, NC 28451							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	ARB	Cash		10/18/2024	\$ 30.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Rosetta Terry 1789 Cedar Hill Rd NE Navassa, NC 28451				NO Profession			
				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		
<input type="checkbox"/>	ARB	Check		10/18/2024	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lane Durham 1117 Windsor Dr. Wilmington, NC 28403				NO Profession			
				c. Employer's Name/Specific Field			
				Not Employed		e. Election Sum to Date	
						\$ 22.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	ARB	Cash		10/18/2024	\$ 22.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 97.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 877.00	

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Aquinetta Rochelle Beatty				GDFD8Q	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Brunswick County Democratic Women PO Box 503 Supply, NC 28462					
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
ARB	check		09/06/2024	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Democratic Party Brunswick County PO Box 503 Supply, NC 28462					
				c. Election Sum to Date	
				\$ 900.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
ARB	check		09/13/2024	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Simmons for County Commissioner 1462 Langleaf Dr. Southport, NC 28461					
				c. Election Sum to Date	
				\$ 50.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
ARB	check		10/18/2024	\$ 50.00	
				\$	
				\$	
4. Total only this Page				\$ 800.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-100)</small>				\$ 800.00	

Contributions from Other Political Committees

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Acquiesha Roche McBeatty				GDFD88	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
Simmons for County Commissioner 1462 Longleaf Dr. Southport, NC 28461			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		Donation
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		e. Election Cycle Sum to Date
					\$ 50.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
ARB	Check		10/18/2024	\$ 50.00	
				\$	
				\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
Janis Simmons For Board of Education 1462 Longleaf Dr. Southport, NC 28461			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		Donation
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		e. Election Cycle Sum to Date
					\$ 50.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
ARB	Check		10/18/2024	\$ 50.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		e. Election Cycle Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 100.00	
5. Total of ALL CRO-1230 Pages <small>(This line must be on line 8 of Detailed Summary Page CRO-1100)</small>				\$ 100.00	