

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 Richard Dysinger for Town Council	c. ID Number
b. Mailing Address (include City, State and Zip Code) 704 Fairway Dr E Sunset Beach, NC 28468	d. Date Filed 1/15/25
	e. Phone Number 917-653-5959

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	10/21/25	01/12/2026	Susan Bridges

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
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund"				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name United Bank	a. Financial Institution Full Name		
b. Purpose Campaign Finance	b. Purpose		c. Account Code
c. Account Code SSBRD	c. Account Code		d. Period Begin Balance
d. Period Begin Balance \$ 1939.09	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.

Susan Bridges
 Printed Name of Signer

Susan Bridges
 Signature of Appointed Treasurer

1/15/2025
 Date

FOR OFFICE USE ONLY

Date Received:	<u>1-15-26</u>	Employee:	<u>NP</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	<u>1-15-26</u>	Employee:	<u>NP</u>	
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	
Richard Dysinger for Town Council	Final		
Start of Election Cycle: January 1, <u>2022</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1939.09	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 2760.38	\$ 5911.83	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 316.78	\$ 316.78	
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)	\$ 3077.16	\$ 6728.61	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 21.00	\$ 21.00	
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)	\$ 2635.40	\$ 3141.31	
17) In-Kind Contributions (CRO-1510)	\$ 2359.85	\$ 3566.30	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 5016.25	\$ 6728.61	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0	
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

Pg 1 of 2

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 checked="" 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 Ct Sunset Beach, NC 28468				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"/>		In-Kind	Newspaper Ad	10/23/2025		\$ 438.33	
<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	
Kim Urban 206 Planter's Ridge Sunset Beach, NC 28468				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"/>	SSBRD	Check		11/20/2025		\$ 50.00	
<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	
Carol Dysinger 223 Congress St. Apt 4L Brooklyn NY 11201				no job title			
				c. Employer's Name/Specific Field			
				not employed		e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SSBRD	check		11/14/25		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 788.33	
5. Total of ALL CRO-1210 Pages						\$ 2760.38	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Page 2 of 2

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 D'Angelo For Town Council							
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	
Gail Sims 410 2nd St Brooklyn NY 11215				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 50.53	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	5582D	check		11/14/05	\$ 50.53		
<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	
KARIN JOSEPH 719 SANDP. POOR DR Sunset Beach NC 28468				no job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$	
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	10/25/05	\$ 521.19		
<input type="checkbox"/>		In-kind	Printing	10/24/05	\$ 986.00		
<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	
Gerry Byrnes 432 Marlin St Sunset Beach, NC 28468				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not Employed		\$ 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"/>		In-Kind	Food & Beverage	11/14/2025	\$ 414.33		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1972.05	
5. Total of ALL CRO-1210 Pages						\$ 2760.38	
<small>(This line must be on the 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

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) Elect Mike Hargreaves 612 Deacon Ct Sunset Beach, NC 28468		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments e. Election Sum to Date \$ 316.78	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: Sunset Beach			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
SSBRD	Check		12/15/2025	\$ 316.78	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments e. Election Sum to Date \$	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments e. Election Sum to Date \$	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 316.78	
5. Total of ALL CRO-1230 Pages				\$ 316.78	
<i>(This line must be on line 8 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
Richard Dysinger for Town Council					
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	
United Bank 840 Sunset Blvd Sunset Beach, NC 28468					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
				\$ 21.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SSBRD	EFT	O	10/21/2025	\$21.00	Bank Fees
				\$	
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	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> 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					\$ 21.00
6. Total of ALL CRO-1310 Pages					\$ 21.00
<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	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)					

Refunds/Reimbursements From the Committee

Pg 1 of 3

Amendment

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	
Pa Chara Disinger For Town Council				
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
Karen Joseph 719 SANDPIPER BAY SB NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/25/25
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 986.00
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		P		\$ 0
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
NO JOB TITLE	NOT EMPLOYED			SSBRD
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
check	Printing		11/10/25	\$ 986.00
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
Karen Joseph 719 Sandpiper Bay Sunset Beach, NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/24/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 521.19
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		P		\$ 0.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No Job Title	Not Employed			SSBRD
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
check	Printing		01/09/2026	\$ 521.19
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
Mike Hargreaves 612 Deacon Ct Sunset Beach, NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/23/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 438.33
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		P		\$ 100.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No Job Title	Not Employed			SSBRD
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
check	Newspaper Ad		11/09/2025	\$ 438.33
4. Total only this Page				\$ 1945.62
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1104)				\$ 2635.40
6. Purpose Codes (List detailed disbursement code in (f) above)				
I - 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

Pg 2 of 3

Attendance 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 Town 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	
Melissa Warren 709 Waterway Dr SW Sunset Beach, NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/17/2025	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 125.10	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 0.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
No Job Title	Not Employed			SSBRD	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
Check	Door Hangers	11/20/2025	\$ 125.10		
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	
Robert Forrester 110 Crooked Gulkey Sunset Beach, NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/15/2025	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 50.45	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 0.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
No Job Title	Not Employed			SSBRD	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
Check	Food & Beverages	11/09/2025	\$ 50.45		
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	
Garry Byrnes 432 Martin St Sunset Beach NC 28468		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/4/25	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 414.33	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 100.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
no job title	not employed			SSBRD	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
check	Food & Beverages	11/4/25	\$ 414.33		
4. Total only this Page				\$ 589.88	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1160)				\$ 2635.40	
6. Purpose Codes (List detailed disbursement code in (f) above)					
T - 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

Pg 3 of 3

Attendance 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 Asinger For Town Council					
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
Gerry Byrnes 432 MARLIN ST SUNSET BEACH NC 285468			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/15/2025
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 100.00
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			f. Purpose Code		j. Election Sum to Date
			P		\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
no job title		not employed		SSBRD	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
check		AV		10/24/2025	\$ 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
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
					\$
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		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 2,635.40
6. Purpose Codes (List detailed disbursement code in (f) above)					
I - 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	
Richard Dwyer 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
Karen Joseph 719 Sandpiper Bay Sunset Beach 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printing		10/24/25	\$ 521.19
Printing		10/25/25	\$ 986.00
			\$
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 HARPREAVES 612 Deacon Ct. Sunset Beach 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Newspaper Ad		10/23/25	\$ 438.33
			\$
			\$
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 Marlin St Sunset Beach, NC 28468		<input type="checkbox"/> Individual <input checked="" 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 \$ 100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food & Beverage		11/4/2025	\$ 414.33
AT			\$ 100.00
			\$
4. Total only this Page		\$ 2359.85	
5. Total of ALL CRO-1510 Pages		\$ 2359.85	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			