

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 COMMITTEE TO ELECT HOLLOWMAN			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 3020 COBDEN COURT WELAND, NC 28451			d. Date Filed 6/13/23	
			e. Phone Number 910-352-1658	
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 1/1/22	4. Period End Date (mm/dd/yy) 4/15/2022	5. Treasurer Full Name JANET FEAR	
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		Municipal <input type="checkbox"/> Organizational <input 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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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:		Referendum <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 0		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name		
b. Purpose CONTRIBUTIONS AND REIMBURSEMENTS		b. Purpose		c. Account Code
c. Account Code RJH				d. Period Begin Balance
d. Period Begin Balance \$ 7518.56				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.				
_____ JANET L FEAR Printed Name of Signer		_____ Janet L Fear Signature of Appointed Treasurer		_____ 6/13/23 Date
FOR OFFICE USE ONLY				
Date Received:	RECEIVED	Employee:	_____ Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked:	JUN 13 2023	Employee:		
Date Scanned:	BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee:		
Date Data Entered:		Employee:	<input type="checkbox"/> Signer has not received mandatory training	
<p>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.</p>				

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	
Committee to Elect Holloman	2022 Final		
Start of Election Cycle: January 1, <u>2022</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 7,598.56	\$ 7598.56	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 5.11	\$ 5.11	
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)	\$ 5.11	\$ 5.11	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,194.73	\$ 1,194.73	
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)	\$ 6,403.83	\$ 6,403.83	
17) In-Kind Contributions (CRO-1510)	\$ 5.11	\$ 5.11	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 7,603.67	\$ 7,603.67	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00	
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

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 HOLLOMAN							
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	
JANET FEAR 1330 CROSS WATER CIRCLE LELAUD, NC 28451				NO JOB TITLE/ PROFESSION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			POSTAGE	3/30/22	\$ 5.11		
<input type="checkbox"/>					\$		
<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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<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	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 5.11	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5.11	

Refunds/Reimbursements From the Committee

Pg 1 of 5

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 HOLLOWAY				
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
BRENT HOLLOWAY 623 GOVERNORS RD SE WINNABOW, NC 28479		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/15/21
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 950.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
NO JOB TITLE/ PROFESSION		NOT EMPLOYED		
				k. Account Code
				RJH
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	WEBSITE		3/30/22	\$ 950.00
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
BRENT HOLLOWAY 623 GOVERNORS RD SE WINNABOW, NC 28479		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/20/21
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 850.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
NO JOB TITLE/ PROFESSION		NOT EMPLOYED		
				k. Account Code
				RJH
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	CARDS		3/30/22	\$ 850.00
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
BRENT HOLLOWAY 623 GOVERNORS RD SE WINNABOW, NC 28479		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/30/21
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 115.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
NO JOB TITLE/ PROFESSION		NOT EMPLOYED		
				k. Account Code
				RJH
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	BUSINESS CARDS		3/30/22	\$ 115.00
4. Total only this Page				\$ 1915.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 6403.83
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)				

Refunds/Reimbursements From the Committee

Pg 2 of 5

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 HOLLOWMAN					
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	
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/20/21	
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.00	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 26.29	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NO JOB TITLE/ PROFESSION	NOT EMPLOYED			RJH	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	MEET/GREET ROOM		3/30/22	\$ 50.00	
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	
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/27/21	
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 46.82	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 26.29	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NO JOB TITLE/ PROFESSION	NOT EMPLOYED			RJH	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	MEETING/BATTLEMAN		3/30/22	\$ 46.82	
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	
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/27/21	
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 24.85	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 26.29	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
NO JOB TITLE/ PROFESSIONAL	NOT EMPLOYED			RJH	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	MEET/GREET SUPPLY		3/30/22	\$ 17.96	
4. Total only this Page				\$ 114.78	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 6403.83	
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)					

Refunds/Reimbursements From the Committee

Pg 3 of 5

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 HOLLOWAN				
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
RICHARD HOLLOWAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/06/21
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1200.94
		f. Purpose Code		j. Election Sum to Date
		P		\$ 26.29
b. Job Title/Profession	c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE/ PROFESSION	NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	CAMPAIGN SIGNS		3/30/22	\$ 1200.94
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
RICHARD HOLLOWAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/27/21
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 750.00
		f. Purpose Code		j. Election Sum to Date
		P		\$ 26.29
b. Job Title/Profession	c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE/ PROFESSION	NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	FOX-ADS		3/30/22	\$ 750.00
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
RICHARD HOLLOWAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/28/21
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00
		f. Purpose Code		j. Election Sum to Date
		P		\$ 26.29
b. Job Title/Profession	c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE/ PROFESSION	NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CHECK	DYNAMIC DIGITAL ADS		3/30/22	\$ 200.00
4. Total only this Page				\$ 2150.94
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>				\$ 6403.83
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)				

Refunds/Reimbursements From the Committee

Pg 4 of 5

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 HOLLOWMAN				
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
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/26/21
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1400.00
		f. Purpose Code		j. Election Sum to Date
		P		\$ 26.89
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
NO JOB TITLE/ PROFESSION	NOT EMPLOYED			RJH
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
CHECK	LAMAR - BILL BOARD	3/30/22	\$ 1400.00	
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
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/26/21
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 300.00
		f. Purpose Code		j. Election Sum to Date
		P		\$ 26.89
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
NO JOB TITLE/ PROFESSION	NOT EMPLOYED			RJH
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
CHECK	GREEN OUTDOOR BILLBOARD	3/30/22	\$ 300.00	
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	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$ 1700.00
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>				\$ 6403.83
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)				

Refunds/Reimbursements From the Committee

Pg 5 of 5

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 HOLLOWMAN					
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	
JANET FEAR 1330 CROSS WATER CIRCLE LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		3/30/22	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 5.11	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
NO JOB TITLE/ PROFESSION		NOT EMPLOYED			
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
CHECK		POSTAGE		3/30/22	
				o. Amount	
				\$ 5.11	
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	
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/20/21	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 118.00	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
NO JOB TITLE/ PROFESSION		NOT EMPLOYED			
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
CHECK		CAMPAIGN POSTERS		3/30/22	
				o. Amount	
				\$ 118.00	
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	
RICHARD HOLLOWMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/20/21	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 400.00	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
NO JOB TITLE/ PROFESSION		NOT EMPLOYED			
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
CHECK		DOOR BANNERS		3/30/22	
				o. Amount	
				\$ 400.00	
4. Total only this Page				\$ 523.11	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 6403.83	
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)					

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	
COMMITTEE TO ELECT HOLLOWAY			
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	
JANET PEAR 1330 CROSS WATER CIRCLE LELAND, NC 28151		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 5.11	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		3/30/22	\$ 5.11
			\$
			\$
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	
		<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	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
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	
		<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	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	