# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

Amendment ☐ Yes ☒ No

## 1. Committee Information

**a. Full Name**
Committee to Elect Robert Bullard

**c. ID Number**

**b. Mailing Address (Include City, State and Zip Code)**
86 E First St
Ocean Isle Beach, NC 28469

**d. Date Filed**
Oct 2, 23

**e. Phone Number**
443-831-6221

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2023 | 7-30-23 | 9-26-23 | Robert Bullard |

## 6. Type of Committee (Check One)

☒ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

**7. Type of Fund (if applicable, check one)**
☐ Booster Fund
☐ Building Fund
☐ Other:

**8. Number of Fundraisers this Report**

## 9. Type of Report (Check only one type of report from one category)

**Municipal**
☐ Organizational
☒ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

**State/County**
☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

**Referendum**
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

**10. Special Report Name**

## 11. Account Information

**a. Financial Institution Full Name**
Truist

| b. Purpose | c. Account Code |
|---|---|
| Checking | 1996 |
| | **d. Period Begin Balance** |
| | 0.00 |

## 11. Account Information

**a. Financial Institution Full Name**

| b. Purpose | c. Account Code |
|---|---|
| | |
| | **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.

Robert Bullard
Printed Name of Signer

Signature of Appointed Treasurer

Oct 2 23
Date

## FOR OFFICE USE ONLY

Date Received: **RECEIVED** 

Employee: CN

Date Postmarked: NOV 0 6 2023

BRUNSWICK COUNTY
BOARD OF ELECTIONS

Date Scanned:

Employee:

Date Data Entered:

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.

# Contributions from Individuals

Pg __1__ of __1__

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Committee to Elect Robert Bullard | |

## 3. Contributor Information    ☐ Add    ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| Deborah Bullard 86 East 1st St. Ocean Isle Beach, NC 28469 | No Job Title | |
| | c. Employer's Name/Specific Field | |
| | Not Employed | e. Election Sum to Date $380.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1996 | Check | | Oct 3, 23 | $ 380.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

## 3. Contributor Information    ☐ Add    ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| Robert Bullard 86 East 1st St Ocean Isle Beach, NC 28469 | no Job Title | To be rectified with with- drawel |
| | c. Employer's Name/Specific Field | |
| | Not Employed | e. Election Sum to Date $3,254.09 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 1996 | Cash | | Sept 6, 23 | $ 380.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

## 3. Contributor Information    ☐ Add    ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| Robert Bullard 86 East 1st St. Ocean Isle Beach, NC 28469 | No Job Title | |
| | c. Employer's Name/Specific Field | |
| | Not Employed | e. Election Sum to Date $3,254.09 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | | campaign pamphlets | 9-18-23 | $ 362.42 |
| ☐ | | | yard signs | 9-20-23 | $1,270.95 |
| ☐ | | | T-shirts | 9-21-23 | $1,615.72 |

| 4. Total only this Page | $ 4,009.09 |
|---|---|
| 5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 4,009.09 |

# In-Kind Contributions

Pg ___1___ of ___1___    Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Committe to Elect Robert Bullard | |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| Robert Bullard 86 East 1st St. Ocean Isle Beach, NC 28469 | ☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source | |

**d. Election Sum to Date** $3,254.09

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Campaign pamphlets | 9-18-23 | $362.42 |
| Yard signs | 9-20-23 | $1,270.95 |
| T-Shirts | 9-21-23 | $1,615.72 |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| | ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source | |

**d. Election Sum to Date** $

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| | ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source | |

**d. Election Sum to Date** $

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

| 4. Total only this Page | $ 3249.09 |
|---|---|
| **5. Total of ALL CRO-1510 Pages** *(This line must be on line 17 of Detailed Summary Page CRO-1100)* | $ 3249.09 |

CRO-1510                NC State Board of Elections                December 2007

# Refunds/Reimbursements From the Committee

Pg 1 of 1

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 |
|---|---|
| Committee to Elect Robert Bullard | |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| Robert Bullard<br>86 East 1st St. Ocean Isle Beach, NC 28469 | ☒ Candidate ☐ PAC<br>☐ Referendum ☐ Party | 9-6-23 |

| | | e. Level Registered | i. Original Receipt Amount |
|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☒ Municipality: | $ 380.00 |

| f. Purpose Code | j. Election Sum to Date |
|---|---|
| L | $ 3,254.09 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| no Job Title | Not Employed | | 1996 |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| Check | Refund Cash Contribution | Oct 3, 23 | $ 380.00 |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | |

| | | e. Level Registered | i. Original Receipt Amount |
|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | $ |

| f. Purpose Code | j. Election Sum to Date |
|---|---|
| | $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| | | | |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| | | | $ |

## 3. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | h. Original Receipt Date |
|---|---|---|
| | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | |

| | | e. Level Registered | i. Original Receipt Amount |
|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | $ |

| f. Purpose Code | j. Election Sum to Date |
|---|---|
| | $ |

| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
|---|---|---|---|
| | | | |

| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|
| | | | $ |

| 4. Total only this Page | $ 380.00 |
|---|---|
| 5. Total of ALL CRO-1320 Pages<br>(This line must be on line 16 of Detailed Summary Page CRO-1100) | $ 380.00 |

## 6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind    O* Other
* Codes require detailed explanation in required remarks field (m)

CRO-1320    NC State Board of Elections    December 2007

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
☐ Yes  ☒ No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|---|---|---|
| Committee to Elect Robert Bullard | 2023 35 Day | |

| Start of Election Cycle: January 1, 2022 | Total this Reporting Period | Total this Election Cycle |
|---|---|---|
| 4) Cash on Hand at Start | 0.00 | 0.00 |

## RECEIPTS

| | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 5) Aggregated Contributions from Individuals | (CRO-1205) | | |
| 6) Contributions from Individuals | (CRO-1210) | 4,009.09 | 4014.09 |
| 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) | | |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | 4,009.09 | 4014.09 |

## EXPENDITURES

| | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | | |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | | |
| 13a) 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) | 380.00 | 380.00 |
| 17) In-Kind Contributions | (CRO-1510) | 3249.09 | 3254.09 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | 3629.09 | 3634.09 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | 380.00 | 380.00 |

## ADDITIONAL INFORMATION

| | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 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) | | |

CRO-1100                    NC State Board of Elections                    August 2008