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 Tommy Brown

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 304 Barbee Blvd Oak Island, NC 28465

d. Date Filed: 10/27/2025

e. Phone Number: 240-687-7992

2. Report Year: 2025

3. Period Start Date (mm/dd/yy): 9/24/2025

4. Period End Date (mm/dd/yy): 10/20/2025

5. Treasurer Full Name: Tommy Brown

6. Type of Committee (Check One)

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

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
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☒ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: Truist

b. Purpose: Campaign Finance

c. Account Code: TKB

d. Period Begin Balance: $1,760.85

11. Account Information

a. Financial Institution Full Name:

b. Purpose: RECEIVED OCT 27 2025 BRUNSWICK COUNTY BOARD OF ELECTIONS

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.

Tommy Brown
Printed Name of Signer

Signature of Appointed Treasurer

10/27/2025
Date

FOR OFFICE USE ONLY

Date Received: 10/27/25 Employee: NP

Date Postmarked: _____ Employee: _____

Date Scanned: 10/30/25 Employee: NP

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Tommy Brown	Pre-Election	

Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	$ 1,760.85	$ 0

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) **Aggregated Contributions from Individuals**	(CRO-1205)	$	$
6) **Contributions from Individuals**	(CRO-1210)	$ 1,043	$ 4,093
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)		$ 1,043	$ 4,093

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) **Disbursements**			
13a) **Operating Expenditures**	(CRO-1310)	$ 1,411.22	$ 2,575.37
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)	$ 198	$ 323
18) **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1,609.22	$ 2,898.37
19) **Cash on Hand at End** (Add lines 4 and 12 together, then subtract line 18)		$ 1,194.63	$ 1,194.63

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)	$	$

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 Tommy Brown	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Pamela Leonard 4504 E. Oak Island Dr. Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 20

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Cash	–	10/01/2025	$ 20
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Laire Conway PO Box 605 Oak Island, NC 28465	HR Leader	
	c. Employer's Name/Specific Field	
	Alight Solutions	e. Election Sum to Date $ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Debit	–	10/05/2025	$ 50
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jacqueline Spit 2501 E. Oak Island Dr. Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 20

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Cash	–	10/06/2025	$ 20
☐					$
☐					$

4. Total only this Page	$ 90
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,043

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 Tommy Brown	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Lorraine Spit 121 NW 14 Street Oak Island, NC 28465	Painter	
	c. Employer's Name/Specific Field	
	Painting	e. Election Sum to Date $ 5

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Cash	−	10/06/2025	$ 5
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kim Glasscock 224 NE 56th Street Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 75

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Check	−	10/06/2025	$ 75
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Tom Sapp 302 NE 45th Street Oak Island, NC 28465	No Job Title	
	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
☐	TKB	Debit	−	10/08/2025	$ 250
☐					$
☐					$

4. Total only this Page	$ 330
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,043

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 Tommy Brown	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Bettie Thorne 5092 Glen Cove Drive Southport, NC 28461	No Job Title	
	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
☐	TKB	Check	—	10/07/2025	$ 100
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
John Wildman 1910 E. Pelican Dr. Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 25

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Debit	—	10/11/2025	$ 25
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Catherine Debernardo 113 NE 34 Street Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Debit	—	10/11/2025	$ 50
☐					$
☐					$

4. Total only this Page	$ 175
5. Total of ALL CRO-1210 Pages	$ 1,043
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

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 Tommy Brown	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jaime Staron 115 NE 13 Street	Speech Pathologist	
	c. Employer's Name/Specific Field	
	Dosher Mem Hospital	e. Election Sum to Date $ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Check	—	10/13/2005	$ 50
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Sue Schweikart 1000 Elizabeth Dr. Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 25

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Debit	—	10/15/2025	$ 25
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Melissa Fiore 36 Region Drive Hazlet, NJ 07730	Paralegal	
	c. Employer's Name/Specific Field	
	Dr. Reddy's Laboratories	e. Election Sum to Date $ 25

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Debit	~	10/16/2025	$ 25
☐					$
☐					$

4. Total only this Page	$ 100
5. Total of ALL CRO-1210 Pages	$ 1,043
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

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 Tommy Brown	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kathy Plemmons 313 NE 45th Street Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Cash	–	10/17/2025	$ 50
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jeff Plemmons 313 NE 45th Street Oak Island, NC 28465	Contractor	
	c. Employer's Name/Specific Field	
	Oak Island Golf Club	e. Election Sum to Date $ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Cash	–	10/17/2025	$ 50
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kirby Plemmons 313 NE 45th Street Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	Cash	–	10/17/2025	$ 50
☐					$
☐					$

4. Total only this Page	$ 150
5. Total of ALL CRO-1210 Pages	$ 1,043
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

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

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

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Martin Bomar 6906 E Beach Drive Oak Island, NC 28465	No Job Title	
	c. Employer's Name/Specific Field	e. Election Sum to Date
	Not Employed	$ 348

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	TKB	In-Kind	Food + Drink	10/18/2025	$ 198
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ 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
☐					$
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ 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
☐					$
☐					$
☐					$

4. Total only this Page	$ 198
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,043

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 Tommy Brown	

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)

Publix
5003 E. Oak Island Dr.
Oak Island, NC 28465

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

e. Election Sum to Date
$ 150.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	9/30/2025	$150.47	Event Food
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Squarespace, Inc.
Squarespace.com

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

e. Election Sum to Date
$ 177.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/05/2025	$1.75	Payment Processing Fees
TKB	Debit	O	10/08/2025	$7.55	Payment Processing Fees

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Grape & Ale
8521 E. Oak Island Dr.
Oak Island, NC 28465

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

e. Election Sum to Date
$ 496.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/06/2025	$284.85	Event Drinks
TKB	Debit	O	10/19/2025	$212.14	Event Drinks

5. Total only this Page	$ 656.76

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)

$ 1,411.22

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

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 Tommy Brown	

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
Squarespace, Inc. Squarespace.com	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $177.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/03/2025	$36	Website Expense
TKB	Debit	O	10/11/2025	$1.75	Payment Processing Fees

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
360 Online Print 360onlineprint.com	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $357.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/09/2025	$276.49	Print Media
TKB	Debit	O	10/13/2025	$5.13	Print Media

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Squarespace, Inc. Squarespace.com	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $177.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/11/2025	$1.03	Payment Processing Fees
TKB	Debit	O	10/15/2025	$1.03	Payment Processing Fee

5. Total only this Page	$321.43

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)*	$1,411.22

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

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

Amendment
☐ Yes   ☒ No

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

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
Squarespace Inc. Squarespace.com	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $177.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/16/2025	$1.03	Payment Processing Fees
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
The State Port Pilot 114 E Moore Street Southport, NC 28461	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $432

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TKB	Debit	O	10/17/2025	$432	Print Media
				$	

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	$433.03

6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	$1,411.22
(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)	

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)

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Amendment ☐ Yes ☒ No   Pg 1 of 1

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

3. Contributor Information   Add ☐   Remove ☐

a. Full Name, Mailing Address & Phone	b. Type of Contributor	c. Comments
Martin Bones 6906 E Beach Dr. Oak Isla, NC 28465	(Include city, state, & zip) ☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 348

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Drink	10/18/2025	$ 198.00
		$
		$

3. Contributor Information   Add ☐   Remove ☐

a. Full Name, Mailing Address & Phone	b. Type of Contributor	c. Comments
	(Include city, state, & zip) ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information   Add ☐   Remove ☐

a. Full Name, Mailing Address & Phone	b. Type of Contributor	c. Comments
	(Include city, state, & zip) ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 198
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 198