

# 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<br>Committee to Elect Karmen Custer                                                                                                                                                                                                                                                                                                                               |                                           | c. ID Number                                                        |                                         |
| b. Mailing Address (include City, State and Zip Code)<br>319 Wildwood Street<br>Shallotte, NC 28470                                                                                                                                                                                                                                                                            |                                           | d. Date Filed<br>7-13-23 <del>7/7/2023</del>                        |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                |                                           | e. Phone Number<br>910-263-0201                                     |                                         |
| 2. Report Year                                                                                                                                                                                                                                                                                                                                                                 | 3. Period Start Date (mm/dd/yy)           | 4. Period End Date (mm/dd/yy)                                       | 5. Treasurer Full Name                  |
| 2023                                                                                                                                                                                                                                                                                                                                                                           | 7/7/2023                                  | <del>7/16/2023</del> 7-13-23                                        | Karmen Custer                           |
| 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            | <b>Municipal</b>                                                    | <b>State/County</b>                     |
| <input type="checkbox"/> PAC                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Referendum       | <input checked="" 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"/> Legal Expense Fund                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                     |                                         |
| 7. Type of Fund (if applicable, check one)                                                                                                                                                                                                                                                                                                                                     |                                           | <input type="checkbox"/> Pre-primary                                | <input type="checkbox"/> First          |
| <input type="checkbox"/> "Booster Fund"                                                                                                                                                                                                                                                                                                                                        |                                           | <input type="checkbox"/> Pre-election                               | <input type="checkbox"/> Second         |
| <input type="checkbox"/> Building Fund                                                                                                                                                                                                                                                                                                                                         |                                           | <input type="checkbox"/> Pre-runoff                                 | <input type="checkbox"/> Third          |
|                                                                                                                                                                                                                                                                                                                                                                                |                                           | <input type="checkbox"/> Semi-annual                                | <input type="checkbox"/> Fourth         |
| <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                |                                           | <input type="checkbox"/> Mid Year                                   | <input type="checkbox"/> Semi-annual    |
|                                                                                                                                                                                                                                                                                                                                                                                |                                           | <input type="checkbox"/> Year End                                   | <input type="checkbox"/> Mid Year       |
|                                                                                                                                                                                                                                                                                                                                                                                |                                           | <input type="checkbox"/> Final                                      | <input type="checkbox"/> Year End       |
|                                                                                                                                                                                                                                                                                                                                                                                |                                           | <input type="checkbox"/> Special                                    | <input type="checkbox"/> Final          |
|                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                     | <input type="checkbox"/> Special        |
| 8. Number of Fundraisers this Report                                                                                                                                                                                                                                                                                                                                           |                                           | 10. Special Report Name                                             |                                         |
| 0                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                     |                                         |
| 11. Account Information                                                                                                                                                                                                                                                                                                                                                        |                                           | 11. Account Information                                             |                                         |
| a. Financial Institution Full Name<br>Truist                                                                                                                                                                                                                                                                                                                                   |                                           | a. Financial Institution Full Name<br>N/A                           |                                         |
| b. Purpose<br>Campaign                                                                                                                                                                                                                                                                                                                                                         | c. Account Code<br>2114                   | b. Purpose                                                          | c. Account Code<br>NA                   |
|                                                                                                                                                                                                                                                                                                                                                                                | d. Period Begin Balance<br>\$ 0           |                                                                     | d. Period Begin Balance<br>\$ N/A       |
| 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. |                                           |                                                                     |                                         |
| Karmen Custer                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                                                     | 7/13/23                                 |
| Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                         |                                           | Signature of Appointed Treasurer                                    | Date                                    |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                     |                                         |
| Date Received: _____                                                                                                                                                                                                                                                                                                                                                           | Employee:                                 | Delivery Method                                                     |                                         |
| Date Postmarked: _____                                                                                                                                                                                                                                                                                                                                                         | Employee: _____                           | <input type="checkbox"/> Normal Mail                                |                                         |
| Date Scanned: <b>JUL 14 2023</b>                                                                                                                                                                                                                                                                                                                                               | Employee: _____                           | <input type="checkbox"/> Registered Mail                            |                                         |
| Date Data Entered: _____                                                                                                                                                                                                                                                                                                                                                       | Employee: _____                           | <input checked="" type="checkbox"/> Hand Delivered                  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                | Employee: _____                           | <input type="checkbox"/> Electronically Filed                       |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                | Employee: _____                           | <input type="checkbox"/> Signer has not received mandatory training |                                         |
| <b>Please Note:</b> 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 <input checked="" type="checkbox"/>          |  |
|--------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|-----------------------------------------------------------|--|
| Committee to Elect Karmen Custer                                                           |  | Organizational                                            |  | <del>2114</del>                                           |  |
| <b>Start of Election Cycle:</b> January 1, <u>2022</u> <input checked="" type="checkbox"/> |  | <b>Total this Reporting Period</b>                        |  | <b>Total this Election Cycle</b>                          |  |
| 4) Cash on Hand at Start                                                                   |  | \$ 0                                                      |  | \$ 0                                                      |  |
| <b>RECEIPTS</b>                                                                            |  |                                                           |  |                                                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                                    |  | \$ 0 <input checked="" type="checkbox"/>                  |  | \$ 0 <input checked="" type="checkbox"/>                  |  |
| 6) Contributions from Individuals (CRO-1210)                                               |  | \$ <del>0</del> 55.00                                     |  | \$ <del>0</del> 55.00                                     |  |
| 7) Contributions from Political Party Committees (CRO-1220)                                |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 8) Contributions from Other Political Committees (CRO-1230)                                |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 9) Loan Proceeds (CRO-1410)                                                                |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 10) Refunds/Reimbursements To the Committee (CRO-1240)                                     |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 11) Other Receipt Sources                                                                  |  |                                                           |  |                                                           |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                                  |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250)                            |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 11c) Outside Sources of Income (CRO-1250)                                                  |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 11d) Legal Expense Fund – Other Sources (CRO-1270)                                         |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 11 e) Exempt Purchase Price Sales (CRO-1265)                                               |  | \$ 0 <input checked="" type="checkbox"/>                  |  | \$ 0 <input checked="" type="checkbox"/>                  |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)               |  | \$ <del>0</del> 55.00                                     |  | \$ <del>0</del> 55.00                                     |  |
| <b>EXPENDITURES</b>                                                                        |  |                                                           |  |                                                           |  |
| 13) Disbursements                                                                          |  |                                                           |  |                                                           |  |
| 13a) Operating Expenditures (CRO-1310)                                                     |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                           |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                                             |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                                           |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 15) Loan Repayments (CRO-1420)                                                             |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 16) Refunds/Reimbursements From the Committee (CRO-1320)                                   |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 17) In-Kind Contributions (CRO-1510)                                                       |  | \$ <del>0</del> 5.00 <input checked="" type="checkbox"/>  |  | \$ <del>0</del> 5.00 <input checked="" type="checkbox"/>  |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)                        |  | \$ <del>0</del> 5.00 <input checked="" type="checkbox"/>  |  | \$ <del>0</del> 5.00 <input checked="" type="checkbox"/>  |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)               |  | \$ <del>0</del> 50.00 <input checked="" type="checkbox"/> |  | \$ <del>0</del> 50.00 <input checked="" type="checkbox"/> |  |
| <b>ADDITIONAL INFORMATION</b>                                                              |  |                                                           |  |                                                           |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                                |  | \$ 0                                                      |  |                                                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)                         |  | \$ 0                                                      |  |                                                           |  |
| 22) Debts and Obligations owed By the Committee (CRO-1610)                                 |  | \$ 0                                                      |  |                                                           |  |
| 23) Debts and Obligations owed To the Committee (CRO-1620)                                 |  | \$ 0                                                      |  |                                                           |  |
| 24) Account Transfers Within the Committee (CRO-1720)                                      |  | \$ 0                                                      |  |                                                           |  |
| 25) Administrative Support (CRO-1710)                                                      |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 26) Forgiven Loans (CRO-1440)                                                              |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                                  |  | \$ 0                                                      |  | \$ 0                                                      |  |
| 28) Contributions to be Refunded (CRO-1215)                                                |  | \$ 0                                                      |  | \$ 0                                                      |  |

# 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>                     |  |
| Committee to Elect Karmen Custer                                                                                |                        |                           |                               |                                          |  | <del>2114</del>                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |                               |                                          |  |                                         |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>                      |  |
| Karmen Custer<br>319 Wildwood St<br>Shalotte, NC<br>28470                                                       |                        |                           |                               | Executive Director                       |  | In-kind Filing Fee<br>Open Bank Account |  |
|                                                                                                                 |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                         |  |
|                                                                                                                 |                        |                           |                               | Hope Harbor Home<br>Domestic Violence    |  |                                         |  |
|                                                                                                                 |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b>          |  |
|                                                                                                                 |                        |                           |                               |                                          |  | \$ 55                                   |  |
| <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"/>                                                                                        |                        | Cash                      | Filing Fee                    | 7/7/23                                   |  | \$ 5                                    |  |
| <input type="checkbox"/>                                                                                        | 2114                   | Draft                     | Account Opening               | 7/13/23                                  |  | \$ 50                                   |  |
| <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><br>(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><br>(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>                                                                                  |                        |                           |                               |                                          |  | \$ 55.00                                |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                                          |  | \$ 55.00                                |  |

# 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>                                                                                                                                                                                                                            |                                |
| Committee to Elect Karmen Custer                                                                                 |  | <del>2111</del>                                                                                                                                                                                                                                |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |  |                                                                                                                                                                                                                                                |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>             |
| Karmen Custer<br>319 Wildwood Street<br>Shallotte, NC 28470                                                      |  | <input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source | Filing Fee                     |
|                                                                                                                  |  |                                                                                                                                                                                                                                                | <b>d. Election Sum to Date</b> |
|                                                                                                                  |  |                                                                                                                                                                                                                                                | \$ 55.00                       |
| <b>e. Description</b>                                                                                            |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b>   |
| Filing Fee<br>Brunswick County Board of Elections                                                                |  | 07/07/23                                                                                                                                                                                                                                       | \$ 5                           |
|                                                                                                                  |  |                                                                                                                                                                                                                                                | \$                             |
|                                                                                                                  |  |                                                                                                                                                                                                                                                | \$                             |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |  |                                                                                                                                                                                                                                                |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>             |
|                                                                                                                  |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            | <b>d. Election Sum to Date</b> |
|                                                                                                                  |  |                                                                                                                                                                                                                                                | \$                             |
| <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><br>(include city, state, & zip)                                 |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>             |
|                                                                                                                  |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            | <b>d. Election Sum to Date</b> |
|                                                                                                                  |  |                                                                                                                                                                                                                                                | \$                             |
| <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                           |
| <b>5. Total of ALL CRO-1510 Pages</b><br><i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> |  |                                                                                                                                                                                                                                                | \$ 5                           |