

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information	
a. Full Name Committee to Reelect Doug Bridges	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1055 Hunter Valley Rd Shelby NC 28150	d. Date Filed
	e. Phone Number 704-472-8312

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 1-01-2022	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Doug Bridges
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	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	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 checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$ 200.90		\$

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.

Douglas Gene Bridges [Signature] 10-25-22
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10-26-22 Employee: [Signature] **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
Yes	No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Committee to Reelect Doug Bridges				
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle	
4)	Cash on Hand at Start	\$ 200.90	\$	
RECEIPTS				
5)	Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 100	
6)	Contributions from Individuals (CRO-1210)	\$	\$ 750	
7)	Contributions from Political Party Committees (CRO-1220)	\$ 100	\$ 100	
8)	Contributions from Other Political Committees (CRO-1230)	\$	\$	
9)	Loan Proceeds (CRO-1410)	\$	\$ 600	
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)	\$	\$	
11 e)	Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 100	\$ 1550	
EXPENDITURES				
13)	Disbursements			
13a)	Operating Expenditures (CRO-1310)	\$ 100	\$ 1357.90	
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)	\$	\$	
17)	In-Kind Contributions (CRO-1510)	\$	\$	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 100	\$	
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 200.90	\$ 200.90	
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)	\$	\$	

CRO-1100

NC State Board of Elections

August 2008

CLEVELAND COUNTY BOE
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Contributions from Political Party Committees

Pg ____ of ____

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
WOMEN REPUBLICANS OF CLEVELAND COUNTY P.O. BOX 3327 Shelby, N.C. 28151-3327						PD by check	
						c. Election Sum to Date	
						\$ 100.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
4. Total only this Page						\$	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)						\$	

Disbursements

Pg _____ of _____

Amendment	
Yes	No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures	
4. Payee Information				Add	Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
DONATION TO AMERICAN LEGION BASEBALL Shelby N.C.			c. Level Registered (Specify)		Post 82 DONATION	
			Federal	County:		
			State	Municipality:		
					e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information				Add	Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:		
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information				Add	Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:		
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$
6. Total of ALL CRO-1310 Pages						\$
<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>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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						

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