

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>MAFC</i>																																				
b. Mailing Address (include City, State and Zip Code) <i>612 DEACON CT SUNSET BEACH NC 28468</i>	d. Date Filed <i>09-22-2021</i>																																				
	e. Phone Number <i>315-939-2277</i>																																				
2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>7/12/21</i>																																				
4. Period End Date (mm/dd/yy) <i>9/21/21</i>	5. Treasurer Full Name <i>LOUIS R. DEVITA</i>																																				
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																																					
7. Type of Fund (if applicable, check one)																																					
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:																																					
8. Number of Fundraisers this Report <i>1</i>																																					
9. Type of Report (check only one type of report from one category)																																					
<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Municipal</td> <td style="width:33%;">State/County</td> <td style="width:33%;">Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input checked="" type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<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	
Municipal	State/County	Referendum																																			
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																			
<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																			
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																			
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																			
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																			
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																			
<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																																				
10. Special Report Name																																					
11. Account Information																																					
a. Financial Institution Full Name <i>UNITED BANK</i>																																					
b. Purpose <i>ALL CAMPAIGN EXPENSES</i>	c. Account Code <i>MJPH</i>																																				
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.																																					
<i>LOUIS R. DEVITA</i> Printed Name of Signer	<i>Louis R. Devita</i> Signature of Appointed Treasurer																																				
	<i>9-22-21</i> Date																																				
FOR OFFICE USE ONLY																																					
Date Received: RECEIVED	Employee: <i>al</i>																																				
Date Postmarked: SEP 22 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	
COMMITTEE TO ELECT MIKE HARGREAVES	35 DAY	MHFC	
Start of Election Cycle: January 1,	<u>2021</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-1216)		\$ 8669.84	\$ 8669.84
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)		\$ 9819.84	\$ 9819.84
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 997.53	\$ 997.53
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 33.34	\$ 33.34
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-1510)		\$ 594.84	\$ 594.84
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2220.55	\$ 2220.55
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-1350)		\$	\$
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) <i>COMMITTEE TO ELECT MIKE HARGREAVES to Council</i>	2. ID Number <i>MHFC</i>
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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 B. JAMES	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 BOSCHER	07/16/2021	\$ 50.00
<input type="checkbox"/> Remove	MJPH	CHECK	CHARLES GIORDANO	07/16/2021	\$ 25.00
<input type="checkbox"/> Add	MJPH	CHECK	LAWRENCE HARRIOTT	07/19/2021	\$ 50.00
<input type="checkbox"/> Remove	MJPH	CHECK	BARBARA WOSTYSIAK	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 DARR	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. BRIAN	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
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5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page (CR1-1100))</small>	\$ 1150.00
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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	
MIKE HARGREAVES 612 DEACON COURT SUNSET BEACH NC 28468 315 939-2277		RETIRED SCHOOL ADMINISTRATOR			
				c. 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		07/11/2021	\$ 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 CORBATT 1313 CAVAL DR SUNSET BEACH NC 28468 571-251-8778		RETIRED			
				c. 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		07/12/2021	\$ 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	
DOUGLAS & MARY BERGERE 222 BARONEY PLACE DR SUNSET BEACH NC 28468 910-575-7522		RETIRED			
				c. 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 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 450 ⁰⁰	
5. Total of ALL CRO-1210 Pages				\$ 8669.84	
<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 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	
THOMAS & MARJORIE KAYDEN 103 FOREST WALK SUNSET BEACH NC 28468 910-575-5472			RETIRED			
			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"/>	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 CLARK 111 DISCOVERY LAKE DR. SUNSET BEACH NC 28468 910 575-1049			RETIRED			
			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"/>	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 CIRCH SUNSET BEACH NC 28468 908-797-9792			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 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-1210 Pages						\$ 8669.84
<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, Inc. 2021						MHFC
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		
RICHARD A. KOCAK 1198 KINGSMILL CT SUNSET BRANCH NC 28468 910 579 3898			RETIRED			
			c. Employer's Name/Specific Field	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"/>	MJPH	CHECK		07/16/2021	\$ 250.00	
<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		
NRAIK WEISS 210 CROOKED GULLY CIR SUNSET BRANCH NC 28468 910 575 7990			RETIRED			
			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"/>	MJPH	CHECK		07/16/2021	\$ 100.00	
<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		
WILLIAM SHOVIN 351 CROOKED GULLY CIR SUNSET BRANCH NC 28468 910-529-2096			RETIRED			
			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"/>	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					\$ 8669.84	
<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
MIKE HARGREAVES ^{COMMITTEE TO ELECT} FOR SENATE						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 CONDITT 698 KINGS TAIL SUNSET BRACH NC 28468 910-575-4955				RETIRED		
				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"/>	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	
MILKHAL POZDOL 230 BARONNY PL DR SUNSET BRACH NC 28468 910-579-4319				RETIRED		
				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"/>	MSPH	CHECK		07/19/2021	\$ 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 BRACH NC 28468 910 575-8430				RETIRED		
				c. Employer's Name/Specific Field		
				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 CRO-1210 Pages					\$ 8669.84	
<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SANDRA BERGAMASCO 110 DISCOVERY LAKE DR SUNSET BEACH NC 28468 910-575-3785				RETIRED			
				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"/>	MSPH	CHECK		07/23/2021		\$ 100.00	
<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	
ROCCO LOFARO JR 414 PLANTERS RIDGE DR SUNSET BEACH NC 28468 910-579-2700				RETIRED			
				c. Employer's Name/Specific Field			
						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"/>	MSPH	CHECK		07/23/2021		\$ 200.00	
<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	
DON A RUNNS 218 CROOKED GOLLY CIRCLE SUNSET BEACH NC 28468 910-579-5669				RETIRED			
				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"/>	MSPH	CHECK		07/26/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ 8669.84	
<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
Judith Hargreaves 612 Deacon Ct Sunset Beach NC 28468 315-939-2277				RETIRED		
				c. 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		d. Comments
Pamela Dunn 629 Oyster Bay Dr Sunset Beach NC 28468 704-905-7553				RETIRED		
				c. 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		d. Comments
William Halliwell 1198 Eastwood Landing Way Sunset Beach NC 28468 757-894-7592				RETIRED		
				c. 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					\$ 8669.84	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1160)</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	
LYNDA N. COSTNER 613 DEACON CT SUNSET BEACH NC 28468 910 579-7683			RETIRED			
			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"/>	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. BENNETT 1166 EASTWOOD LANDINGWAY SUNSET BEACH NC 28465 917-769-8924			RETIRED			
			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"/>	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			RETIRED			
			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"/>	MSPH	CHECK		08/16/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 8669.84	
<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 CM-1204 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. Date of Birth		c. Occupation
RICHARD SAUNDERS PO BOX 6340 OCEAN ISLA BEACH NC 28469 910-579-2577				RETIRED		
				d. 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		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. Date of Birth		c. Occupation
MICHAEL D. TRASCAR 1303 FORREST CREEK RD SUNSET BEACH NC 28468 910-575-7588				RETIRED		
				d. Election Sum to Date		100 00
<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. Comments
ALLAN Y. DOOLITTLE 621 EASTWOOD PARK RD SUNSET BEACH NC 28468 910-233-8446				RETIRED		
				d. Election Sum to Date		100 00
<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 CONTRIBUTIONS						\$ 8669 84

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if Form CNE 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. Date of Birth (mm/dd/yyyy)	c. Election Sum to Date	
KAYE EVANS 218 CROOKED GULLY CIR SUNSET BRACH NC 28468 910 579-5669			RETIRED	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		09/02/2021	100.00
<input type="checkbox"/>					
<input type="checkbox"/>					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Date of Birth (mm/dd/yyyy)	c. Election Sum to Date	
ELIZABETH A. PRISCU 203 JONES BYRD CT SUNSET BRACH NC 28468 848-702-0275			RETIRED	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"/>	MJPA	CHECK		09/09/2021	500.00
<input type="checkbox"/>					
<input type="checkbox"/>					
5. 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	
THOMAS J BORMANN 1515 N. SHORE DR SUNSET BRACH NC 28468 816 315-7359			RETIRED		
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		09/00/2021	100.00
<input type="checkbox"/>					
<input type="checkbox"/>					
4. Total only this Page					700.00
5. Total of ALL CONTRIBUTIONS					8669.84

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 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 BRACH NC 28468 973 670 3150				RETIRED			
				c. Employer's Name/Specific Field			
						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		08/10/2021	\$ 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 GREENSBORO, NC 27408 336-274-1079				RETIRED			
				c. Employer's Name/Specific Field			
						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 BRACH NC 28468 901 938 1305				RETIRED			
				c. Employer's Name/Specific Field			
						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						\$ 8669.84	
<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 HARGRAVES					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
SHARON T. MARKATOS 310 CROOKED GULLY CIR SUNSET BEACH NC 28468 910 575-0901				RETIRED		
				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"/>	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				RETIRED		
				c. Employer's Name/Specific Field		
						e. 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"/>	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				RETIRED		
				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"/>	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 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 8669.84	

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 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 HEINS 5 SAMIE ST RIDGE NY 11961 631-338-2295				RETIRED		
				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"/>	MJPH	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 PADWIN 224 BARNUM PLACE SUNSET BRACH NC 28468 752-620-5277				RETIRED		
				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"/>	MJPH	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 FORRESTAR 110 CROOKED CREEK BLVD SUNSET BRACH NC 28468 910-575-2332				RETIRED		
				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"/>	MJPH	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 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 8669.84	

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 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	
CHRISTOPHER M BRITTON 412 SALK FISH ST SUNSET BEACH NC 28468 703-400-8987			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BET SOLUTIONS GR			
					\$ 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 ROTHERMILL 631 EASTWOOD PARK Rd SUNSET BEACH NC 28468 910-579-5263			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED			
					\$ 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 THOMAS 1184 KINGS MILL CT SUNSET BEACH NC 28468 910-575-0544			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED			
					\$ 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					\$ 8669.84	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1166)</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 ELECTION MIKE HARGREAVES						
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 H. BARTON 273 ROCK MILL CIRCLE SUNSET BEACH NC 28468 910 579-7821			RETIRED			
			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"/>	MSPA	CHECK		08/13/2021	\$ 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			RETIRED		1/3 OF KICK-OFF MEETING AS IN KIND TO BE REPAID TO SUSAN	
			c. Employer's Name/Specific Field			
					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"/>	MSPH		FOOD & BEVERAGES FOR KICK-OFF MTG	08/10/2021	\$ 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 ISLE BEACH NC 28469 203-232-3089			RETIRED			
			c. Employer's Name/Specific Field			
					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"/>	MSPH	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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8669.84	

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 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 28468 910-575-2740			RETIRED			
			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"/>	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 <small>(This line must be on line 6 of Detailed Summary Page CRO-1106)</small>					\$ 8669.84	

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 Fund if applicable) COMMITTEE TO ELECT MIKE HARGREAVES	2. ID Number MHFC
--	-----------------------------

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 60997-4656 1-800-328-0304	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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	CHECK DEPOSITS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SIEN OUTLET STORE 2200 OGDEN AVE SUITE 350 LISKA, IL 60532	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to 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	WIRE STANDS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTA PRINT E-COMMERCE HTTPS://WWW.VISTAPRINT.COM	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to 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 HANGERS
MJPH	DEBIT CARD	B	08/19/2021	\$ 45.36	BUSINESS CARDS

5. Total only **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 Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 1030.87

7. Purpose Codes (If not detailed expenditure 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 (k)

Disbursements

Attachment
 pg 2 of 2 Yes No

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 MHFC
--	-----------------------------

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) COMMITTEE TO ELECT JOHN CORBETT 1313 CANAL DRIVE SUNSET BEACH NC 28466 571-251-8778	b. Coordinated Committee Name	c. Comments 1/3 OF CAMPBELL CONTRIBUTION MADE PAYABLE TO HARGREAVES
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 16.67

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. 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 NERN 647 OYSTER BAY DR SUNSET BEACH NC 28468 910 579 5214	b. Coordinated Committee Name	c. Comments 1/3 OF CAMPBELL CONTRIBUTION MADE PAYABLE TO HARGREAVES
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 16.67

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. 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)	b. Coordinated Committee Name	c. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

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 Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
33.34
\$ 1030.87

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
Other			

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

Refunds/Reimbursements From the Committee

Pg 1 of 1

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 MIKE HARGREAVES			MHFC		
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			
		<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		g. Comments	
RETIRED				1/3 OF KICK OFF MEETING EXPENSES	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
CHECK				09/17/2021	
				o. Amount	
				\$ 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		g. Comments	
l. Form of Payment		m. Required Remarks		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		g. Comments	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page				\$ 594.84	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 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

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
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 GST
		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 (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 594.84