

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 Committee to Elect Bonnie L. Bray	c. ID Number
b. Mailing Address (include City, State and Zip Code) 515 Quarter Master Drive Southport, NC 28461	d. Date Filed 10/27/25
	e. Phone Number 301.741.6698

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 9/24/25	4. Period End Date (mm/dd/yy) 10/20/25	5. Treasurer Full Name Bonita L. Bray
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		11. Account Information			
a. Financial Institution Full Name First Citizens Bank	a. Financial Institution Full Name				
b. Purpose Campaign Fin	c. Account Code 1			b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,720.30				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.

Bonita L. Bray _____ 10/27/25 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10/27/25	Employee: NP	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
Date Postmarked: _____	Employee: _____	
Date Scanned: 10/30/25	Employee: NP	
Date Data Entered: _____	Employee: _____	

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
 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 Bonnie L. Bray		Pre-Election			
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,720.30		\$ 289.81	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 50.00	
6) Contributions from Individuals (CRO-1210)		\$ 493.49		\$ 3151.44	
7) Contributions from Political Party Committees (CRO-1220)		\$ 250.00		\$ 750.00	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
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)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 743.49		\$ 3,951.44	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1815.11		\$ 2840.11	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 1.21	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 243.49		\$ 436.79	
17) In-Kind Contributions (CRO-1510)		\$ 243.49		\$ 801.44	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2302.09		\$ 4079.55	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 161.70		\$ 161.70	
ADDITIONAL INFORMATION					
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 Bonnie L. Bray						
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	
Daniel D. Guetschow 211 River Road Southport, NC 28461			No job title			
			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"/>	1	Check		9/24/25	\$	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	
Larry Ashley 637 Wild Rose Way New London, NC 28127-9319			No job title			
			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"/>	1	Check		10/01/25	\$	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	
Shelly Ploe 5008 Seaward Ct Southport, NC 28461			No job title			
			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"/>	1	Cash		10/09/25	\$	50.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	250.00
5. Total of ALL CRO-1210 Pages					\$	493.49
(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 Bonnie L. Bray						
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	
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461			No job title			
			c. Employer's Name/Specific Field			
			No employer			
					e. Election Sum to Date	
					\$ 5.00 <i>BLB</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind <i>BLB</i>	Printing	9.29.25	\$	53.38
<input type="checkbox"/>		In-Kind <i>BLB</i>	Zoom subscripti	9.30.25	\$	16.99
<input type="checkbox"/>		In-Kind <i>BLB</i>	Sign stakes	9.30.25	\$	138.75
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	
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461			No job title			
			c. Employer's Name/Specific Field			
			No employer			
					e. Election Sum to Date	
					\$ 5.00 <i>BLB</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind <i>BLB</i>	Refreshments	10.04.25	\$	29.15
<input type="checkbox"/>		In-Kind <i>BLB</i>	Office supplies	10.13.25	\$	5.22
<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					\$	243.49
5. Total of ALL CRO-1210 Pages					\$	493.49
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Political Party Committees

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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 Bonnie L. Bray					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Brunswick County Democratic Women P.O. Box 503 Supply, NC 28462					
				c. Election Sum to Date	
				\$ 250.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		10/16/2025	\$ 250.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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				\$ 250.00	
5. Total of ALL CRO-1220 Pages				\$ 250.00	
<i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>					

Disbursements

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 Bonnie L. Bray					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
State Port Pilot 114 E. Moore St Southport, NC 28461					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2207.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	9/24/25	\$1407.25	Print Media <i>(M)</i>
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
New Hanover Printing 2145 Wrightsville Ave Wilmington, NC 28403					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 232.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/13/25	\$218.19	Print Media <i>(M)</i>
1	Check	O	10/14/25	\$14.67	Print Media <i>(M)</i>
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Peter Riekstins 2751 Parkridge Dr Southport, NC 28461					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 175.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/13/25	\$175.00	Photography
				\$	
5. Total only this Page					\$ 1815.11
6. Total of ALL CRO-1310 Pages					\$ 1815.11
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

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

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 Bonnie L. Bray				
3. Payee Information <input checked="" 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
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9.29.2525
		<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:		\$ 53.38
f. Purpose Code		j. Election Sum to Date		
P		\$ 5.00		<i>MB</i>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No job title	No employer			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Cape Fear Print - Printing	10.20.25	\$ 53.38	
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
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9.30.2525
		<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:		\$ 16.99
f. Purpose Code		j. Election Sum to Date		
p		\$ 5.00		<i>MB</i>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No job title	No employer			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Zoom - Subscription	10.20.25	\$ 16.99	
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
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9.30.25
		<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:		\$ 138.75
f. Purpose Code		j. Election Sum to Date		
P		\$ 5.00		<i>MB</i>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No job title	No employer			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Walmart - Sign stakes	10.20.25	\$ 138.75	
4. Total only this Page				\$ 209.12
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 243.49
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)				

Refunds/Reimbursements From the Committee

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

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 Bonnie L. Bray				
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
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10.04.25
		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:		\$ 29.15
		f. Purpose Code		j. Election Sum to Date
		P		\$ 5.00 <i>MB</i>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No job title	Not Employed <i>MB</i>			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Lil Bitty Donut - Refreshments	10.20.25	\$ 29.15	
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
Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10.13.25
		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:		\$ 5.22
		f. Purpose Code		j. Election Sum to Date
		P		\$ 5.00 <i>MB</i>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No job title	Not Employed <i>MB</i>			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Lowe's - Sign tape	10.20.25	\$ 5.22	
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
		P		\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
				1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 34.37
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 243.49
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)				

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Bonnie L. Bray			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments <i>Bonita</i> <i>BBB</i>	d. Election Sum to Date \$ 407.42
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Printing	9.29.25	\$ 53.38	
Zoom subscription	9.30.25	\$ 16.99	
Sign stakes	9.30.25	\$ 138.75	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Bonita L. Bray 515 Quarter Master Dr Southport, NC 28461	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments <i>Bonita</i> <i>BBB</i>	d. Election Sum to Date \$ 441.79
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Refreshments	10.04.25	\$ 29.15	
Office supplies	10.13.25	\$ 5.22	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments	d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 243.49	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 243.49	