

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 <i>COMMITTEE TO ELECT MIKE HARGREAVES</i>	c. ID Number <i>MHFC</i>
b. Mailing Address (include City, State and Zip Code) <i>612 DRAGON COURT SUNSET BEACH NC 28468</i>	d. Date Filed
	e. Phone Number <i>315-939-2277</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>07/09/21</i>	4. Period End Date (mm/dd/yy) <i>09/21/2021</i>	5. Treasurer Full Name <i>LOUIS R. DEVITA</i>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)		
		Municipal <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	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) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name		
8. Number of Fundraisers this Report <i>1</i>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>UNITED BANK</i>	a. Financial Institution Full Name	b. Purpose <i>ALL CAMPAIGN INCOME & EXPENSE</i>	b. Purpose
c. Account Code <i>MJPH</i>	c. Account Code	d. Period Begin Balance \$ <i>0</i>	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.

LOUIS R. DEVITA *Louis R. Devita* *10/13/2021*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <i>10/13/21</i>	Employee: <i>UB</i>	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
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

RECEIVED

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 MIKE HARGREAVES	35 DAY	MHFC	
Start of Election Cycle: January 1,	<u>2018</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	0	0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	1150.00	1150.00
6) Contributions from Individuals (CRO-1210)	\$	8674.84	8674.84
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)	\$	9824.84	9824.84
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	997.53	997.53
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	38.34	38.34
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)	\$	594.84	594.84
17) In-Kind Contributions (CRO-1310)	\$	594.84	594.84
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	2225.55	2225.55
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	7599.29	7599.29
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)	\$		

Aggregated Contributions from Individuals

Page

1 of 2 Yes No

Optional form used to report NC Contributions From individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MIKE HARGREAVES - CONGRESS					MHFC	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	MJPH	CHECK	KEVIN BROWN	09/10/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	ANTHONY MONDI	07/15/2021	\$ 25.00	
<input type="checkbox"/> Add	MJPH	CHECK	SUSAN BOYLER	07/16/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	CHARLES GIOLOANO	07/16/2021	\$ 25.00	
<input type="checkbox"/> Add	MJPH	CHECK	LAWRENCE HERMISTOFF	07/19/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	BARBARA WOSTYSZAK	07/19/2021	\$ 50.00	
<input type="checkbox"/> Add	MJPH	CHECK	DAVID GILLESPIE	07/18/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	HARRY JONES	07/19/2021	\$ 50.00	
<input type="checkbox"/> Add	MJPH	CHECK	RALPH KENNEDY	07/25/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	JOHN J. LAMBERT	07/24/2021	\$ 50.00	
<input type="checkbox"/> Add	MJPH	CHECK	KATHLEEN BARTHELME	07/26/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	LOWELL KENT	07/28/2021	\$ 50.00	
<input type="checkbox"/> Add	MJPH	CHECK	STEPHAN DARRÉ	08/02/2021	\$ 35.00	
<input type="checkbox"/> Remove	MJPH	CHECK	DENNIS C. MORRIS	08/06/2021	\$ 40.00	
<input type="checkbox"/> Add	MJPH	CHECK	BARBARA J. GALLIGAN	08/11/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	THOMAS P. BRIHAN	08/18/2021	\$ 20.00	
<input type="checkbox"/> Add	MJPH	CASH	THOMAS ANTHONY	09/05/2021	\$ 20.00	
<input type="checkbox"/> Remove	MJPH	CHECK	GRANT J. DEYONGE	09/05/2021	\$ 50.00	
<input type="checkbox"/> Add	MJPH	CHECK	KIM E. URBAN	09/10/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	KATHLEEN McDONALD	09/10/2021	\$ 50.00	
<input type="checkbox"/> Add	MJPH	CHECK	BETTY H. SCOTT	09/03/2021	\$ 50.00	
<input type="checkbox"/> Remove	MJPH	CHECK	SAM K. NEWMAN	09/09/2021	\$ 50.00	
4. Total only this Page					\$ 965.00	
5. Total of ALL CRO-1205 Pages					\$ 1150.00	

(This line must be on line 5 of Detailed Summary Page (CR1-1300))

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRD-1210 is not used.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MIKE HARGREAVES				MHC	
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 HARGREAVES 612 DEACON COURT SUNSET BEACH NC 28468 315 939-2277			No JOB TITLE ^{AD} NOT EMPLOYED ^{AD}	PILING FEB AND INITIAL BANK DEPOSIT	
			e. Election Sum to Date		
			\$ 100 ^{AD}		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MJPH	CHECK		07/11/2021	\$ 100 ^{AD}
<input type="checkbox"/>	MJPH	CASH		07/09/2021	\$ 5 - ^{AD}
<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	
JOHN CURBATT 1313 CAVAN DR SUNSET BEACH NC 28468 571-251-8778			No JOB TITLE ^{AD} NOT EMPLOYED ^{AD}		
			e. Election Sum to Date		
			\$ 100 ^{AD}		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MJPH	CHECK		07/12/2021	\$ 100 ^{AD}
<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	
MAY MARY BERGERE 222 BARONKY PLACE DR SUNSET BEACH NC 28468 910-575-7522			No JOB TITLE ^{AD} NOT EMPLOYED ^{AD}		
			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"/>	MJPH	CHECK		07/15/2021	\$ 250 ^{AD}
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$	455 ^{AD}
5. Total of ALL CRD-1210 Pages				\$	8679.84 ^{AD}
<i>(This line must be on line 6 of Detailed Summary Page CRD-1100)</i>					

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if Form CRO-1216 is not used.

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT MIKE HARGREAVES FOR SENATE						MHFC
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	
ANDREW & HANZORIK HAYDEN 103 FOREST WALK SUNSET BEACH NC 28408 910-575-5472			NO JOB TITLE <i>MD</i>			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED <i>MD</i>		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/16/2021	\$ 100.00	
<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	
ANITA CHARIK 111 DISCOVERY LAKE DR. SUNSET BEACH NC 28468 910-575-1049			NO JOB TITLE <i>MD</i>			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED <i>MD</i>		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/15/2021	\$ 100.00	
<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	
ROBERT J. CRAIG 120 CROOKED GULLY CIR SUNSET BEACH NC 28468 908-797-9792			NO JOB TITLE <i>MD</i>			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED <i>MD</i>		\$ 700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/15/2021	\$ 500.00	
<input type="checkbox"/>	MJPH	CHECK		09/10/2021	\$ 200.00	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 900.00
5. Total of ALL CRO-1216 Pages						\$ 8674.84 <i>MD</i>
(This line must be on line 6 of Detailed Summary Page CRO-1105)						

Contributions from Individuals

Use this form to report individual contributions from 501(c)(3) organizations under 501(c)(3) Form CRO-1210 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT MIKE HARGREAVES						MHFC
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	
RICHARD A. KOCAK 1198 KINGSMILL CT SUNSET BRACH NC 28468 910 579 3898			NO JOB TITLE PD			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED PD		\$ 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"/>	MJPH	CHECK		07/16/2021	\$ 250.00	
<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	
NRIK WEISS 210 CROOKED GALLEY CIR SUNSET BRACH NC 28468 910 575 - 7990			NO JOB TITLE PD			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED PD		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/16/2021	\$ 100.00	
<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	
WILLIAM SHOVHIN 351 CROOKED GALLEY CIR SUNSET BRACH NC 28468 910 - 579 - 2086			NO JOB TITLE PD			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED PD		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/16/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 450.00
5. Total of ALL CRO-1210 Pages						\$ 8677.84
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if Form CRG-1205 is not used.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect MIKE HARGREAVE For 2020				M/HFC	
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
ROY CONDIFF 698 KINGS TRAIL SUNSET BRANCH NC 28468 910-575-4955			No JOB TITLE <i>MD</i>		
			c. Employer's Name/Specific Field		
			NOT EMPLOYED <i>MD</i>		e. Election Sum to Date \$ 100 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		07/15/2021	\$ 100 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
MICHAEL POZDOL 230 BARONKY PL DR SUNSET BRANCH NC 28468 910-579-4319			No JOB TITLE <i>MD</i>		
			c. Employer's Name/Specific Field		
			NOT EMPLOYED <i>MD</i>		e. Election Sum to Date \$ 100 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		07/18/2021	\$ 100 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
CYNTHIA TARANTINO 331 CROOKED GULLY CIR SUNSET BRANCH NC 28468 910 575-8430			No JOB TITLE <i>MD</i>		
			c. Employer's Name/Specific Field		
			NOT EMPLOYED <i>MD</i>		e. Election Sum to Date \$ 60 ⁰⁰
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		07/15/2021	\$ 60 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 260 ⁰⁰
5. Total of ALL CRG-1205 Pages					\$ 8674.84 <i>MD</i>
<i>(This line must be on line 6 of Detailed Summary Page CRG-1100)</i>					

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if Form CRO-1210 is not used.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MIKE HARGREAVES					MHFC	
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		c. Comments
JUDITH HARGREAVES 612 DEACON CT SUNSET BEACH NC 28465 315-939-2277				NO JOB TITLE <i>MD</i>		
				NOT EMPLOYED <i>MD</i>		Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/25/2021	\$ 100.00	
<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		c. Comments
PAMELA DUNN 629 OYSTER BAY DR SUNSET BEACH NC 28468 704-905-7553				NO JOB TITLE <i>MD</i>		
				NOT EMPLOYED <i>MD</i>		Election Sum to Date \$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/27/2021	\$ 150.00	
<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		c. Comments
WILLIAM HALLIWELL 1198 EASTWOOD LANDING WAY SUNSET BEACH NC 28468 757-894-7592				NO JOB TITLE <i>MD</i>		
				NOT EMPLOYED <i>MD</i>		Election Sum to Date \$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/17/2021	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 8677.84 <i>MD</i>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$30 or contributions under \$30 if Form CRD-1206 is not used.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MIKE HARGREAVES				MHFC	
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	
LYNDA N. COSTNER 613 DEACON CT SUNSET BEACH NC 28468 910 579-7683		NO JOB TITLE NOT EMPLOYED		Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		07/31/2021	\$ 100.00
<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	
MICHAEL A. BRUNTT 1166 EASTWOOD LANDINGWAY SUNSET BEACH NC 28465 917-769-9924		NO JOB TITLE NOT EMPLOYED		Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		08/03/2021	\$ 100.00
<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	
GREGORY T. DECRANE 1637 SAND HARBOR CIR OCEAN ISLE BEACH 910-393-9895		NO JOB TITLE NOT EMPLOYED		Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		08/16/2021	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 300.00	
5. Total of ALL CRD-1210 Pages				\$ 8674.84 (Total)	
<small>(This line must be on line 6 of Detailed Summary Page CRD-1160)</small>					

Contributions from Individuals

Use this form to report individual contributions to the 2024 US House of Representatives election cycle (2023-2024) on this form.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MIKE HARGREAVES				MHFC	
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 c. Employer's Name/Specific Field d. Comments e. Election Sum to Date					
RICHARD SAUNDERS PO BOX 6340 OCEAN ISLE BEACH NC 28469 910-579-2577				NO JOB TITLE <i>RD</i> NOT EMPLOYED <i>RD</i> \$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		08/18/2024	\$ 60.00
<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 c. Employer's Name/Specific Field d. Comments e. Election Sum to Date					
MICHAEL D. TRESKAK 1303 FOREST CREEK RD SUNSET BEACH NC 28468 910-575-7588				NO JOB TITLE <i>RD</i> NOT EMPLOYED <i>RD</i> \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		08/22/2024	\$ 100.00
<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 c. Employer's Name/Specific Field d. Comments e. Election Sum to Date					
ALLEN Y. DOOLITTLE 621 EASTWOOD PARK RD SUNSET BEACH NC 28468 910-233-8446				NO JOB TITLE <i>RD</i> NOT EMPLOYED <i>RD</i> \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MSPH	CHECK		08/23/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 260.00	
5. Total of ALL CONTRIBUTOR PAGES				\$ 867484 <i>RD</i>	

Contributions From Individuals

Use this form to record individual contributions over \$50 or contributions under \$50 if Form 1042-ES is not used.

1. Committee Full Name (and Fund if applicable)		2. ID Number			
COMMITTEE TO ELECT MIKE HARGREAVES		MHFC			
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, or zip)		b. Job Title/Profession		c. Election Sum to Date	
KAYE EVANS 218 CROOKED GULLY CIR SUNSHINE BRANCH NC 28168 910 579-5669		NO JOB TITLE <i>ME</i>		NOT EMPLOYED <i>ME</i> 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MJPH	CHECK		09/02/2021	100.00
<input type="checkbox"/>					
<input type="checkbox"/>					
4. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, or zip)		b. Job Title/Profession		c. Election Sum to Date	
ELIZABETH A. PRISCU 203 JONES BYRD CT SUNSHINE BRANCH NC 28168 848-702-0275		NO JOB TITLE <i>ME</i>		NOT EMPLOYED <i>ME</i> 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MJPH	CHECK		09/09/2021	500.00
<input type="checkbox"/>					
<input type="checkbox"/>					
5. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, or zip)		b. Job Title/Profession		c. Election Sum to Date	
THOMAS J BORMANN 1515 N. SHORE DR SUNSHINE BRANCH NC 28168 916 315-7359		NO JOB TITLE <i>ME</i>		NOT EMPLOYED <i>ME</i> 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MJPH	CHECK		09/02/2021	100.00
<input type="checkbox"/>					
<input type="checkbox"/>					
4. Total only this Page					\$ 700.00
5. Total of ALL CONTRIBUTIONS					\$ 8674.84 <i>ME</i>

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 MIKE HARGREAVES						MHFC	
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	
BEVERLY J. DRACH 205 JONES BYRD CT SUNSET BRANCH NC 28468 973 670 3150				NO JOB TITLE MD			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED MD		e. Election Sum to Date	
						\$ 105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MJPH	CHECK		07/15/2021		\$ 25.00	
<input type="checkbox"/>	MJPH	CHECK		09/10/2021		\$ 80.00	
<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	
SHARLA VANDY GROVES 1804 HUNTINGTON RD GRANSHAW, NC 27408 336-274-1079				NO JOB TITLE MD			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED MD		e. Election Sum to Date	
						\$ 2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MJPH	CHECK		09/10/2021		\$ 2000.00	
<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	
CAROL BATES 708 OYSTER BAY DR SUNSET BRANCH NC 28468 901 938 1305				NO JOB TITLE MD			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED MD		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MJPH	CHECK		09/05/2021		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2305.00	
5. Total of ALL CRO-1210 Pages						\$ 8674.84 MD	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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 MIKE HARGREAVES					M4FC	
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	
SHARON T. MARKATOS 310 CROOKED GULLY CIR SUNSET BEACH NC 28468 910 575-0901			No JOB TITLE HD			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED HD		\$ 100 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MSPH	CHECK		09/10/2024	\$ 100 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	
PRISCILLA S DONALDSON 136 CROOKED GULLY CIR SUNSET BEACH NC 28468 910-575-2270			No JOB TITLE HD			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED HD		\$ 150 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MSPH	CHECK		09/10/2024	\$ 150 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	
KAREN JOSEPH 915 SAND PIPER BAY DR SW SUNSET BEACH NC 28468 910-579-4891			No JOB TITLE HD			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED HD		\$ 100 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MSPH	CHECK		09/10/2024	\$ 100 00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350 00	
5. Total of ALL CRO-1210 Pages					\$ 8679.84 HD	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

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 MIKE HARGREAVES						MHFC	
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	
STEPHEN W HAINS 5 SAMIE ST RIDGE NY 11861 631-338-2295				NO JOB TITLE <i>HW</i>			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED <i>HW</i>		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MSPH	CHECK		09/10/2021		\$ 100.00	
<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	
PAULA A PUDWIN 224 BARONKY PLACE SUNSET BEACH NC 28468 752-620-5277				NO JOB TITLE <i>HW</i>			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED <i>HW</i>		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MSPH	CHECK		09/10/2021		\$ 100.00	
<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	
ROBERT FORNASTAR 110 CROOKED GUNNEY RUN SUNSET BEACH NC 28468 910-575-2332				NO JOB TITLE <i>HW</i>			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED <i>HW</i>		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MSPH	CHECK		09/10/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$ 8674.84 <i>HW</i>	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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) COMMITTEE TO ELECT MIKE HARGREAVES					2. ID Number M H F C	
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	
CHRISTOPHER M BRITTON 412 SAIL FISH ST SUNSET BRACH NC 28468 703-400-8987			OWNER BEST SOLUTIONS GR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPA	CHECK		09/10/2021	\$ 100.00	
<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	
JOHN ROTHERMIL 631 EASTWOOD PARK Rd SUNSET BRACH NC 28468 910-579-5263			NO. JOB TITLE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$ 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"/>	MJPA	CHECK		09/10/2021	\$ 250.00	
<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	
DOTTIE CROW THAMS 1184 KINGS MILL CT SUNSET BRACH NC 28468 910-575-0544			NO. JOB. TITLE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MJPA	CHECK		09/10/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 8674.84	

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 ELEC MIKE HARGREAVES						MIFC	
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	
JO ANNE K. BARTON 273 RICH MILL CIRCLE SUNSET BEACH NC 28468 910 579-7821				NO JOB TITLE NO			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED NO		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MSPA	CHECK		09/13/2021	\$ 100.00		
<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	
SUSAN BRIDGES 595 COACH TRAIL SUNSET BEACH NC 28468 910-575-4768				NO JOB TITLE NO		1/3 OF KICK-OFF MEETING AS IN KIND TO BE REPAID TO SUSAN	
				c. Employer's Name/Specific Field			
				NOT EMPLOYED NO		e. Election Sum to Date \$ 594.84	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	P...	CREDIT CARD	FOODS BEVERAGES FOR KICK-OFF MTC	09/10/2021	\$ 594.84		
<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	
FRANCIS P. CONWAY PO BOX 9296 OCEAN ISLA BEACH NC 28469 203-232-3089				NO JOB TITLE NO			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED NO		e. Election Sum to Date \$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MSPA	CHECK		09/17/2021	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 994.84	
5. Total of ALL CRO-1210 Pages						\$ 8677.84 NO	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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 MIKE HARGREAVES						MHFC	
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	
BENJAMIN J. TATTERSALL 225 BARONEY PLACE DR SUNSET BEACH NC 28568 910-575-2740				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 100 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	MJPH	CHECK		09/15/2011		\$ 100 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	
				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						\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8674.84	

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 Firm if applicable) **COMMITTEE TO ELECT MIKE HARGREAVES** 2. HIR Number **MHF C**

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
DELUXE
PO BOX 4656
CAROL STREAM, IL 60497-4656
1-800-328-0304

b. Coordinated Committee Name

c. Level Registered (Specify):
 Federal County: State Municipality

d. Comments

e. Election Sum to Date
\$ 10.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MJPH	DEBIT CARD	H	07/20/2021	\$ 10.00	CHECKS DEPOSITS

4. Payee Information Add REMOVE

a. Full Name, Mailing Address & Phone (include city, state, & zip)
SIEN OUTLET STORE
2200 OGDEN AVE
SUITE 350
NISHA, IL 60532
1-800-315-9676 MW

b. Coordinated Committee Name

c. Level Registered (Specify):
 Federal County: State Municipality

d. Comments

e. Election Sum Date
\$ 749.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MJPH	DEBIT CARD	A	08/22/2021	\$ 557.32	SIGNS
MJPH	DEBIT CARD	A	08/22/2021	\$ 198.09	WARE STANDS

4. Payee Information Add REMOVE

a. Full Name, Mailing Address & Phone (include city, state, & zip)
VISTA PRINT
E-COMMERCE
HTTPS://WWW.VISTAPRINT.COM
1-866-207-4953 MW

b. Coordinated Committee Name

c. Level Registered (Specify):
 Federal County: State Municipality

d. Comments

e. Election Sum Date
\$ 238.12

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MJPH	DEBIT CARD	B	09/17/2021	\$ 192.76	DOOR HANKERS
MJPH	DEBIT CARD	B	09/17/2021	\$ 45.36	BUSINESS CARDS

Total only this Page **\$ 997.53**

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contributions/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 1035.87 *ALL*

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

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) **COMMITTEE TO ELECT MIKE HARGREAVES** 2. ID Number **MITFC**

3. Type of Disbursement (Please use separate CRD-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidate/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
COMMITTEE TO ELECT JOHN CORBETT
1313 CANAL DRIVE
SUNSET BRACH NC 28466
571-251-8778

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County: Municipality:
 State

d. Comments
1/3 OF CAMPBELL CONTRIBUTION MADE PAYABLE TO HARGREAVES

e. Election Sum to Date
\$ 16.67

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
MJPH	CHECK	D	09/13/2021	\$ 16.67	SHARED CONTRIBUTION

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
COMMITTEE TO ELECT CHARLIE WARR
647 OYSTER BAY DR
SUNSET BRACH NC 28468
910 579 5214

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County: Municipality:
 State

d. Comments
1/3 OF CAMPBELL CONTRIBUTION MADE PAYABLE TO HARGREAVES

e. Election Sum to Date
\$ 16.67

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
MJPH	CHECK	D	09/13/2021	\$ 16.67	SHARED CONTRIBUTION

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
BRUNSWICK COUNTY BOARD OF ELECTIONS
BOHIVIA

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County: Municipality:
 State

d. Comments

e. Election Sum to Date
\$ 5.00 JW

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
	CASH	H	07/09/21	\$ 5.00	BEING FOR JW

5. Total of ALL CRD-1310 Pages **38.34 JW**

6. Total of ALL CRD-1310 Pages (This line goes in line 13a of Detailed Summary Page CRD-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRD-1100 if Contrib to Candidate/Political Comm) (This line goes in line 13c of Detailed Summary Page CRD-1100 if Coordinated Party Expenditures)
\$ 1035.87 JW

7. Purpose Codes (if not detailed expenditures code in (b) 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
 - Other

* Codes require detailed explanation in required remarks field (8)

Refunds/Reimbursements From the Committee

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 MIKE HARGREAVES			MIFC	
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
SUSAN BRIDGES 595 COACH TRAIL SUNSET BEACH NC 28469 910-575-4768		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/10/2021 <i>MUD</i>
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 594.84
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
NO JOB TITLE		NOT EMPLOYED		REPAY HER COST (L) OUTLAY
		g. Comments		j. Election Sum to Date
		1/3 OF KICK OFF MEETING EXPENSES		\$ 594.84
l. Form of Payment		m. Required Remarks		k. Account Code
CHECK				MJPH
		n. Date (mm/dd/yyyy)		o. Amount
		07/17/2021		\$ 594.84
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:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
		g. Comments		j. Election Sum to Date
				\$
l. Form of Payment		m. Required Remarks		k. Account Code
		n. Date (mm/dd/yyyy)		o. Amount
				\$
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:		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
		g. Comments		j. Election Sum to Date
				\$
l. Form of Payment		m. Required Remarks		k. Account Code
		n. Date (mm/dd/yyyy)		o. Amount
				\$
4. Total only this Page				\$ 594.84
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>				\$ 594.84
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 MIKE HARGREAVES		MHFC
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	c. Comments
SUSAN BRIDGES 595 COACH TRAIL SUNSET BEACH NC 28468 910-575-4768	<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	1/3 of KICK OFF MEETING COST
		d. Election Sum to Date
		\$ 594.84
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD + BEVERAGES FOR KICK-OFF MEETING	09/10/2021	\$ 594.84
		\$
		\$
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	c. Comments
	<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	
		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	c. Comments
	<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	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 594.84
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 594.84