

# 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.

<b>1. Committee Information</b>	
a. Full Name Charles A. Drew for Doshier Hospital Trustee	c. ID Number
b. Mailing Address (include City, State and Zip Code) 112 Park Ave. Southport, NC 28461	d. Date Filed 07 <del>21</del> 2023
	c. Phone Number 910-477-2365

<b>2. Report Year</b> 2023	<b>3. Period Start Date (mm/dd/yy)</b> 07/07/2023	<b>4. Period End Date (mm/dd/yy)</b> 07/16/2023	<b>5. Treasurer Full Name</b> Charles A. Drew
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (Check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" 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	<input type="checkbox"/> 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
<b>7. Type of Fund (If applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input checked="" type="checkbox"/> Other		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>8. Number of Fundraisers this Report</b> 5		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>10. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name First National Bank		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code 300	b. Purpose	c. Account Code
	d. Period Begin Balance 10		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.

Charles A Drew  
 Printed Name of Signer

Charles A Drew  
 Signature of Appointed Treasurer

07/31/2023  
 Date

**FOR OFFICE USE ONLY**

Date Received: **RECEIVED**  
 Date Postmarked: **JUL 31 2023**  
 Date Scanned: **BRUNSWICK COUNTY BOARD OF ELECTIONS**  
 Date Data Entered:

Employee: AR  
 Employee: \_\_\_\_\_  
 Employee: \_\_\_\_\_  
 Employee: \_\_\_\_\_

**Delivery Method**  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed  
 Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

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	
Charles A Drew for Doshier Hospital/Trustee		2023 Organizational			
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 505.00		\$ 505.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
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)		\$ 505.00		\$ 505.00	
<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)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 5.00		\$ 5.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5.00		\$ 5.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 500.00		\$ 500.00	
<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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Charles A Drew for Dasher Hospital Trustee							
<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>	
Charles A Drew 112 Park Ave Southport, NC 28461				Fire Chief			
				<b>c. Employer's Name/Specific Field</b>			
				City of Southport 1029 N Hoxe Street Southport, NC 28461		<b>e. Election Sum to Date</b>	
						\$ 505.00	
<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"/>			Filing Fee		07/07/2023	\$ 5.00	
<input type="checkbox"/>	300		Est Bank Accoun		07/07/2023	\$ 500.00	
<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>						\$ 505.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 505.00	

# 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
Charles A. Drew for Dasher Hospital Trustee		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b>	<b>c. Comments</b>
Charles A Drew 112 Park Avenue Southport, NC 28461	<input type="checkbox"/> Individual	
	<input checked="" type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	<b>d. Election Sum to Date</b>
	<input type="checkbox"/> Other Receipt Source	\$ 505.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Filing Fee	07/07/2023	\$ 5.00
		\$
		\$
<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. Type of Contributor</b>	<b>c. Comments</b>
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	<b>d. Election Sum to Date</b>
	<input type="checkbox"/> Other Receipt Source	\$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market 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. Type of Contributor</b>	<b>c. Comments</b>
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	<b>d. Election Sum to Date</b>
	<input type="checkbox"/> Other Receipt Source	\$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		\$
		\$
		\$
<b>4. Total only this Page</b>		\$ 5.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 5.00