

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment  
 Yes  No

## 1. Committee Information

a. Full Name <b>Teresa Batson Batts</b>		c. ID Number <b>6HLN3F</b>
b. Mailing Address (include City, State and Zip Code) <b>PO Box 4111 Surf City, NC 28445</b>		d. Date Filed <b>01-08-2018</b>
		e. Phone Number <b>910-620-0530</b>

2. Report Year <b>2017</b>	3. Period Start Date (mm/dd/yyyy) <b>09-27-2017</b>	4. Period End Date (mm/dd/yyyy) <b>01-08-2018</b>	5. Treasurer Full Name <b>Teresa Batson Batts</b>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input 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
		<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 checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)	10. Special Report Name
<input type="checkbox"/> Booster Fund	
<input type="checkbox"/> Building Fund	
<input type="checkbox"/> Other:	

8. Number of Fundraisers this Report <b>0</b>
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11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>Bank of America</b>	b. Purpose <b>Campaign expenses</b>	a. Financial Institution Full Name	b. Purpose
c. Account Code <b>TB</b>	d. Period Begin Balance <b>\$ 1449.50</b>	c. Account Code	d. Period Begin Balance
			<b>\$</b>

**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.  
Teresa Batson Batts Teresa Batson Batts 01-08-2018  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: <b>1/8/18</b>	Employee: <b>DB</b>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" 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-B) 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
Teresa Batson Batts	Final	6HLN3F

Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1449.50	\$

### RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1700.00	\$ 4450.00
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-1263)	\$	\$

12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1700.00	\$ 4450.00
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### EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2562.30	\$ 3862.80
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
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)	\$ 587.20	\$ 587.20
17) In-Kind Contributions (CRO-1510)	\$	\$

18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3149.50	\$ 4450.00
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19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00
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### ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

# Contributions from Individuals

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

Page 1 of 1 Amendment  Yes  No

1. Committee Full Name (and Fund if applicable) Teresa Batson Batts 2. ID Number 6HLN3F

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Yvonne Batal  
3110 Fairview Park 1400  
Falls Church, VA 22042  
703-732-2629

b. Job Title/Profession  
Flight Attendant

c. Employer's Name/Specific Field  
Airline

d. Comments

e. Election Sum to Date  
\$ 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"/>	<u>TB</u>	<u>Check #468</u>		<u>10/23/2017</u>	<u>\$ 500.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Teresa Batson Batts  
P.O. Box 4111  
Surf City, NC 28445  
910-620-0530

b. Job Title/Profession  
candidate

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date  
\$ 2500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>TB</u>	<u>Draft</u>		<u>10/27/2017</u>	<u>\$ 1200.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date  
 \$

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 \$ 1700.00

5. Total of ALL CRO-1210 Pages \$ 1700.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

**Disbursements**

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

1. Committee File Name (and Fund if applicable) Teresa Batson Batts 2. ID Number 6HLN3F

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)  
Jaxon Signs  
874 East Ocean HWY  
Holly Ridge, NC 28445  
910-467-3409

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
\$ 200.00

l. Account Code	m. Form of Payment	n. Purpose Code	o. Date (mm/dd/yyyy)	p. Amount	q. Required Remarks
<u>TB</u>	<u>Debit</u>	<u>A</u>	<u>09/27/2017</u>	<u>\$ 200.00</u>	<u>Advertising</u>
				\$	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Thread Fx, Inc.  
20184 US HWY 17N  
Hampstead, NC 28443  
910-270-5031

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
\$ 352.28

l. Account Code	m. Form of Payment	n. Purpose Code	o. Date (mm/dd/yyyy)	p. Amount	q. Required Remarks
<u>TB</u>	<u>Debit</u>	<u>A</u>	<u>09/27/2017</u>	<u>\$ 230.58</u>	<u>Advertising</u>
<u>TB</u>	<u>Debit</u>	<u>A</u>	<u>10/6/2017</u>	<u>\$ 121.70</u>	<u>Advertising</u>

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Facebook, Inc.  
1 Hacker Way  
Menlo Park, CA 94025  
1-850-777-3086

b. Coordinated Committee Name

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

d. Comments

e. Election Sum to Date  
\$ 58.00

l. Account Code	m. Form of Payment	n. Purpose Code	o. Date (mm/dd/yyyy)	p. Amount	q. Required Remarks
<u>TB</u>	<u>Debit</u>	<u>A</u>	<u>10/02/2017</u>	<u>\$ 24.99</u>	<u>Advertising</u>
<u>TB</u>	<u>Debit</u>	<u>A</u>	<u>11/01/2017</u>	<u>\$ 8.00</u>	<u>Advertising</u>

5. Total only this Page \$ 585.27

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)  
\$ 2562.30

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**

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

**1. Committee Full Name (and Fund if applicable)** **2. ID Number**

Teresa Batson Batts

6HLN3F

**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)

Seaside Office Supplies  
13741 HWY 50/210 Unit A  
Surf City, NC 28445  
910-329-4476

**b. Coordinated Committee Name**

**d. Comments**

**c. Level Registered (Specify)**

Federal  County:  
 State  Municipality:

**e. Election Sum to Date**

\$ 192.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Debit	B	10/13/2017	\$ 192.15	Mail out letters
				\$	

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)

Pender County Board of Elections  
P.O. Box 1232  
Burgaw, NC 28425  
910-259-1220

**b. Coordinated Committee Name**

**d. Comments**

**c. Level Registered (Specify)**

Federal  County:  
 State  Municipality:

**e. Election Sum to Date**

\$ 52.70

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Cash	B	10/11/2017	\$ 47.70	Address Labels
				\$	

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)

Jacksonville Daily News  
724 Bell Fork Rd  
Jacksonville, NC 28540  
910-353-1171

**b. Coordinated Committee Name**

**d. Comments**

**c. Level Registered (Specify)**

Federal  County:  
 State  Municipality:

**e. Election Sum to Date**

\$ 140.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Debit	A	10/20/2017	\$ 140.00	Advertising
				\$	

**5. Total only this Page**

\$ 379.85

**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)

\$ 2562.30

**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**

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> Teresa Batson Batts	<b>2. ID Number</b> 6HLN3F
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**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> (include city, state, & zip) Onslow Board of Elections 246 Georgetown Rd Jacksonville, NC 28540 910-455-4484	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b> \$ 10.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Cash	B	10/25/2017	\$ 10.82	Address Labels
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Staples 1144 Western Blvd. Jacksonville, NC 28546 910-346-4237	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b> \$ 211.86

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Debit	B	10/25/2017	\$ 211.86	Mailout Letters
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Post-Voice 201-A W Fremont St. Burgaw, NC 28425 910-259-9111	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		<b>e. Election Sum to Date</b> \$ 94.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Debit	A	10/25/2017	\$ 94.50	Advertising
				\$	

**5. Total only this Page**    \$ 317.18

**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)  
\$ 2562.30

- 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**

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

**1. Committee Full Name (and Fund if applicable)** **2. ID Number**

Teresa Batson Batts

6HLN3F

**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

<p><b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, &amp; zip)</p> <p>Surf City Post Office 13567 NC HWY 50 STE D Holly Ridge, NC 28445 800-275-8777</p>	<p><b>b. Coordinated Committee Name</b></p>	<p><b>d. Comments</b></p>
<p><b>c. Level Registered (Specify)</b></p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:</p>		
		<p><b>e. Election Sum to Date</b></p> <p>\$ 980.00</p>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Debit	I	10/27/2017	\$980.00	
				\$	

**4. Payee Information**  Add  Remove

<p><b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, &amp; zip)</p> <p>Batsons Galley Inc 14260 NC HWY 50 Surf City, NC 28445 910-358-4426</p>	<p><b>b. Coordinated Committee Name</b></p>	<p><b>d. Comments</b></p>
<p><b>c. Level Registered (Specify)</b></p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:</p>		
		<p><b>e. Election Sum to Date</b></p> <p>\$ 300.00</p>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TB	Debit	O	11/07/2017	\$300.00	Venue
				\$	

**4. Payee Information**  Add  Remove

<p><b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, &amp; zip)</p>	<p><b>b. Coordinated Committee Name</b></p>	<p><b>d. Comments</b></p>
<p><b>c. Level Registered (Specify)</b></p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>		
		<p><b>e. Election Sum to Date</b></p> <p>\$</p>

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

**5. Total only this Page** \$ 1280.00

**6. Total of ALL CRO-1310 Pages** \$ 2562.30

*(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)

# 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) Teresa Batson Batts 2. ID Number 6HLN3F

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Teresa Batson Batts  
P.O. Box 4111  
Surf City, NC 28445  
910-620-0530

b. Job Title/Profession Candidate c. Employer's Name/Specific Field

d. Type of Committee  
 Candidate  PAC  
 Referendum  Party

e. Level Registered  
 Federal  County:  
 State  Municipality:

f. Purpose Code L g. Comments

h. Original Receipt Date 10/27/2017  
 i. Original Receipt Amount \$ 1200.00  
 j. Election Sum to Date \$ 3700.00  
 k. Account Code

l. Form of Payment Draft m. Required Remarks  
 n. Date (mm/dd/yyyy) 11/27/2017 o. Amount \$ 587.20

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession c. Employer's Name/Specific Field

d. Type of Committee  
 Candidate  PAC  
 Referendum  Party

e. Level Registered  
 Federal  County:  
 State  Municipality:

f. Purpose Code g. Comments

h. Original Receipt Date  
 i. Original Receipt Amount \$  
 j. Election Sum to Date \$  
 k. Account Code

l. Form of Payment m. Required Remarks  
 n. Date (mm/dd/yyyy) o. Amount \$

3. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession c. Employer's Name/Specific Field

d. Type of Committee  
 Candidate  PAC  
 Referendum  Party

e. Level Registered  
 Federal  County:  
 State  Municipality:

f. Purpose Code g. Comments

h. Original Receipt Date  
 i. Original Receipt Amount \$  
 j. Election Sum to Date \$  
 k. Account Code

l. Form of Payment m. Required Remarks  
 n. Date (mm/dd/yyyy) o. Amount \$

4. Total only this Page \$ 587.20  
 5. Total of ALL CRO-1320 Pages \$ 587.20  
 (This line must be on line 16 of Filled Summary Page CRO-1160)

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service  
 P\* - Reimbursement of In-Kind O\* - Other N - Exceeded Contribution Limit

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





North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

**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:

Teresa Batson Batts

Treasurer Name:

Teresa Batson Batts

Treasurer Address:

P.O. Box 4111

(include city, state, & zip)

Surf City, NC 28445

Treasurer Phone:

910-620-0530

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.

01-08-2018

Date Signed

Teresa Batson Batts

Signature