

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 ELECT BRENDA POWELL		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 159 8 TH AVENUE SW CONOVER, NC 28613		d. Date Filed 12/31/2019	
		e. Phone Number 828-308-4175	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2019	10/22/2019	12/31/2019	ALFREDA W POWELL
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2246.81		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.			
ALFREDA W POWELL Printed Name of Signer		 Signature of Appointed Treasurer	12/31/2019 Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input 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	
THE COMMITTEE TO ELECT BRENDA POWELL		2019 FINAL ELECTION REPORT			
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2246.81		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 140.00	\$ 1611.50		
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 3356.21		
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)	\$	\$		
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)		\$ 140.00	\$ 4967.71		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 550.30	\$ 2244.99		
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)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 886.21		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 550.30	\$ 3131.20		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1836.51	\$ 1836.51		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BRENDA POWELL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	01	CHECK		10/22/2019	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	CHECK		11/02/2019	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	CASH		11/03/2019	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	CASH		11/05/2019	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	CASH		11/05/2019	\$ 5.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 140.00	
5. Total of ALL CRO-1205 Pages					\$ 140.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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
COMMITTEE TO ELECT BRENDA POWELL					
3. Type of Disbursement <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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
JINS BUFFET NC INC 1217 N HWY NC 16 DE CONOVER, NC 28613			c. Level Registered (Specify)		e. Election Sum to Date \$ 105.86
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	K	11/02/2019	\$105.86	CAMPAIGN CMMTTE AND VOLUNTEERS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
SAM'S CLUB 2435 HWY 70 SE HICKORY, NC 28602			c. Level Registered (Specify)		e. Election Sum to Date \$ 48.44
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	K	11/04/2019	\$44.85	SNACKS FOR ELEC DAY VOLUNTEERS
01	CARD	K	11/04/2019	\$3.59	SNACKS FOR ELEC DAY VOLUNTEERS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
1877 PUB & GRUB 116 1 ST AVENUE SOUTH CONOVER, NC 28613			c. Level Registered (Specify)		e. Election Sum to Date \$ 396.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	K	11/05/2019	\$396.00	ELECTION NIGHT GATHERING
				\$	
5. Total only this Page					\$ 550.30
6. Total of ALL CRO-1310 Pages					\$ 550.30
<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					
* Codes require detailed explanation in required remarks field (k)					