

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

1. Committee Information

a. Full Name

Committee to Elect Bridgette Courtrene Cowan

c. ID Number

85727577

b. Mailing Address (include City, State and Zip Code)

108 Jessica Place
Goldsboro, NC 27534

d. Date Filed

10/28/2024

e. Phone Number

919-221-2866

2. Report Year

3. Period Start Date (mm/dd/yy)

2024

07/1/2024

4. Period End Date (mm/dd/yy)

10/19/2024

5. Treasurer Full Name

Shonise M. Jacobs

6. Type of Committee (Check One)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum
Independent	<input type="checkbox"/> Joint Fundraiser
<input type="checkbox"/> Expenditure	
<input type="checkbox"/> Legal Expense Fund	

9. Type of Report

(Check only one type of report from one category)

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 type="checkbox"/> Year End
<input type="checkbox"/> Final
<input type="checkbox"/> Special

State/County

<input type="checkbox"/> Organizational
<input type="checkbox"/> Quarterly
<input type="checkbox"/> First
<input type="checkbox"/> Second
<input checked="" 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

Referendum

<input type="checkbox"/> Organizational
<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Final
<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Annual
<input type="checkbox"/> Special

7. Type of Fund (if applicable, check one)

<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> Building Fund

Other:

8. Number of Fundraisers this Report

11. Account Information

a. Financial Institution Full Name

United Bank

b. Purpose

For all
Campaign
expenses.

c. Account Code

(A)

d. Period Begin Balance

\$

11. Account Information

a. Financial Institution Full Name

Wayne County

Board of Elections

b. Purpose

JAN 17 2025

c. Account Code

d. Period Begin Balance

Received
By

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.

Printed Name of Signer

Signature of Appointed Treasurer

1-17-2025

Date

FOR OFFICE USE ONLY

Date Received:

1/17/25

Employee:

81

Delivery Method

<input type="checkbox"/> Normal Mail
<input type="checkbox"/> Registered Mail
<input checked="" 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

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

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Bridgette Courtrene Cowan	Third	85727577	
Start of Election Cycle:	January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 450	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 600	\$ 1902.72
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)		\$ 600	\$ 1902.72
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 0
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)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1050	\$ 1902.72
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

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 Elect Bridgette Courtrene Cowan	85727577

3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/> Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession
Larry Coble 502 Cornelia Dr. Graham, NC		Retired
		c. Employer's Name/Specific Field
		N/A
		d. Comments
		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
<input type="checkbox"/>	A	Check		09/06/2024	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/> Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession
Mary Mebane 914 Trollingor Rd. Graham, NC		Retired
		c. Employer's Name/Specific Field
		N/A
		d. Comments
		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
<input type="checkbox"/>	A			09/06/2024	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/> Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession
Cashier Check Courtrene Cowan 505 Weaver Dr. Goldsboro, NC 27534		N/A
		c. Employer's Name/Specific Field
		N/A
		d. Comments
		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
<input type="checkbox"/>	A			10/04/2024	\$ 400
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 600
5. Total of ALL CRO-1210 Pages	\$

(This line must be on line 6 of Detailed Summary Page CRO-1100)