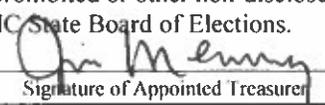


Disclosure Report Cover

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

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Jim Memory			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
257-B Arnette Dr Ocean Isle Beach, NC 28469		08/11/2025	
		e. Phone Number	
		336-331-2342	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/29/25	08/11/25	Jim Memory
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <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 <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 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)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
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
	090520	RECEIVED AUG 11 2025 BRUNSWICK COUNTY BOARD OF ELECTIONS	
d. Period Begin Balance		d. Period Begin Balance	
\$ 80.00		\$	
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.			
Jim Memory Printed Name of Signer		 Signature of Appointed Treasurer	
		08/11/2025 Date	
FOR OFFICE USE ONLY			
Date Received:	<u>8-11-25</u>	Employee:	<u>NP</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>8/11/25</u>	Employee:	<u>NP</u>
Date Data Entered:	<u>8/11/25</u>	Employee:	<u>NP</u>
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>			

Detailed Summary

Amendment
 Yes No

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	
Committee to Elect Jim Memory		Final			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 80.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>		\$		\$	
6) Contributions from Individuals <i>(CRO-1210)</i>		\$ 40.00		\$ 125.00	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>		\$		\$	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>		\$		\$	
9) Loan Proceeds <i>(CRO-1410)</i>		\$		\$	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts <i>(CRO-1250)</i>		\$		\$	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>		\$		\$	
11c) Outside Sources of Income <i>(CRO-1250)</i>		\$		\$	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>		\$		\$	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>		\$		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 40.00		\$ 125.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures <i>(CRO-1310)</i>		\$		\$	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>		\$		\$	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>		\$		\$	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>		\$		\$	
15) Loan Repayments <i>(CRO-1420)</i>		\$		\$	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>		\$ 120.00		\$ 120.00	
17) In-Kind Contributions <i>(CRO-1510)</i>		\$		\$ 5.00	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 120.00		\$ 125.00	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0.00		\$ 0.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>		\$			
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>		\$			
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>		\$			
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>		\$			
24) Account Transfers Within the Committee <i>(CRO-1720)</i>		\$			
25) Administrative Support <i>(CRO-1710)</i>		\$		\$	
26) Forgiven Loans <i>(CRO-1440)</i>		\$		\$	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>		\$		\$	
28) Contributions to be Refunded <i>(CRO-1215)</i>		\$		\$	

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 Jim Memory						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jim Memory 257-B Arnette Dr Ocean Isle Beach, NC 28469			Retired Auto Parts Manager			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
					\$ 5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	090520	Cash		07/31/2025	\$	40.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	40.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	40.00

Refunds/Reimbursements From the Committee

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 Jim Memory				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Memory 257-B Arnette Dr Ocean Isle Beach, NC 28469		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		07/28/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 80.00
f. Purpose Code		j. Election Sum to Date		
L		\$ 5.00		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Retired Auto Parts Manager	Not Employed			090520
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check		07/31/2025	\$ 80.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jim Memory 257-B Arnette Dr Ocean Isle Beach, NC 28469		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		07/31/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 40.00
f. Purpose Code		j. Election Sum to Date		
		\$ 5.00		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Retired Auto Parts Manager	Not Employed			090520
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Cash		08/11/2025	\$ 40.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
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				\$ 120.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 120.00
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)				



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect Jim Memory

Treasurer Name: Jim Memory

Treasurer Address: 257-B Arnette Dr
 (include city, state, & zip) Ocean Isle Beach, NC 28469

Treasurer Phone: 336-331-2342

RECEIVED

AUG 11 2025

BRUNSWICK COUNTY
BOARD OF ELECTIONS

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

08/11/2025
Date Signed

Jim Graydon Memory
Signature