

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 Lynn McDowell For OKI		c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO Box 133 Oak Island, NC 28465		d. Date Filed 8/11/2021	
		e. Phone Number 910-278-7252	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	07/13/21	07/23/2021	Lynn H. McDowell
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 checked="" 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 type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <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	
		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	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose Campaign Transactions	c. Account Code LHM2021	b. Purpose	c. Account Code
	d. Period Begin Balance \$0.00		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.			
_____ LYNN H. McDowell Printed Name of Signer		_____ Lynn H. McDowell Signature of Appointed Treasurer	
		_____ 8-11-21 Date	
FOR OFFICE USE ONLY			
Date Received:	RECEIVED	Employee:	<u>AR</u>
Date Postmarked:	AUG 11 2021	Employee:	_____
Date Scanned:	BRUNSWICK COUNTY BOARD OF ELECTIONS	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			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Lynn McDowell For OKI	2021 Organizational		
Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$0.00	\$0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)		
6) Contributions from Individuals	(CRO-1210)	349.47	349.47
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)		349.47	349.47
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	25.00	25.00
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)		
17) In-Kind Contributions	(CRO-1510)	249.47	249.47
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		274.47	274.47
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		75.00	75.00
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

Pg of 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	
LYNN McDOWELL FOR OKI							
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	
LYNN H. McDOWELL PO BOX 133 OAK ISLAND, NC 28465 (910) 278-7252				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 250.09	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	LHM2021	CHECK		07/13/2021	\$ 100.00		
<input type="checkbox"/>		CR. CARD	CELL PHONE	07/21/2021	\$ 106.74		
<input type="checkbox"/>		CR. CARD	MONTHLY CELL SERVICE	07/21/2021	\$ 43.35		
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	
ROBERT P. McDOWELL PO BOX 133 OAK ISLAND, NC 28465 (910) 278-7252				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 99.38	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CR. CARD	SHADE CANOPY FOR	07/23/2021	\$ 99.38		
<input type="checkbox"/>			CAMPAIGN EVENTS		\$		
<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						\$ 349.47	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 349.47	

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LYNN McDOWELL FOR OKI							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BRUNSWICK Co. BOARD OF ELECTIONS PO BOX 2 BOLIVIA, NC 28422 (910) 253-2620							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LHM2021	CHECK	H	07/14/2021	\$ 25.00	FILING FEE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 25.00	
6. Total of ALL CRO-1310 Pages						\$ 25.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

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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
LYNN McDOWELL FOR OKI		
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
LYNN H. McDOWELL PO Box 133 OAK ISLAND, NC 28465 (910) 278-7252		<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
		c. Comments
		d. Election Sum to Date \$ 250.09
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CELL PHONE	07/21/2021	\$ 106.74
MONTHLY CELL SERVICE	07/21/2021	\$ 43.35
		\$
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
ROBERT P. McDOWELL PO Box 133 OAK ISLAND, NC 28465 (910) 278-7252		<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 \$ 99.38
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SHADE CANOPY FOR CAMPAIGN EVENTS	07/23/2021	\$ 99.38
		\$
		\$
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		\$ 249.47
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 249.47