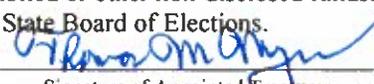


# Disclosure Report Cover

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 Tom Myers for Commissioner		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 301 Ocean Blvd W Holden Beach, NC 28462		d. Date Filed 09/26/23	
		e. Phone Number 704-905-6208	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/25/2023	09/26/23	Thomas M Myers
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name Truist		a. Financial Institution Full Name	
b. Purpose Campaign Activity	c. Account Code TOM	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 50		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.			
Thomas M Myers Printed Name of Signer		 Signature of Appointed Treasurer	09/26/23 Date
FOR OFFICE USE ONLY			
Date Received:		Employee:	<u>CM</u>
Date Postmarked:	<u>OCT 02 2023</u>	Employee:	_____
Date Scanned:		Employee:	_____
Date Data Entered:	_____	Employee:	_____
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			
<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.			

# 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>	
Tom Myers for Commissioner						
<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>	
Tom Myers 301 Ocean Blvd W Holden Beach, NC 28462			No job title			
			<b>c. Employer's Name/Specific Field</b>			
			Not employed			
					<b>e. Election Sum to Date</b>	
					\$      1,575.29	
<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"/>			Media	9/17/2023	\$      1,074.71	
<input type="checkbox"/>			Media	9/26/2023	\$      445.58	
<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>					\$      1,520.29	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$      1,575.29	

# 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>	
Tom Myers for Commissioner			
<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>
Tom Myers 301 Ocean Blvd W Holden Beach, NC 28462		<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	
		<b>d. Election Sum to Date</b>	\$ 1,575.29
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Media - Vista Print: brochures, yard signs, yard banners, return address stamp		09/17/2023	\$ 1,074.71
Media - USPS Postage Stamps		09/26/2023	\$ 369.60
Media - Office Depot Envelopes		09/26/2023	\$ 75.98
<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 <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> (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 <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>		\$ 1,520.29	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,525.29	

# 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	
Tom Myers for Commissioner	2023 Organizational		
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2020</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 50	\$ 0
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b> <i>(CRO-1205)</i>		\$	\$
<b>6) Contributions from Individuals</b> <i>(CRO-1210)</i>		\$ 1,520.29	\$ 1,575.29
<b>7) Contributions from Political Party Committees</b> <i>(CRO-1220)</i>		\$	\$
<b>8) Contributions from Other Political Committees</b> <i>(CRO-1230)</i>		\$	\$
<b>9) Loan Proceeds</b> <i>(CRO-1410)</i>		\$	\$
<b>10) Refunds/Reimbursements To the Committee</b> <i>(CRO-1240)</i>		\$	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b> <i>(CRO-1250)</i>		\$	\$
<b>11b) Contributions from Not-for-Profit Organizations</b> <i>(CRO-1250)</i>		\$	\$
<b>11c) Outside Sources of Income</b> <i>(CRO-1250)</i>		\$	\$
<b>11d) Legal Expense Fund – Other Sources</b> <i>(CRO-1270)</i>		\$	\$
<b>11 e) Exempt Purchase Price Sales</b> <i>(CRO-1265)</i>		\$	\$
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1,520.29	\$ 1,575.29
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b> <i>(CRO-1310)</i>		\$	\$
<b>13b) Contributions to Candidates/Political Committees</b> <i>(CRO-1310)</i>		\$	\$
<b>13c) Coordinated Party Expenditures</b> <i>(CRO-1310)</i>		\$	\$
<b>14) Aggregated Non-Media Expenditures</b> <i>(CRO-1315)</i>		\$	\$
<b>15) Loan Repayments</b> <i>(CRO-1420)</i>		\$	\$
<b>16) Refunds/Reimbursements From the Committee</b> <i>(CRO-1320)</i>		\$	\$
<b>17) In-Kind Contributions</b> <i>(CRO-1510)</i>		\$ 1,520.29	\$ 1,525.29
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 1,520.29	\$ 1,525.29
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 50	\$ 50
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b> <i>(CRO-1330)</i>		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> <i>(CRO-1430)</i>		\$	
<b>22) Debts and Obligations owed By the Committee</b> <i>(CRO-1610)</i>		\$	
<b>23) Debts and Obligations owed To the Committee</b> <i>(CRO-1620)</i>		\$	
<b>24) Account Transfers Within the Committee</b> <i>(CRO-1720)</i>		\$	
<b>25) Administrative Support</b> <i>(CRO-1710)</i>		\$	\$
<b>26) Forgiven Loans</b> <i>(CRO-1440)</i>		\$	\$
<b>27) 48-Hour Notice Reports Sum</b> <i>(CRO-2220)</i>		\$	\$
<b>28) Contributions to be Refunded</b> <i>(CRO-1215)</i>		\$	\$