Disclosure Report Cover	Yes No
Use this form for general report and committee information, must be signed and submitted alo Do not use this form to update information.	ng with other detailed forms.
1. Committee Information	
a. Full Name	c. ID Number
Committee to Reelect Doug Bridges D. Mailling Address (Include City, State and Zin Code)	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
b. Mailing Address (include City, State and Zip Code) 1055 Hurter WAllag Rd 5halby N.C. 28150	
5/19/by N.C. 28,50	e. Phone Number
Jan d	704-472-8312
2. Report Year S. Revior Start Date (movedly). 4. Period one Date (movedly). 54 strasur	e Kill Name
6. Type of Committee (Check One) 9. Type of Report (check only one type of repe	
Candidate Campaign Party Municipal State/County	Referendum
PAC Referendum Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Operately	Organizational
Independent Expenditure I Joint Fundraiser I Thirty-five day Quarterly Legal Expense Fund Pre-primary First	Pre-referendum Final
Pre-election Second	Supplemental Final
7. Type of Fund (if applicable, check one) Pre-runoff Third Booster Fund Semi-grapual	Annual Annual
Booster Fund Semi-annual Fourth Mid Year Semi-annual	Special
Year End Mid Year	10. Special Report Name
Other: Final Year End 8. Number of Fundraisers this Report Special Final	
The state of the s	
11. Account Information 11. Account Information	
a. Financial Institution Full Name a. Financial Institution Full Name	
Home trust BANK	
p. Purpose c. Account Code b. Purpose	c. Account Code
	CLEVELAND CO
d. Period Begin Balance	d. Period Begin Balance
\$ 2000.90	\$
CERTIFICATION	<u>*</u>
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 fur report is complete, true and correct and that I have been trained by the NC State Board of Elections.	nds. I further certify that this
A State Board of Elections.	
Douglas GENE BRIDIS VOILS	5-3-22
Printed Name of Signer Signature of Appointed Treasurer OR OFFICE USE ONLY	Date
	<u>very Method</u> Normal Mail
Date Postmarked: Employee:	Registered Mail
<u> </u>	Hand Delivered
	Electronically Filed
	Signer has not received nandatory training
Please Note: This form cannot be used to amend committee information such as the comm	nittee address, treasurer.

assistant treasurer, custodian of books information, or account information.

Amendment **Detailed Summary** ☐ Yes

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 Total this Total this Start of Election Cycle: January 1. Reporting Period **Election Cycle** 4) Cash on Hand at Start 394 694.90 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 100.00 100.00 6) Contributions from Individuals (CRO-1210) \$ 250.00 \$ 750.00 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410)600.00 600.00 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-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 950.00 \$ 1450.00 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 1145.10 \$ 1251.10 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) 1145.10 \$ 1251,10 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) CLEVELAND COUNTY BOE MAY 3'22 4M8:31 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 28) Contributions to be Refunded (CRO-1215) \$

CRO-1100

Aggreg	ated Contri	butions from	Individuals -	_	Amendment	
Optional f	form used to ren	ort NC Contributi	ons From Individuals of \$	of	Yes No	
1. Commit		ing oma a copaica	ble)	CONTRACTOR OF THE PROPERTY OF	100000000000000000000000000000000000000	
0	. n. LLC L	Dulati	oug Bridges			
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a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description			
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				419414	me/Specific Field	e. Elect	ion Sum to 1	Date	
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		of Detailed Summary Pag	e CRO-1100)			\$	250.	00	•

Amendment

Loan Proceeds			Amendment	· ·
Use this form to report proceeds from a loan and loan endorse	Pg	_ of	☐ Yes ☐	No
A loan proceeds statement must accompany each loan that is	from an individual			
Committees will system (and sounds) (applicable).		2	Dasiminia-cons	
Committee to Reelect Doug To	2 pida 4 s			
3. Lender Information	Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	a.c	Comments	38
	RELINES			
Doug 13 Ridy 45			tart Date (mm/dd/yy	79)
-	c. Employer's Name/Spec	ific Field	4-21-202	2
		£. E	nd Date (man/dd/yyy	7)
			11-30 -2022	
g. Rate h. Security Pledged i. Account	nt Code j, Form of P		k. Amount	
0% NONE	Che	14	\$ 600.00)
I. Full Name of Lending Institution	1 000		onn Number	
4. Endorsers/Makers (The people who guarantee the loan)				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employ	yer's Name/Specific l	field
(include city, state, & zip)				
	d. Percentage	e, Amoun	t ,	
		% \$		I
i. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employ	er's Name/Specific R	`ield
	I. Percentage	e. Amount		
in a second seco	•	% \$	•	
Full Name, Mailing Address & Phone	. Job Title/Profession		er's Name/Specific F	
(include city, state, & zip)		C. Employ	as (ame/specific)	ield
			CLEVELA	ND COUNTY BOE
			MAY C	1'22 M8:31
	. Percentage	e. Amount		
		% \$		
Full Name, Mailing Address & Phone b (include city, state, & zip)	. Job Title/Profession	c. Employe	er's Name/Specific Fi	eld
(include city, state, & Ap)				
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		% \$		
Total of ALL CR0-1410 Pages		70 p		
This line must be on line 9 of Detailed Summary Page CRO-1100)		\$	1000.00	ł

Disbursements	P2	Amendment
Use this form to report expenditures from the committees and coordinated party expenditure	Committee for aparating and an array	of Yes No
		unions to candidate/pontical
1. Committee Full Name (and Fund if appl	icable)	2. ID Number
Committee to Reclaim	ct Done Bridges	
000.0	Protection Billians	
	o Candidates Political Comminges	
4. Payee Information	Add Remove	oor finated Party Expenditures
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Nat	
(include-city, state, & zip)	W Cost attack Committee (44)	ne d. Comments
WOHS		80
All a ma	c. Level Registered (Specify)	Adio
Shalby, N.C. 2815	Federal County:	
	☐ State ☐ Municip	
		s 300.00
f. Account Code g. Form of Payment h. Purpose	Code i. Date (mm/dd/yyyy) j. Amount	k. Required Remarks
	5	
	5	
4. Payee Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments
(include city, state, & zip)		
Community First MEd	IA	MEdia
Community First MEd 503 A toppy stast- Shelly N.C. 28150	c. Level Registered (Specify)	Ads
505 4 07 49 44 54	Federal County:	
348127 N.C. 2813	State Municipal	
f. Account Code g. Form of Payment h. Purpose C		\$ 715.50
f. Account Code g. Form of Payment h. Purpose C	ode i. Date (mm/dd/yyyy) j. Amount	k. Required Remarks
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	5	A Fill Am Co.
4. Payee Information	☐ Add ☐ Remove	CLEVELA D COUNTY BOE
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	
(include city, state, & zip)		d. Comments
		!
	c. Level Registered (Specify)	
	Federal County: State Manicipality	
	State Municipality	e. Election Sum to Date
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CRO-	·1100 if Coordinated Party Expenditures	
Purpose Codes (List detailed expenditure co	ode in (h.) above)	
* - Media B* - Printing		other Candidate
- Salaries F* - Equipment	G - Political Party H* - Holdi	ng Public Office Expenses
- Postage J - Penalties * Other	• • •	tion to Legal Expense Fund
Codes require detailed explanation in required		
the commentation in reduited	remarks field (k)	Alta transfer to the second of

Disbursements		Pg	of _	Yes	□ No
Use this form to report expenditures f committees and coordinated party exp	rom the committee for openditures	operating expens	es, contributions	to candidate/po	litical
Commences Sals Vance (in Same	ileopoli-stire)				
3 Type of Disbursement. (Please	namina aktisti				
Operating Expenses Cont	ributions to Candidates/Politi	ical Committees	The second secon	uted Party Expenditu	ires
4. Payee Information		A STATE OF THE PARTY OF THE PAR	nove :		
 a. Full Name, Mailing Address & Pho (include city, state, & zip) 	Dê .	b. Coordinated Co	mmittee Name	d. Comments	
JAH Whishart				Door Door	
JAA Wildshafes		c. Level Registerer	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARNE	45
		Federal State	County:		
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Purpose Codes (List detailed exp	enditure code in the sal	iove)	uures)		
'- Media B* - Printing	C* - Fun		D - To Anothe	er Candidate	
- Salaries F* - Equipmen Postage J - Penalties	ı t G - Politi	cal Party	H* - Holding	Public Office E	xpenses
Other	100000000000000000000000000000000000000	ice Expenses	Q* - Donation	n to Legal Expe	nse Fund
Codes require detailed explanation					
RO-1310	NC State Board		A STATE OF THE STA	n _e	cember 2000

Disbursements

Amendment

December 2009