Disclosure Report Cover

Amendment

X 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 li	nformation							
a. Full Name								c. ID Number
ELECT AARO	N BRIDGES	FOR BOE						
b. Mailing Addr	ess (include C	ity, State and Zip	o Code)					d. Date Filed
852 CEDARLI						in the second se		01/02/2023
SHELBY, NC	28150							e. Phone Number
2. Report Year	3. Period Sta	rt Date (mm/dd/	vv)	4. Period	End Da	te (mm/dd/yy)	5. Treasu	rer Full Name
2022		07/01/2022	/. ./		10/22/2			BRIDGES
6. Type of Com			O Tw	e of Report			tune of ren	ort from one category)
Candidate Car			Munic		(0)	State/County	type of tep	Referendum
☐ Joint Fundrais		AC		Organizatio	mal	☐ Organizatio	mal	Organizational
Referendum		egal Expense Fund	1=	Thirty-five		Quarterly	11.44	Pre-referendum
		. Y	1=	-				l <u> </u>
7. Type of Fund		ble, check one)	<u> </u>	Pre-primary		First		Final
"Booster Fund				Pre-election	n	☐ Second		Supplemental Final
Building Fund				Pre-runoff		☐ Third		Annual
Presidential E	lection Year Ca	andidates Fund	İ	Semi-annua	i	☐ Fourth		Special Special
NC Public Car				Mid Ye	аг	Semi-annua	1	
		-6		Year E		☐ Mid Ye	ат	10. Special Report Name
- 0.1			 			Year E		10. Special Report Name
Other:	NAME OF THE PARTY OF THE PARTY	974 (0.154 (1.16	<u> </u>	Final			на	
8. Number of Fi	undraisers th	is Report		Special		☐ Final		
	1					Special		
3. Account Info	rmetion		adij, jakoro i		3 Acc	ount Informat	on	
a. Financial Inst		2me		* x + 2, +		ncial Institution		101 101 101 101 101 101 101 101 101 101
BANK OF OZ	ARKS							JHW J Zulniz.
b. Purpose		c. Account Cod	le		b. Pur	pose		c. Account Code
CAMPAIGN			01					,
		d. Period Begi	n Balan	ce				d. Period Begin Balance
		\$		29.51				\$
CERTIFICATION	ON				l			
		or Fund is in co	molian	ce with all a	applical	ole provisions	of Article 2	22A, 22B & 22D-22M of
								other non-disclosed
-						- "		ed by the NC State Board
lunas. Liurun	er certify that	this report is co	mpiete.	, true and c	onect a	mu mai mave	Deen train	ed by the NC State Board
Ð	1 .	D V 11		No		$\lambda M K$		01/02/2023
<u> </u>	ve 19	Y Relle	<u>. [</u>	1 av	mae	1 N /4	ee .	
P	rinted Name of	Signer		Sign	ature of	Appointed Trea	surer	Date
FOR OFFICE U	SEONLY 1							
Date Receiv	ed:	- UF- 25		Emplo	yee: <i>(</i>	(V)	<u>De</u> 	livery Method Normal Mail
								Registered Mail
Date Postm	arked:		_	Emplo	yee: _	 	- 🗆	Hand Delivered
5 . 6	•			77. 1				Electronically Filed
Date Scanne	ea: _			Emplo	yee: _	<u> </u>	_	-
Date Data E	ntered: _			Emplo	yee:		- 0	Signer has not received mandatory training
Diagra Mi-	to • This for		40.0	ad assessed	00 in C	motion and -	a the ac	
ricase No								nittee address, treasurer,
		ant treasurer, cu						
•	You must ame	nd the Statemen	t of Org	ganization (CRO-2	100A-E) to mal	ce committe	ee changes.

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☑ Yes □ No

Use this form to summarize all disclosure reporting forms a				IS NO. 1		
1. Committee Full Name (and Fund if applicable) ELECT AARON BRIDGES FOR BOE	2. Type of Re		3.1	ID Number		
ELECT AARON BRIDGES FOR DOE	2022 I HHU (Zuarier				
Start of Election Cycle: January 1,		Total this Reporting Pe		Total th Election C		
4) Cash on Hand at Start		\$ 2	29.51	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1'	75.00	\$	375.00	
6) Contributions from Individuals	(CRO-1210)	\$ 4:	50.00	\$ 1,0	00.000	
7) Contributions from Political Party Committees	(CRO-1220)	\$	50.00	\$	50.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$ 1,3	321.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
11) Other Receipt Sources	and the state of t					
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	c,11d and 11e)	\$ 67	75.00	\$ 2,7	746.00	
<u>EXPENDITURES</u>	· · · · · · · · · · · · · · · · · · ·			1.7		
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 13	30.00	\$ (12,0	0 82 ,90 N	COUNTY BOE
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$:	J 10 :68 2	3 PH12:08
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	88.59	
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	\$	0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 13	0.00	\$ 2,1	171.49	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$ 57	4.51	\$ 5	574.51	
ADDITIONAL INFORMATION		-	3.00			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		0.00			
21) Outstanding Loans (incl. ones from other campaigns)			1.00			
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	

00 0			ndividuals Page From Individuals of \$		1	Amendmen Yes	nt No
1. Committe	e Full Name (and	Fund if applicable)			2. ID I	Number	
ELECT AA	RON BRIDGES I	FOR BOE					
3. Contribut	or Information			ne en e			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd.	/уууу)	f. Amount	
☐ Add ☐ Remove	01	Check		10/16/202	2	\$	50.00
☐ Add ☐ Remove	01	Cash		09/27/202	.2	\$	25.00
☐ Add ☐ Remove	01	Cash		10/16/202	:2	\$	20.00
☐ Add ☐ Remove	01	Cash		10/16/202	2	\$	30.00
☐ Add ☐ Remove	01	Cash		10/16/202	2	\$	20.00
☐ Add ☐ Remove	01	Cash		10/16/202	2	\$	30.00
4. Total or	nly this Page				\$		\$175.00
	FALL CRO-12 nust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)		\$		\$175.00

CRO-1205

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE JAN 9 '23 PX12:08

				Amendme	nt
Contributions from Individuals	Pg <u>1</u>	_ of	1	X Yes	□ No
Use this form to report individual contributions over \$50 or contri	butions under \$5	0 if for	n CRO 120	5 is not use	d
1. Committee Full Name (and Fund if applicable)			2.	ID Number	• 31. 64. S

		(and Fund if applicabl			under \$30 ii form CRO		ID Num	
	AARON BRID	··		A Committee of the Comm				
		<u> Standard op trop in right works, standard</u>			Remove	F10010	ingo da	
医红色性细胞 经正产的证金	ributor Informati Name, Mailing Ad	egetys, restaurch and something that the second and all seconds and a		Add D	As the control of the	d. 0	Comme	nts
	ide city, state, & z			TRUCK D				
MICH	AEL BIVINS					1		
	ONEY RD				's Name/Specific Field	-		
LAWN	DALE, NC 280	90		SELF		6.1	Dection	Sum to Date
						\$		200.00
		1	1	<u> </u>	To be a control of the control of th	Ţ	T, A	
f. Prior		h. Form of Payment Check	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Am	
	01	CHECK			10/13/2022		\$	200.00
							\$	
							SCL	-VELAND GE
			TVVA SVO 1 1995 SVO SVO 1 100 0 3			Sans.		JAN 9 23 PI
The second second	ributor Informati Iame, Mailing Ad	the control of the control of the second of the control of the con	<u>i</u>	Add []]	Rémove Profession	la c	Comme	nte
	ide city, state, & z			SR FSO	1101039101	1		
	N BRIDGES]		
852 CF	EDARLINE DR			c. Employer	's Name/Specific Field			
SHELI	BY, NC 28150				MPLOYEE CREDIT		Dection	Sum to Date
				UNION			acciron.	
						\$		1,571.00
f. Prior	<u> </u>	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy))	k. Am	unt
	01	Check			10/11/2022		\$	250.00
			,				\$	
							\$	
4. Tot	l al only this Pa	ge				\$	L	450.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$		450.00
CRO-12	2.5	and the state of t		ard of Electio	118			April 2007

Contribution	ons from Politi	cal Party Committee	es Pg <u>1</u> of	1	Amendm Yes	ent No	
Use this form t	o report contribution	s from a political party					_
1. Committee Fu	ll Name (and Fund if a	pplicable)		2. ID	Number		
ELECT AARON	N BRIDGES FOR BO	E					
3. Contributor In	nformation	Add □	Remove				
a. Full Name, Ma	iling Address & Phone			b. Con	nments		
(include city, s	tate, & zip)		<u> </u>	1	CLE	VELAND (7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
WOMEN REPU	JBLICANS OF CLEV	ELAND COUNTY				JAN 9 '23	FM12:09
107 COUNTRY	CLUB ROAD			•			
KINGS MOUN	TAIN, NC 28086			. Floo	tion Sum t	o Doto	
				с. нес	uon Sum (o Date	
				\$		50.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/de	d/yyyy)	h. Amoun	t	
01	Check		09/27/20	22	\$	50.00	
					\$		
					\$		
4. Total only	this Page			\$,	50.00	
	L CRO-1220 Pag e on line 7 of Detailed Si	es mmary Page CRO-1100)		\$		50.00	
CRO-1220		NC State Board of Elec	tions			April 2007	1

. 1995 1995 1995 1995 300 1995 1995 1995

Disbursem	ents				Pg	1_ of	1	Amend X Yes	ì
	report expenditures coordinated party ex		ee for o	perating exper	nses,	contributi	ons to	candidate/	political
1. Committee Fu	ll Name (and Fund	if applicable)						2. ID Numl	per
ELECT AARO	N BRIDGES FOR I	ВОЕ							
3. Type of Disbu	THE PARTY OF THE P	use separate CRO	West war and the second	A Table 1 of the country of the coun				and the second of the second o	1.
X Operating Exp	Color IS 27 - 27 SCHOOL AS A SECOND	ributions to Candidat	SC 76 NO 100	and the second second		No. on April 1987	orainai	ed Party Expe	encures
4. Payee Informa			L	Add 🗆		юve	The DAY	L	4
	iling Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Commen	ts
(include city, stat	te, & zip)			1					
SWOOGERS HWY 74 KINGS MOUN	ГАIN, NC 28086			c. Level Regis Federal State	tered	County		e. Election	Sum to Date
								\$	SUM TO DATE OF COLUMN C
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Rem	arks
01	Check	С	10	0/18/2022	\$	130.00	ICE	CREAM	
					\$				
5. Total only this	Page							\$	130.00
(This line goes in (This line goes in	CRO-1310 Pages Inc 13a of Detailed S Inc 13b of Detailed S Inc 13b of Detailed S Inc 13c of Detailed S	Summary Page CRO	-1100 if	Contrib to Cana	didate:			\$	130.00
7. Purpose Co	des (List detailed								
A* - Media	B* - Printin	_		undraising				her Candida	
E - Salaries	F* - Equipm			litical Party			-	•	ice Expenses
I - Postage O* Other	J - Penaltie	es	К* - С	office Expense	S	Q* - D	onatio	on to Legal l	Expense Fund
* Codes require	detailed explanatio	n in required ren	arks f	ield (k)					
CRO-1310		NC S	tate Boa	ard of Elections					December 2009

Outstanding Lo	ans
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				Ame	ı dm e	n t		
Pg	1	of	_1_	X Y	es		No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

ELECT A	tee Full Name (and Fund if applicabl	e)			2. ID Number	
ELECT A	ARON BRIDGES FOR BOE					
3 Tandor	Information	ПАд	d 🔲 Remove			
to the control of the control of	ne, Mailing Address & Phone	Co. Maria (Francisco) (C. C. C. C.	ob Title/Profession	l	d. Comments	
	city, state, & zip)	SR	FSO			
AARON !	BRIDGES					
	ARLINE DR			10 TO 11	e. Start Date (
SHELBY.	, NC 28150	c. Employer's Name/Specific Field			11/0	1/2021
		1	ATE EMPLOYE	E CREDIT	f. End Date (m	m/dd/vvvv)
		UN	ΠON			
g. Rate	h. Security Pledged		i. Original Loan A	mount	j. Remaining	Loan Balance
%			\$	126.00	\$	126.00
	lne of Lending Institution				l. Loan Numbe	· 1*
K. FUII Nan	ne of Lending Institution				II. LOUIS TURBO	
						FUFL GND C
3. Lender	Information	☐ Ad	d 🔲 Remove			JAN 9 '23
a. Full Nam	ne, Mailing Address & Phone	b. J	ob Title/Profession		d. Comments	
(include	city, state, & zip)	SR	FSO			
	BRIDGES				. Start Date (
	ARLINE DR	0.15	c. Employer's Name/Specific Field			m m/dd/yyyy)
SHELBY,	, NC 28150				11/0	3/2021
			ATE EMPLOYEI IION	CKEDII	f. End Date (m	m/dd/yyyy)
		J OI				
g. Rate	h. Security Pledged		i. Original Loan A	mount	j. Remaining	Loan Balance
			\$	400.00	\$	400.00
%	1	1				
	l ne of Lending Institution				l. Loan Numbe	r
	 ne of Lending Institution				l. Loan Numbe	r
	 ne of Lending Institution				l. Loan Numbe	r
k. Full Nam 3. Lender l	Information	Add	CONTRACTOR			r
k. Full Nam 3. Lender I a. Full Nam	Information ne, Mailing Address & Phone	b. J	ob Title/Profession		d. Comments	r
k. Full Nam 3. Lender l a. Full Nam (include	Information ne, Mailing Address & Phone city, state, & zip)	b. J	CONTRACTOR			r
k. Full Nam 3. Lender J a. Full Nam (include AARON I	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES	b. J	ob Title/Profession		d. Comments	
3. Lender 3 a. Full Nam (include AARON I 852 CEDA	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR	b. Jo	ob Title/Profession	pecific Field	d. Comments e. Start Date (1	n m /dd/yyyy)
3. Lender 3 a. Full Nam (include AARON I 852 CEDA	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES	b. Jo	ob Title/Profession FSO nployer's Name/Sp		d. Comments e. Start Date (1	
3. Lender 3 a. Full Nam (include AARON I 852 CEDA	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR	b. Jo SR c. E	ob Title/Profession FSO		d. Comments e. Start Date (1	m m /dd/yyyy) 1/2021
3. Lender 3 a. Full Nam (include AARON I 852 CEDA	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR	b. Jo SR c. E	ob Title/Profession FSO nployer's Name/Si ATE EMPLOYEI		d. Comments e. Start Date (1	m m /dd/yyyy) 1/2021
8. Full Nam 3. Lender l a. Full Nam (include AARON H 852 CEDA SHELBY,	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR , NC 28150	b. Jo SR c. E ST. UN	ob Title/Profession FSO nployer's Name/Si ATE EMPLOYER ION	E CREDIT	d. Comments e. Start Date (i 11/2 f. End Date (m)	n m/dd/yyyy) 1/2021 m/dd/yyyy)
3. Lender J a. Full Nam (include AARON I 852 CEDA SHELBY,	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR	b. Jo SR c. E ST. UN	ob Title/Profession FSO nployer's Name/SI ATE EMPLOYER ION i. Original Loan A	E CREDIT	d. Comments e. Start Date (1) 11/2 f. End Date (m) j. Remaining 1	nm/dd/yyyy) 1/2021 m/dd/yyyy)
3. Lender 3. Lender 4. Full Nam (include AARON I 852 CEDA SHELBY, g. Rate %	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR , NC 28150 h. Security Pledged	b. Jo SR c. E ST. UN	ob Title/Profession FSO nployer's Name/Si ATE EMPLOYER ION	E CREDIT	d. Comments e. Start Date (n. 11/2) f. End Date (m. j. Remaining 1	n m/dd/yyyy) 1/2021 m/dd/yyyy) Loan Balance 795.00
3. Lender 3. Lender a. Full Nam (include AARON I 852 CEDA SHELBY, g. Rate	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR , NC 28150	b. Jo SR c. E ST. UN	ob Title/Profession FSO nployer's Name/SI ATE EMPLOYER ION i. Original Loan A	E CREDIT	d. Comments e. Start Date (1) 11/2 f. End Date (m) j. Remaining 1	n m/dd/yyyy) 1/2021 m/dd/yyyy) Loan Balance 795.00
3. Lender 3. Lender a. Full Nam (include AARON I 852 CEDA SHELBY, g. Rate	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR , NC 28150 h. Security Pledged	b. Jo SR c. E ST. UN	ob Title/Profession FSO nployer's Name/SI ATE EMPLOYER ION i. Original Loan A	E CREDIT	d. Comments e. Start Date (n. 11/2) f. End Date (m. j. Remaining 1	n m/dd/yyyy) 1/2021 m/dd/yyyy) Loan Balance 795.00
3. Lender la. Full Nam (include AARON I 852 CEDA SHELBY, g. Rate %	Information ne, Mailing Address & Phone city, state, & zip) BRIDGES ARLINE DR , NC 28150 h. Security Pledged	b. Jo SR c. E ST. UN	ob Title/Profession FSO nployer's Name/SI ATE EMPLOYER ION i. Original Loan A	E CREDIT	d. Comments e. Start Date (n. 11/2) f. End Date (m. j. Remaining 1	n m/dd/yyyy) 1/2021 m/dd/yyyy) Loan Balance 795.00