

# Disclosure Report Cover

Amendment

Yes  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.

<b>1. Committee Information</b>	
<b>a. Full Name</b> COMMITTEE TO ELECT KATIE BORDEAUX	<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> 641 OYSTER BAY DRIVE SUNSET BEACH, NC 28468	<b>d. Date Filed</b> 04/02/2025
	<b>e. Phone Number</b> (910) 880-3177

<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 02/03/2025	<b>4. Period End Date (mm/dd/yy)</b> 02/12/2025	<b>5. Treasurer Full Name</b> NORA LYNN FINCH
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b>	0	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<b>10. Special Report Name</b>
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> UNITED BANK		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAGIN EXPENSES	<b>c. Account Code</b> 641		<b>c. Account Code</b>
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$		\$

**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

Nora Lynn Finch                      Nora Lynn Finch                      04/02/2025  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received:	<u>4/7/25</u>	Employee:	<u>NP</u>	<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked:	<u>4/4/25</u>	Employee:	<u>NP</u>	
Date Scanned:	<u>4/7/25</u>	Employee:	<u>NP</u>	
Date Data Entered:	_____	Employee:	_____	

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

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
COMMITTEE TO ELECT KATIE BORDEAUX		2025 Organizational			
<b>Start of Election Cycle: January 1, 2025</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,000.00		\$ 1,000.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,000.00		\$ 1,000.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00		\$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,000.00		\$ 1,000.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

# Contributions from Individuals

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Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT KATIE BORDEAUX					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
KATIE BORDEAUX KATIE SUE BORDEAUX 641 OYSTER BAY DRIVE SUNSET BEACH, NC 28468			NOT EMPLOYED		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
					\$ 1,000.00
<b>f. Prior.</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	641	Check		02/03/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 1,000.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,000.00