

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

I. Committee Information	
a. Full Name <u>Committee to Elect Doug Bridges</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>1055 Hunter Valley Rd</u> <u>Shelby, NC 28150</u>	d. Date Filed <u>02-16-26</u>
	e. Phone Number <u>704-472-8312</u>

2. Report Year <u>2026</u>	3. Period Start Date (mm/dd/yy) <u>01-01-2026</u>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>Douglas C Bridges</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly
☐ Legal Expense Fund		☐ Pre-primary	☐ First
		☐ Pre-election	☐ Second
		☐ Pre-runoff	☐ Third
		☐ Semi-annual	☐ Fourth
		☐ Mid Year	☐ Semi-annual
		☐ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
7. Type of Fund (check only one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report			

II. Account Information		III. Account Information	
a. Financial Institution Full Name <u>HomeTrust Bank</u>	a. Financial Institution Full Name	b. Purpose <u>CAMPAIGN</u>	b. Purpose
c. Account Code	c. Account Code	d. Period Begin Balance <u>\$ 836.27</u>	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.

Doug Bridges
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

02-16-26
Date

FOR OFFICE USE ONLY

Date Received: 2-16-26

Employee: MPB

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☒ Electronically Filed

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

☐ 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
Start of Election Cycle: January 1, <u>2026</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>836.27</u>	\$ <u>100.00</u>
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ <u>810.00</u>	\$ <u>1300.00</u>
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-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <u>810.00</u>	\$ <u>1400.00</u>
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ <u>576.00</u>	\$ <u>1139.73</u>
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)		\$ <u>810.00</u>	\$ <u>810.00</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>1386.00</u>	\$ <u>1949.73</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>260.27</u>	\$ <u>260.27</u>
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

Pg ____ of ____

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Reelect Doug Bridges							
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GARY MOSS MT STANTON CHURCH RD SHELBY N.C. 28150 864-979-8113				Retired		PAID for BUSINESS CARDS	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐			Business Cards	1-14-26	\$ 100.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LYNN BRIDGES 1055 HUNTER VALLEY RD SHELBY N.C. 28150 704-472-8311				Retired		PAID for T SHIRTS VISTA PRINT	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				01-15-26		\$ 310.42	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐			T-shirts		\$ 310.42		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SARA EUBANKS 305 SUNRISE CIRCLE SHELBY N.C. 28150 704-482-8567				Retired		PA KTC Broad casting ADS	
				c. Employer's Name/Specific Field		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		
☐			Radio Ads		\$ 400.00		
☐					\$		
☐					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages						\$ 810.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE
FEB 26 26 PM 1:48

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	
Committee to Reelect Doug Bridges							
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)				b. Coordinated Committee Name		d. Comments	
Community First Media 503 N. Lafayette St. Shelby, N.C. 28150 704-484-1047						2/5 2/12 (2026) 2/19 2/26 shelby shoppard	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 576.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Bank check		1-6-26	\$ 576.00			
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				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 (include city, state, & zip)				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						\$	
(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)							

CRO-1310

NC State Board of Elections

December 2009

CLEVELAND COUNTY BOE
FEB 26 '26 PM 1:47

In-Kind Contributions

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
GARY MOSS		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 100.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BUSINESS CARDS		01-14-26	\$ 100.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LYNN W BRIDGES		☒ Individual	T-Shirts
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 310.42	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
40 T-Shirts VISTA-PRINT			\$ 310.42
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SARA EUBANKS		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 400.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
KTC Broadcasting			\$ 400.00
Radio Ads			\$
			\$
4. Total only this Page		\$ 810.00	
5. Total of ALL CRO-1510 Pages		\$	