

# 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

## I. Committee Information

a. Full Name <b>Richard Dysinger for Town Council</b>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>595 COACH TRAIL SUNSET BEACH NC 28468</b>		d. Date Filed <b>10/27/2025</b>
		e. Phone Number <b>201-906-4473</b>

**RECEIVED**  
**OCT 27 2025**

BRUNSWICK COUNTY  
 BOARD OF ELECTIONS

2. Report Year <b>2025</b>	3. Period Start Date (mm/dd/yy)	4. Period End Date <b>10/20/2025</b>	Treasurer Full Name <b>Susan Bridges</b>
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<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b>		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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 type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <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	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>8. Number of Fundraisers this Report</b> 1		<b>10. Special Report Name</b>		

<b>11. Account Information</b> a. Financial Institution Full Name <b>United Bank</b>		<b>11. Account Information</b> a. Financial Institution Full Name	
b. Purpose <b>To finance CAMPAIGN</b>	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance <b>\$ 0</b>		d. Period Begin Balance <b>\$ 0</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 of Elections.

**SUSAN BRIDGES** *Susan Bridges* **10/27/2025**  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received:	<b>10/27/25</b>	Employee:	<b>PL</b>	<b>Delivery Method</b> <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:	<b>10/30/25</b>	Employee:	<b>MP</b>	
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
Richard Asinger Council for Town	Pres. Election		
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 3837.96	\$ 3837.96	
7) Contributions from Political Party Committees (CRO-1220)	\$ 500.00	\$ 500.00	
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)	\$ 4339.96	\$ 4339.96	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
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)	\$ 605.91	\$ 605.91	
17) In-Kind Contributions (CRO-1510)	\$ 1892.96	\$ 1892.96	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2498.87	\$ 2498.87	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1839.09	\$ 1839.09	
<b>ADDITIONAL INFORMATION</b>			
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**

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	
Richard Dysinger for Town Council							
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	
Mike Z Judy HARGREAVES 612 DZACON COURT SB NC 28468 315-269-4398				retired <sup>NO JOB</sup> title			
				c. Employer's Name/Specific Field			
				education		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2148	check		9/15/2025	S 100.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
BOB CRAIG 120 CROOKERS GULLEY CIRCLE SB NC 28468 908-500-8589				retired <sup>NO JOB</sup> title			
				c. Employer's Name/Specific Field			
				IT		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CASH		9/15/2025	S 20.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
John & Carol Corbett 1313 Canal Drive SB NC 28468 571-251-8778				retired <sup>NO JOB</sup> title			
				c. Employer's Name/Specific Field			
				military contractor		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	3280	check		9/15/2025	S 100.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
4. Total only this Page						S 220.00	
5. Total of ALL CRO-1210 Pages						S	
(This line must be on line 5 of Detailed Summary Page CRO-1106)							

**Contributions from Individuals**

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>
Richard Dyingier for Town Council	

<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>
Anita August 590 Coach Trail SB NC 28468 910-880-1276	Retired HR	no job title
	<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	9047	check		9/15/2025	\$500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<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>
Eileen Farrell 571 Sunset Lakes Blvd SB NC 28468 813-300-2940	Retired Insurance	no job title
	<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4567	check		9/15/2025	\$40.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<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>
Susan Bridges 595 Coach Trail SB NC 28468 201-906-4473	Retired Communication	no job title
	<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	865	check		9/15/2025	\$500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 1040.00
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<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1106)</small>	\$
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# Contributions from Individuals

Pg 3 of 9

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	
Richard Dyinge for Town Council							
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	
MARCIA Glynn 7463 BALMORE DR. SB NC 28468 910.232.9646				retired <sup>NO JOB</sup> title			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	3566	check		10/7/25	S 100.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
JEANNE Miller FAIRWAY DR. East SB NC 28468 704.576.3051				retired <sup>NO JOB</sup> title			
				c. Employer's Name/Specific Field			
				law enforcement		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	2870	check		10/11/2025	S 150.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
Linda Rudick 1008 Park Rd SW SB NC 28468 910.398.0742				retired <sup>NO JOB</sup> title			
				c. Employer's Name/Specific Field			
				Business Analyst		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CASH		10/1/25	S 10.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
4. Total only this Page						S 260.00	
5. Total of ALL CRO-1210 Pages						S	
(This line must be on line 6 of Detailed Summary Page CRO-1106)							

# 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	
Richard Dyingre For Town Council							
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 Temant 641 Kings Trail SB NC 28468 910.579.7379				Retired <sup>NO 10/15</sup> <sub>11/12</sub>			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	713	check		9/25/2025	S 25.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
Merry Street 704 Fairway Drive East SB NC 28468				Retired <sup>NO 10/15</sup> <sub>11/12</sub>			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		9/25/2025	S 200.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
Ann Beckelman 404 3rd St SB NC 28468 910.599.0034				Retired <sup>NO 10/15</sup> <sub>11/12</sub>			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NRSZ		S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	3544	check		10/14/2020	S 100.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
4. Total only this Page						S 325.00	
5. Total of ALL CRO-1210 Pages						S	
(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	
Richard Dysinger for Town Council							
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	
Peter Larkin 453 Lake Shore Drive SB NC 28468 443-994-4242				no job title retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1746	check		10/13/25	\$ 100.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
Gerry Byrnes 432 Martin St SB NC 28468 610-710-1694				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		S	
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	Event Supplies	9/15/25	\$ 474.75		
<input type="checkbox"/>		In Kind	Merchandise	9/15/25	\$ 100.00		
<input type="checkbox"/>		In Kind	Printing	10/18/25	\$ 31.16		
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	
Mike Hargreaves 612 Deacon Court SB NC 28468 315-939-2277				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		S	
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	Event Supplies	9/15/25	\$ 474.75		
<input type="checkbox"/>		In Kind	Printing	10/18/25	\$ 31.16		
<input type="checkbox"/>		In Kind	Merchandise	9/15/25	\$ 100.00		
4. Total only this Page						\$ 1311.82	
5. Total of ALL CRO-1210 Pages						S	
<small>(This line must be on the 5 of Detailed Summary Page CRO-1100)</small>							

# 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	
Richard Nysinger for Town Council							
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	
✓ Judy HARGREAVES 612 DRAGON CT SB NC 28468 315.269.4398				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						S	
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	Printing	10/18/25	S 31.16		
<input type="checkbox"/>		In kind	FOOD? BEV	9/26/25	S 50.00		
<input type="checkbox"/>					S		
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	
✓ Gerry Byrnes 432 MARLIN ST SB NC 28468 610.710.1694				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						S	
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	FOOD? BEV	10/2/25	S 30.00		
<input type="checkbox"/>		In kind	FOOD? BEV	10/25/25	S 66.66		
<input type="checkbox"/>		In kind	FOOD? BEV	9/26/25	S 50.00		
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	
✓ Mike HARGREAVES 612 DRAGON CT SB NC 28468 315.939.2277				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						S	
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	FOOD? BEV	10/2/25	S 30.00		
<input type="checkbox"/>		In kind	FOOD? BEV	10/25/25	S 66.66		
<input type="checkbox"/>		In kind	FOOD? BEV	9/26/25	S 50.00		
4. Total only this Page						S 374.48 ✓	
5. Total of ALL CRO-1210 Pages						S	
<small>(This line must be on the 5 of Detailed Summary Page CRO-1100)</small>							

# Contributions from Individuals

Pg 7 of 9

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	
Richard Dysinger for Town Council							
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	
Susan Allen 647 Oyster Bay SB NC 28468 910.579.5214				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						S	
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	FOOD? BEV	9/25/25	S 66.66		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
MARCIA Glenn 7463 Balmore Dr. SB NC 28468				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						S	
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	FOOD? BEV	10/2/25	S 30.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
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	
Susan Bridges 595 Coach Trail SB NC 28468 201.906.4473				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						S	
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	FOOD? BEV	9/12/25	S 20.00		
<input type="checkbox"/>					S		
<input type="checkbox"/>					S		
4. Total only this Page						S 116.66	
5. Total of ALL CRO-1210 Pages						S	
(This line must be on line 5 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

Amendment  Yes  No  
Pg 8 of 9

1. Committee Full Name (and Fund if applicable) 2. ID Number

Richard Dyingse for Town Council

3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
 Gray, Bryant  
 432 Madison St  
 SBNC 28468  
 610-710-1694

b. Job Title/Profession  
 no job title

c. Employer's Name/Specific Field  
 not employed

d. Comments

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"/>		In Kind	Food 2 BSN	9/12/25	\$ 20.00
<input type="checkbox"/>		In Kind	Food 2 BSN	10/13/25	\$ 25.00
<input type="checkbox"/>		In Kind	Food 2 BSN	10/15/25	\$ 25.00

3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
 Mike Anderson  
 612 Doraan St  
 SBNC 28468  
 315-939-2277

b. Job Title/Profession  
 no job title

c. Employer's Name/Specific Field  
 not employed

d. Comments

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"/>		In Kind	Food 2 BSN	9/12/25	\$ 20.00
<input type="checkbox"/>		In Kind	Food 2 BSN	10/13/25	\$ 25.00
<input type="checkbox"/>		In Kind	Food 2 BSN	10/15/25	\$ 25.00

3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
 Ann Bockelman  
 404 3rd St  
 SBNC 28468  
 910-599-0634

b. Job Title/Profession  
 no job title

c. Employer's Name/Specific Field  
 not employed

d. Comments

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"/>		In Kind	Food 2 BSN	10/13/25	\$ 25.00
<input type="checkbox"/>					
<input type="checkbox"/>					

4. Total only this Page

5. Total of ALL CRO-1210 Pages

165.00

**Contributions from Individuals**

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>	
Richard Dysinger for Town Council							
<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>	
Julie Sullivan 1195 Kingsmill SB NC 28468 910.575.7668				no job title			
				<b>c. Employer's Name/Specific Field</b>			
				not employed		<b>e. Election Sum to Date</b>	
						\$	
<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"/>		In kind	food & bev	10/15/25	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<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>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$	
<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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<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>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$	
<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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 25.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1106)</small>						\$ 3837.96	

# Contributions from Political Party Committees

Pg 1 of 1

Amendment

Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Richard Dying 22 for Tax Council							
<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. Comments</b>	
BCDP (Bertie County Democratic Party) 1420 Old Ocean Hwy Bolivia NC 28422 910-754-8880							
<b>c. Election Sum to Date</b>						\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>			
	check		9/19/25	\$ 500.00			
				\$			
				\$			
<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. Comments</b>	
<b>c. Election Sum to Date</b>						\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>			
				\$			
				\$			
				\$			
<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. Comments</b>	
<b>c. Election Sum to Date</b>						\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>			
				\$			
				\$			
				\$			
<b>4. Total only this Page</b>						\$ 500.00	
<b>5. Total of ALL CRO-1220 Pages</b> <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>						\$	

**Refunds/Reimbursements From the Committee**

Pg 1 of 1

Attachment

Yes  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	
Richard Dysinger for Council			
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
GERARD BYRNES 432 MARLIN ST SB NC 28468 610-710-1694		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	9/15/25
		e. Level Registered	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	\$ 474.75
		f. Purpose Code	j. Election Sum to Date
		P	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
no job title			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		10/20/2025	\$ 474.75
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
GERARD BYRNES 432 MARLIN ST SB NC 28468 610-710-1694		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	9/15/2025
		e. Level Registered	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	\$ 100.00
		f. Purpose Code	j. Election Sum to Date
		P	\$ 574.75
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
no job title			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		10/20/2025	\$ 100.00
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
JUDY HARGREAVES 612 DRAGON COURT SB NC 28468 315-269-4398		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	10/18/2025
		e. Level Registered	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 31.16
		f. Purpose Code	j. Election Sum to Date
		P	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
no job title			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		10/20/2025	\$ 31.16
4. Total only this Page		\$ 605.91	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 605.91	
6. Purpose Codes (List detailed disbursement code in (f) above)			
I - Returned to Contributor		M - Overpayment for Service	
P* - Reimbursement of In-Kind		O* Other	
N - Exceeded Contribution Limit			
* 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	
Richard Byington for Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Gregory Byrnes 432 MARLIN ST SB NC 28468 610.710.1694		<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	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Event supplies		9/15/25	\$ 474.75
merchandise		9/15/25	\$ 100.00
Printing		10/18/25	\$ 31.16
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Mike HARGREAVES 612 DRACON CT SB NC 28468 315.939.2277		<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	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Event supplies		9/15/25	\$ 474.75
merchandise		9/15/25	\$ 100.00
Printing		10/18/25	\$ 31.16
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Judy HARGREAVES 612 DRACON CT SB NC 28468 315.269.4398		<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	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printing		10/18/25	\$ 31.16
FOOD & BEVERAGE		9/26/25	\$ 56.00
			\$
4. Total only this Page			\$ 1292.98
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$

# 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
Richard Dyingre For Town Council		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MARCIA Glyn 7463 Balmorz Dr. SB NC 28468	<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	
e. Description		d. Election Sum to Date
FOOD & BEVERAGE		\$
f. Date (mm/dd/yyyy)		\$
10/2/25		\$ 30.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Gerry Byrnes 432 Martin St SB NC 28468 610.710.1694	<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	
e. Description		d. Election Sum to Date
FOOD & BEVERAGE		\$
f. Date (mm/dd/yyyy)		\$
10/2/25		\$ 30.00
FOOD & BEVERAGE		\$ 66.66
f. Date (mm/dd/yyyy)		\$ 50.00
9/25/25		
FOOD & BEVERAGE		
f. Date (mm/dd/yyyy)		
9/26/25		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MIKE HARREAVE'S 612 DRAGON CT SB NC 28468 315.269.4398	<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	
e. Description		d. Election Sum to Date
FOOD & BEVERAGE		\$
f. Date (mm/dd/yyyy)		\$
10/2/25		\$ 30.00
FOOD & BEVERAGE		\$ 66.66
f. Date (mm/dd/yyyy)		\$ 50.00
9/25/25		
FOOD & BEVERAGE		
f. Date (mm/dd/yyyy)		
9/26/25		
4. Total only this Page		\$ 323.32
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1160)</small>		\$

# In-Kind Contributions

Pg 3 of 4

Amendment  Yes  No

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	
Richard Dysinger for Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Susan Neza 647 Oyster Bay SB NC 28468 910.579.5214		<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	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE		9/25/25	\$ 66.66
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Susan BRIDGES 595 Coach Trail SB NC 28468 201.906.4473		<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	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE		9/12/25	\$ 20.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Mike HARPREAVED 612 DRAGON CT SB NC 28468 315.939.2277		<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	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE		9/12/25	\$ 20.00
FOOD & BEVERAGE		10/13/25	\$ 25.00
FOOD & BEVERAGE		10/15/25	\$ 25.00
4. Total only this Page			\$ 156.66
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>			\$

# In-Kind Contributions

Pg 4 of 4

Amendment  
 Yes  No

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	
Richard Dyinge for Town Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Gerry Burns 432 MARLIN SB NC 28468 610.710.1694		<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	
		d. Election Sum to Date	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE		9/12/25	\$ 20.00
FOOD & BEVERAGE		10/13/25	\$ 25.00
FOOD & BEVERAGE		10/15/25	\$ 25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Ann Beckelman 404 3RD ST. SB NC 28468 910.599.0034		<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	
		d. Election Sum to Date	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE		10/13/25	\$ 25.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Julie Sullivan 1195 Kingsmill SB NC 28468 910.575.7668		<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	
		d. Election Sum to Date	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGE		10/15/25	\$ 25.00
			\$
			\$
4. Total only this Page		\$ 120.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1892.96	

1892.96