

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	c. ID Number		
Committee to Elect Bridgette Courtrene Cowan	85727577		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
108 Jessica Place Goldsboro, NC 27534	1/10/2025		
	e. Phone Number		
	919-221-2866		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	10/20/2024	12/31/2024	Shonise M. Jacobs

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 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 type="checkbox"/> Third <input checked="" 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)				10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> 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

Shonise Jacobs

1-17-2025

Date

Printed Name of Signer

Signature of Appointed Treasurer

FOR OFFICE USE ONLY

Date Received:	11/17/25	Employee:	181	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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
Committee to Elect Bridgette Courtrene Cowan	Fourth	85727577
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1050	\$
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 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)	\$ 0	\$ 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)	\$ 1050	\$ 1050
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1050	\$ 1902.72
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$
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)	\$	\$

Refunds/Reimbursements From the Committee

Pg _____ of _____ Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Bridgette Courtrene Cowan		85727577	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Linda Deans 20846 Adams Mill Pl. Asburn, VA 20147		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	1/9/2025
		e. Level Registered (Specify)	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 200
		f. Purpose Code	j. Election Sum to Date
		O	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	
Retired		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check		1/9/2025	\$ 200
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Hilda Cromartie 313 W. James St. Mt. Olive, NC 28365		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	1/9/2025
		e. Level Registered (Specify)	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 150
		f. Purpose Code	j. Election Sum to Date
		O	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	
Retired		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check		1/9/2025	\$ 150
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Mary Mebane 914 Trollingor Rd Graham, NC		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	1/9/2025
		e. Level Registered (Specify)	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 100
		f. Purpose Code	j. Election Sum to Date
		O	\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	
Retired		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	The candidate was reimbursed for expenses. All expenses were paid out of pocket by candidate.		\$ 100
4. Total only this Page		\$ 450	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) \$ 1050			
L - Returned to Contributor		M - Overpayment for Service	
P* - Reimbursement of In-Kind		O* Other	
* Codes require detailed explanation in required remarks field (m)			

Refunds/Reimbursements From the Committee Pg ____ of ____ Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Bridgette Courtrene Cowan		85727577	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
Bridgette Courtrene Cowan 505 Weaver Dr. Goldsboro, NC 27534		h. Original Receipt Date 1/9/2025	
b. Job Title/Profession Retired		e. Level Registered <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Original Receipt Amount \$ 400		f. Purpose Code J	
j. Election Sum to Date \$ 400		g. Comments L	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
Larry Coble 502 Cornelia Dr. Graham, NC		h. Original Receipt Date 1/9/2025	
b. Job Title/Profession Retired		e. Level Registered <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Original Receipt Amount \$ 100		f. Purpose Code J	
j. Election Sum to Date \$ 100		g. Comments L	
5. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
Bridgette Cowan 505 Weaver Dr. Goldsboro, NC 27534		h. Original Receipt Date 1/9/2025	
b. Job Title/Profession Retired		e. Level Registered <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Original Receipt Amount \$ 100		f. Purpose Code O	
j. Election Sum to Date \$ 100		g. Comments filing fees	
6. Purpose Codes (List detailed disbursement code in (f) above)		k. Account Code O	
L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other		N - Exceeded Contribution Limit	
* Codes require detailed explanation in required remarks field (m)			
CRO-1320		NC State Board of Elections	
		December 2007	