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

1. Committee Information

a. Full Name
Committee to Elect Bill McHigh

RECEIVED

c. ID Number

b. Mailing Address (include City, State and Zip Code)
8654 Lanvale Forest Dr
Leland NC 28451

SEP 2 9 2025
BRUNSWICK COUNTY
BOARD OF ELECTIONS

d. Date Filed
9/24/25

e. Phone Number
910-880-2688

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	7/1/2025	9/23/2025	Bill McHh

6. Type of Committee (Check One)

☒ Candidate Campaign   ☐ Party
☐ PAC   ☐ Referendum
☐ Independent Expenditure   ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report
0

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☒ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name
First National Bank

b. Purpose
Campaign Transactions

c. Account Code
Bill

d. Period Begin Balance
$ 1323.68

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Bill McHh
Printed Name of Signer

_____
Signature of Appointed Treasurer

9/24/25
Date

FOR OFFICE USE ONLY

Date Received: 9/29/25   Employee: PL

Date Postmarked: _____   Employee: _____

Date Scanned: _____   Employee: _____

Date Data Entered: _____   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

Amendment
☐ Yes   ☑ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Bill McHh	35 Day	

Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	$ 1323.68	$ 1001.95

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) **Aggregated Contributions from Individuals**	(CRO-1205)	$ 290—	$ 455—
6) **Contributions from Individuals**	(CRO-1210)	$ 1150—	$ 1550—
7) **Contributions from Political Party Committees**	(CRO-1220)	$ 500—	$ 500—
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)		$ 1940—	$ 2505—

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) **Disbursements**			
13a) **Operating Expenditures**	(CRO-1310)	$ 2746.86	$ 2964.61
13b) **Contributions to Candidates/Political Committees**	(CRO-1310)	$	$
13c) **Coordinated Party Expenditures**	(CRO-1310)	$	$
14) **Aggregated Non-Media Expenditures**	(CRO-1315)	$ 63.74	$ 92.26
15) **Loan Repayments**	(CRO-1420)	$	$
16) **Refunds/Reimbursements from the Committee**	(CRO-1320)	$	$
17) **In-Kind Contributions**	(CRO-1510)	$	$
18) **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2810.60	$ 3056.87
19) **Cash on Hand at End** (Add lines 4 and 12 together, then subtract line 18)		$ 453.08	$ 453.08

ADDITIONAL INFORMATION

		Total this Reporting Period	Total this Election Cycle
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)	$	$

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Bill Mitchell	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	Bill	Transfer		7/18/25	$ 50 —
☐ Add ☐ Remove	Bill	Trafer		7/22/25	$ 50 —
☐ Add ☐ Remove	Bill	Transfer		9/10/25	$ 50 —
☐ Add ☐ Remove	Bill	Trasfr		9/19/25	$ 25 —
☐ Add ☐ Remove	Bill	Trasfer		9/19/25	$ 25 —
☐ Add ☐ Remove	Bill	Transfer		9/20/25	$ ~~500~~ 50 —
☐ Add ☐ Remove	Bill	Cash		9/23/25	$ 40 —
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 290 —
5. Total of ALL CRO-1205 Pages	$ 290 —
(This line must be on line 5 of Detailed Summary Page CRO-1100)	

CRO-1205   NC State Board of Elections   April 2007

Contributions from Individuals

Pg _1_ of _3_

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 Bill McMah	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Steve Miller 8116 Wade Hampton Ct. Wilmington NC 28411	No job title or profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Bill	Transfer		7/7/25	$ 100
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Stephen Zeno 1149 Leesburg Rd. Leland NC 28451	No job title/profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Bill	Transfer		7/7/25	$ 100
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Debbie Willis PO Box 2135 Leland NC 28451	No job title/profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Bill	Transfer		7/19/25	$ 100
☐					$
☐					$

4. Total only this Page	$ 300
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1150

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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

Amendment	
☐ Yes	☑ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Bill McHugh	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kristal McHugh 2317 Shirley Rd. Wilmington NC 28405	No job title/profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $250

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Bill	transfer		8/4/25	$250
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Trish Farnbon 103 Live Oak Dr NE Leland NC 28451	Analyst	
	c. Employer's Name/Specific Field	
	UNC School of Medicine	e. Election Sum to Date $250

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Bill	Transfer		9/17/25	$250
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Eric Tershima 9455 Lyn Mere Dr. NE Leland NC 28451	No job title/profession	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date $100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	Bill	transfer		8/5/25	$100
☐					$
☐					$

4. Total only this Page	$ 600
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1150

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Bill McHugh	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Nancy Boston 1311 Star Grass Way Leland NC 28451	No Job Title/Profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BILL	Transfer		9/23/25	$ 100
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Lee McElrath 5029 Creswell Dr. Leland NC 28451	No Job Title/Profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BILL	Transfer		9/23/25	$ 100
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Mark Guagliardo 6425 Saxon Meadow Dr. Leland NC 28451	No Job Title/Profession	
	c. Employer's Name/Specific Field	
	Not employed	e. Election Sum to Date $ 150

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BILL	Transfer		9/23/25	$ 50
☐					$
☐					$

4. Total only this Page	$ 250
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1150

CRO-1210   NC State Board of Elections   April 2007

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 Bill Mattys	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
Brunswick County Democratic Party Po Box 503 Supply, NC 28462	
	c. Election Sum to Date $ 500 —

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
Bill	Check		9/6/25	$ 500 —
				$
				$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$

CRO-1220   NC State Board of Elections   April 2007

Disbursements

Amendment	
☐ Yes	☑ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee To Elect Bill McHugh	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Vista Print 275 Wyman St. Waltham MA 02451	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☑ Municipality:	**e. Election Sum to Date** $2,321.86

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Bill	Transfer	O	7/15/25	$164.22	Print Media
Bill	Transfer	O	7/21/25	$1127.60	Print media

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Vista Print 275 Wyman St. Waltham MA 02451	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☑ Municipality:	**e. Election Sum to Date** $232.86

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Bill	Transfer	O	9/15/25	$854.97	Print Media
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Live Oak Media Inc. PO Box 10175 Southport NC 28461	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $250—

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Bill	Check	O	8/6/25	$125—	Print Media
Bill	Check	O	9/9/25	$125—	Print Media

5. Total only this Page	$2571.86
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$2746.86

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment
☐ Yes ☑ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Bill McHigh	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
North Brunswick Chamber of Commerce 497 Olde Waterford Way Delville NC 28451	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☑ Municipality:	**e. Election Sum to Date** $ 175 —

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Bill	check	O	8/15/25	$ 75 —	Event Space
Bill	check	O	8/14/25	$ 100 —	Event Space

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 175 —

6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 2746.86

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

CRO-1310 NC State Board of Elections December 2009

Aggregated Non-Media Expenditures

Page __1__ of __1__

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Bill McHigh			

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	BILL	CHECK	O	7/7/25	$ 5—	Filing Fee
☐ Add ☐ Remove	BILL	Transfer	O	7/2/25	$ 1.53	CC fees
☐ Add ☐ Remove	Bill	Transfer	O	7/9/25	$ 10.40	CC fee
☐ Add ☐ Remove	Bill	Transfer	O	7/23/25	$ 7.95	CC fee
☐ Add ☐ Remove	Bill	Transfer	O	7/25/25	$ 2.75	CC fee
☐ Add ☐ Remove	Bill	Transfer	O	8/6/25	$ 12.55	CC fee
☐ Add ☐ Remove	Bill	Transfer	O	8/7/25	$ 5.20	CC fee
☐ Add ☐ Remove	BILL	Transfer	O	9/12/25	$ 2.75	CC fee
☐ Add ☐ Remove	BILL	Transfer	O	9/19/25	$ 12.55	CC fee
☐ Add ☐ Remove	Bill	Transfer	O	9/23/25	$ 3.06	CC fee
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 63.74
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 63.74

6. Purpose Codes (List detailed expenditure code in (d) above)

	B* - Printing	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donations to Legal Expense Fund**
O* - Other			

* Codes require detailed explanation in required remarks field (g)