

RECEIVED

JAN 28 2022

Amendment

Yes

No

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

BRUNSWICK COUNTY BOARD OF ELECTIONS

1. Committee Information			
a. Full Name Committee to Elect Jeff Winecuff		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1047 Redwood Rd. Southport, NC		d. Date Filed 1/3/22	
		e. Phone Number 910-845-3009	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	07/01/21	09/21/21	Jeffrey Winecuff
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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<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 WoodForest National Bank		a. Financial Institution Full Name	
b. Purpose Committee	c. Account Code JBW5	b. Purpose	c. Account Code
Fund	d. Period Begin Balance \$ 419.54		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.			
Jeff Winecuff Printed Name of Signer		[Signature] Signature of Appointed Treasurer	1/28/22 Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input 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.			

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 Jeff Winecoff						
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	
Jeff Winecoff 1047 Redwood Rd Southport, NC 28451 910-845-3009			Maint Admin			
			c. Employer's Name/Specific Field			
			Davis Community		e. Election Sum to Date	
					\$ 30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	JBW5	Cash		8/16/21	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donna Winecoff 1047 Redwood Rd Southport, NC 28461 910-845-3009			Cafeteria Manager			
			c. Employer's Name/Specific Field			
			Bruns County Schools		e. Election Sum to Date	
					\$ 30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JBW5	Cash		8/16/21	\$ 30.00	
<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	
Mike Forte 1271 Washington St Southport, NC 28461 973-931-0144			County Commissioner			
			c. Employer's Name/Specific Field			
			Brunswick County		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JBW5	Check		8/20/21	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 310.00	
5. Total of ALL CRO-1210 Pages					\$ 310.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



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