



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Committee Name:

Committee to Elect Tommy Reeves for Board of Education

Treasurer Name:

Tommy Reeves

Treasurer Address:

476 Andrews Road

(include city, state, & zip)

Hampstead NC 28443

Treasurer Phone:

910-231-5144

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

3-26-2024

Date Signed

Tommy Reeves

Signature



# 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 TOMMY REEVES FOR BOARD OF EDUCATION #5	2024 Final		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 255.85	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,000.00	\$ 9,239.04
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 1,000.00	\$ 9,239.04
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,242.85	\$ 5,328.79
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 13.00	\$ 171.21
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 3,739.04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,255.85	\$ 9,239.04
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# Contributions from Individuals

Pg 1 of 1

Amendment

Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
THOMAS REEVES JR 471 ANDREWS ROAD HAMPSTEAD, NC 28443			SELF-EMPLOYED		
			ACE HARDWARE		<b>e. Election Sum to Date</b>
\$ 8,739.04					
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	TR1	Check		02/18/2024	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 1,000.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,000.00

# Disbursements

Amendment

Pg 1 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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5	

**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

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	
EXPRESS TECH SHIPPING 15200 HWY 17 STE B HAMPSTEAD, NC 28443	<b>c. Level Registered (Specify)</b>		
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b>
			\$ 902.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR1	Debit Card	B	02/22/2024	\$ 362.95	PALM CARDS
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	
META 1601 WILLOW ROAD MENLO PARK, CA 94025-1452	<b>c. Level Registered (Specify)</b>		
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b>
			\$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR1	Debit Card	A	02/26/2024	\$ 25.00	INTERNET AD
TR1	Debit Card	A	02/26/2024	\$ 35.00	INTERNET AD

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	
META 1601 WILLOW ROAD MENLO PARK, CA 94025-1452	<b>c. Level Registered (Specify)</b>		
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b>
			\$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR1	Debit Card	A	02/26/2024	\$ 101.00	INTERNET AD
				\$	

**5. Total only this Page**    \$ 523.95

**6. Total of ALL CRO-1310 Pages**    \$ 1,242.85  
*(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)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

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

# Disbursements

Amendment

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

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5	

**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

<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
PENDER-TOPSAIL POST & VOICE PO BOX 955 BURGAW, NC 28425		
	<b>c. Level Registered (Specify)</b>	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>e. Election Sum to Date</b>
		\$ 945.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR1	Debit Card	A	03/05/2024	\$ 164.06	PRINT MEDIA
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105		
	<b>c. Level Registered (Specify)</b>	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>e. Election Sum to Date</b>
		\$ 234.59

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR1	Debit Card	O	04/05/2024	\$ 234.59	DONATION
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
TOPSAIL SPORT AND SPIRIT 15597 US HWY 17N #C HAMPSTEAD, NC 28443		
	<b>c. Level Registered (Specify)</b>	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		<b>e. Election Sum to Date</b>
		\$ 500.25

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TR1	Debit Card	O	02/22/2024	\$ 320.25	SHIRTS FOR POLL WORKERS
				\$	

**5. Total only this Page**    \$ 718.90

**6. Total of ALL CRO-1310 Pages**    \$ 1,242.85

*(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)*

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

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



# 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 TOMMY REEVES FOR BOARD OF EDUCATION #5	2024 First Quarter		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 273.05	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 5,643.04	\$ 8,239.04
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 5,643.04	\$ 8,239.04
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,435.73	\$ 4,085.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 81.47	\$ 158.21
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 2,143.04	\$ 3,739.04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,660.24	\$ 7,983.19
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 255.85	\$ 255.85
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DAVID PIEPMEYER 122 BROADVIEW DRIVE HAMPSTEAD, NC 28443			SELF-EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			SELF-EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	TR1	Check		01/06/2024	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS REEVES JR 471 ANDREWS ROAD HAMPSTEAD, NC 28443			SELF-EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			ACE HARDWARE		<b>e. Election Sum to Date</b>	
					\$ 7,739.04	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	TR1	In-Kind	ABOVE TOPSAIL-BANNER AND	01/05/2024	\$ 535.00	
<input type="checkbox"/>	TR1	Check		01/20/2024	\$ 1,000.00	
<input type="checkbox"/>	TR1	In-Kind	BLUEHOST WEBSITE HOSTING	01/23/2024	\$ 758.04	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
THOMAS REEVES JR 471 ANDREWS ROAD HAMPSTEAD, NC 28443			SELF-EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
			ACE HARDWARE		<b>e. Election Sum to Date</b>	
					\$ 7,739.04	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	TR1	In-Kind	DIGITAL GRAPHICS PLUS-YARD SIGNS	01/24/2024	\$ 850.00	
<input type="checkbox"/>	TR1	Check		02/05/2024	\$ 2,000.00	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 5,643.04	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,643.04	

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
CORAL COTTAGE 14061D HWY 50 SURF CITY, NC 28445							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	O	02/04/2024	\$ 100.00	EVENT FEE		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
EXPRESS TECH SHIPPING 15200 HWY 17 STE B HAMPSTEAD, NC 28443							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 539.56	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	B	01/19/2024	\$ 269.78	PALM CARDS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
HAMPSTEAD ACE HARDWARE 15597 HWY 17 HAMPSTEAD, NC 28443							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Check	O	01/13/2024	\$ 100.00	EVENT FEE		
				\$			
<b>5. Total only this Page</b>						\$ 469.78	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3,435.73	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
HARRIS TEETER 203 ALSTON BLVD HAMPSTEAD, NC 28443							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 131.21	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	O	01/09/2024	\$ 101.34	EVENT FOOD		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
MANGUAL DESIGNS 144 N. HINES STREET HOLLY RIDGE, NC 28445							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 1,020.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Check	A	02/11/2024	\$ 1,020.00	WEBSITE DESIGN		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
META 1601 WILLOW ROAD MENLO PARK, CA 94025-1452							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 339.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	A	02/07/2024	\$ 18.00	INTERNET AD		
TR1	Debit Card	A	02/07/2024	\$ 18.00	INTERNET AD		
<b>5. Total only this Page</b>						\$ 1,157.34	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3,435.73	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
META 1601 WILLOW ROAD MENLO PARK, CA 94025-1452							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 339.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	A	02/08/2024	\$ 18.00	INTERNET AD		
TR1	Debit Card	A	02/13/2024	\$ 50.00	INTERNET AD		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
META 1601 WILLOW ROAD MENLO PARK, CA 94025-1452							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 339.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Draft	A	02/14/2024	\$ 75.00	INTERNET AD		
TR1	Draft	A	02/14/2024	\$ 125.00	INTERNET AD		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
META 1601 WILLOW ROAD MENLO PARK, CA 94025-1452							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 339.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Draft	A	02/16/2024	\$ 35.00	INTERNET AD		
				\$			
<b>5. Total only this Page</b>						\$ 303.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3,435.73	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
PENDER-TOPSAIL POST & VOICE PO BOX 955 BURGAW, NC 28425							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 780.94	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	A	01/30/2024	\$ 144.38	PRINT MEDIA		
TR1	Debit Card	A	02/16/2024	\$ 144.38	PRINT MEDIA		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
PENDER-TOPSAIL POST & VOICE PO BOX 955 BURGAW, NC 28425							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 780.94	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	A	02/16/2024	\$ 164.06	PRINT MEDIA		
TR1	Debit Card	A	02/16/2024	\$ 164.06	PRINT MEDIA		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
PENDER-TOPSAIL POST & VOICE PO BOX 955 BURGAW, NC 28425							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 780.94	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	A	02/16/2024	\$ 164.06	PRINT MEDIA		
				\$			
<b>5. Total only this Page</b>						\$ 780.94	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3,435.73	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
<b>* Codes require detailed explanation in required remarks field (k)</b>							

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5						
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
SAMS CLUB 412 COLLEGE ROAD WILMINGTON, NC 28403						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 345.36
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
TR1	Debit Card	O	01/12/2024	\$ 345.36	EVENT FOOD & SUPPLIES	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
TOPSAIL SPORT AND SPIRIT 15597 US HWY 17N #C HAMPSTEAD, NC 28443						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 180.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
TR1	Debit Card	O	01/22/2024	\$ 180.00	SHIRTS FOR POLL WORKERS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
TOPSAIL TIMES NEWSPAPER 127 SOUND ROAD HOLLY RIDGE, NC 28445						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 199.31
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
TR1	Debit Card	A	01/24/2024	\$ 199.31	PRINT MEDIA	
				\$		
<b>5. Total only this Page</b>						\$ 724.67
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,435.73
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>
<b>O* Other</b>						
<b>* Codes require detailed explanation in required remarks field (k)</b>						

# Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TR1	Debit Card	K	02/13/2024	\$ 12.01	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TR1	Draft	O	01/31/2024	\$ 6.50	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TR1	Debit Card	O	02/03/2024	\$ 29.87	EVENT FOOD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TR1	Debit Card	O	02/04/2024	\$ 33.09	EVENT FOOD AND BEVERAGE
<b>4. Total only this Page</b>					\$	81.47
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	81.47
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>		<b>Q* - Donations to Legal Expense Fund</b>		
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# In-Kind Contributions

Amendment

Pg 1 of 1  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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
THOMAS REEVES JR 471 ANDREWS ROAD HAMPSTEAD, NC 28443		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 7,739.04	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
ABOVE TOPSAIL-BANNER AND SIGN		01/05/2024	\$ 535.00
BLUEHOST WEBSITE HOSTING		01/23/2024	\$ 758.04
DIGITAL GRAPHICS PLUS-YARD SIGNS		01/24/2024	\$ 850.00
<b>4. Total only this Page</b>		\$ 2,143.04	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,143.04	

CRO-1510

NC State Board of Elections

December 2007

# 48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
Tommy Reeves For Board of Education #5			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Report Date</b>	
471 Andrews Road Hampstead, NC 28443		2/22/2024	
		<b>e. Phone Number</b>	
		910-231-5144	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>		<b>a. Full Name, Mailing Address &amp; Phone (include city, state, and zip)</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove Thomas Reeves, Jr. 471 Andrews Road Hampstead NC 28443 910-231-5144		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>b. Type of Contributor</b>		<b>b. Type of Contributor</b>	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
<b>b1. Type of Committee</b>		<b>b1. Type of Committee</b>	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: Pender <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>	<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>
Self-Employed			
<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>	<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>
Ace Hardware	check		
<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
02/18/2024	\$ 1000.00		\$
<b>e. Account Code</b>	<b>g. Election Sum to Date</b>	<b>e. Account Code</b>	<b>g. Election Sum to Date</b>
TR1	\$ 8739.04		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$ 1000.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$ 1000.00	
<b>CERTIFICATION</b>			
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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	
		2/22/2024	



# 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 TOMMY REEVES FOR BOARD OF EDUCATION #5	2023 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 886.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,596.00	\$ 2,596.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 1,596.00	\$ 2,596.00
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 536.21	\$ 650.21
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 76.74	\$ 76.74
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,596.00	\$ 1,596.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,208.95	\$ 2,322.95
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 273.05	\$ 273.05
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# Contributions from Individuals

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
THOMAS REEVES JR 471 ANDREWS ROAD HAMPSTEAD, NC 28443			SELF-EMPLOYED		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			ACE HARDWARE		
					\$ 2,596.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	TRI	In-Kind	DIGITAL GRAPHICS PLUS BANNERS	12/21/2023	\$ 360.00
<input type="checkbox"/>	TRI	In-Kind	DIGITAL GRAPHICS PLUS YARD SIGNS	12/21/2023	\$ 1,236.00
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 1,596.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,596.00

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ABOVE TOPSAIL 301 US HWY 17 S. SUITE 2 HOLLY RIDGE, NC 28445							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 266.43	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	O	12/28/2023	\$ 266.43	HEADSHOT FOR		
				\$	CAMPAIGN MATERIALS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
EXPRESS TECH SHIPPING 15200 HWY 17 STE B HAMPSTEAD, NC 28443							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 269.78	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
TR1	Debit Card	B	12/27/2023	\$ 269.78	PALM CARDS		
				\$			
<b>5. Total only this Page</b>						\$ 536.21	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 536.21	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
<b>* Codes require detailed explanation in required remarks field (k)</b>							

# Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TR1	Check	O	12/22/2023	\$ 50.00	EVENT SPACE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	TR1	Debit Card	B	12/29/2023	\$ 26.74	QR CODE LABELS FOR PALM CARDS
<b>4. Total only this Page</b>					\$ 76.74	
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 76.74	
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT TOMMY REEVES FOR BOARD OF EDUCATION #5			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
THOMAS REEVES JR 471 ANDREWS ROAD HAMPSTEAD, NC 28443		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 2,596.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
DIGITAL GRAPHICS PLUS BANNERS		12/21/2023	\$ 360.00
DIGITAL GRAPHICS PLUS YARD SIGNS		12/21/2023	\$ 1,236.00
			\$
<b>4. Total only this Page</b>		\$ 1,596.00	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,596.00	

# 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.

<b>1. Committee Information</b>	
a. Full Name <u>Tommy Reeves for Board of Education # 5</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>471 Andrews Rd Hampstead, NC 28443</u>	d. Date Filed <u>12/12/2023</u>
	e. Phone Number <u>910-231-5144</u>

2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy) <u>12/12/23</u>	4. Period End Date (mm/dd/yy) <u>12/12/23</u>	5. Treasurer Full Name <u>Tommy Reeves</u>
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (Check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
8. Number of Fundraisers this Report <u>0</u>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>First Citizens Bank</u>	a. Financial Institution Full Name	b. Purpose <u>Campaigning</u>	c. Account Code <u>TR 1</u>
b. Purpose	c. Account Code	d. Period Begin Balance <u>0</u>	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.

Tommy Reeves Printed Name of Signer      Tommy Reeves Signature of Appointed Treasurer      12-12-23 Date

**FOR OFFICE USE ONLY**

Date Received: <u>12/12/23</u>	Employee: <u>TL</u>	<b>Delivery Method</b> <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.

**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	
Tommy Reeves for Board of Education #5	Organizational		
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	0		
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	0	0	
6) Contributions from Individuals (CRO-1210)	1,000	1,000	
7) Contributions from Political Party Committees (CRO-1220)	0	0	
8) Contributions from Other Political Committees (CRO-1230)	0	0	
9) Loan Proceeds (CRO-1410)	0	0	
10) Refunds/Reimbursements to the Committee (CRO-1240)	0	0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	0	0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	0	0	
11c) Outside Sources of Income (CRO-1250)	0	0	
11d) Legal Expense Fund – Other Sources (CRO-1270)	0	0	
11e) Exempt Purchase Price Sales (CRO-1265)	0	0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	1,000	1,000	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	114 <sup>00</sup>	114 <sup>00</sup>	
13b) Contributions to Candidates/Political Committees (CRO-1310)	0	0	
13a) Coordinated Party Expenditures (CRO-1310)	0	0	
14) Aggregated Non-Media Expenditures (CRO-1315)	0	0	
15) Loan Repayments (CRO-1420)	0	0	
16) Refunds/Reimbursements from the Committee (CRO-1320)	0	0	
17) In-Kind Contributions (CRO-1510)	0	0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	114 <sup>00</sup>	114 <sup>00</sup>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	886 <sup>00</sup>	886 <sup>00</sup>	
<b>ADDITIONAL INFORMATION</b>			
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)			

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Tommy Reeves for Board of Education # 5					
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Pender Board of Elections 807 S. Walker Street Burgaw, NC 28425		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
TR1	Check	H	12/12/2023	\$ 114 <sup>00</sup>	Candidate Filing Fee
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 114 <sup>00</sup>
<b>6. Total of ALL CRO-1310 Pages</b> (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)					\$ 114 <sup>00</sup>
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>					
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>		
<b>O* - Other</b>					
* Codes require detailed explanation in required remarks field (k)					

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Tommy Reeves for Board of Education # 5						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Thomas Reeves Jr 471 Andrews Rd Hampstead, NC 28443			Self-employed			
			<b>c. Employer's Name/Specific Field</b>			
			Ace Hardware		<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	TR1	check		12/12/2023		\$ 1,000
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 1,000	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,000	



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

**FILED BY:**

Committee Name:

Tommy Reeves for Board of Education # 5

Treasurer Name:

Thomas Reeves Jr

Treasurer Address:

471 Andrews Road

(include city, state, & zip)

Hampstead, NC 28443

Treasurer Phone:

910-231-5144

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-12-20

Date Signed

Tommy Reeves

Signature

# Statement of Organization – Candidate Committee

Is this statement:  
 New       Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Tommy Reeves for Board of Education #5			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
471 Andrews Road Hampstead, NC 28443		12/12/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-231-5144	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Thomas Reeves Jr		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
471 Andrews Road Hampstead, NC 28443		Board of Education # 5	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-231-5144	tsreeves2020@gmail.com	2028	Pender
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Thomas Reeves Jr			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
471 Andrews Road Hampstead, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-231-5144	tsreeves2020@gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p>			
<u>Tommy Reeves</u> Printed Name of Treasurer		<u>Tommy Reeves</u> Signature of Appointed Treasurer	
		<u>12-12-23</u> Date	
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p>			
<u>Tommy Reeves</u> Printed Name of Candidate		<u>Tommy Reeves</u> Signature of Candidate	
		<u>12-12-23</u> Date	