Disclosure Report Cover
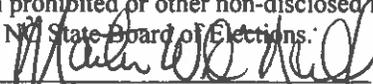
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment ☒ Yes ☐ No

1. Committee Information

a. Full Name
MARIA SURPRISE FOR HOLDEN BEACH COMMISSIONER

c. ID Number
JDF22Y

b. Mailing Address (include City, State and Zip Code)
P.O. BOX 2534
SHALLOTTE, NC 28459

d. Date Filed
09/27/2023

e. Phone Number
513-702-9247

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/18/2023	09/26/2023	MARTIN W. O'NEILL

6. Type of Committee (Check One)

☒ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

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

☐ "Booster Fund"
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report
0

9. Type of Report (check only one type of report from one category)

Municipal
☐ Organizational
☒ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County
☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
TRUIST BANK

b. Purpose	c. Account Code
TO RECORD ALL CONTRIB. AND EXPEND. OF THE CAMPAIGN	23

d. Period Begin Balance
$ 0

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code

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.

MARTIN W. O'NEILL
Printed Name of Signer

Signature of Appointed Treasurer

09/27/2023
Date

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.

CRO-1000 — NC State Board of Elections — August 2008

Detailed Summary

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
MARIA SURPRISE FOR HOLDEN BEACH COMMISSIONER	THIRTY-FIVE DAY REPORT	JDF22Y

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$	$
6)	Contributions from Individuals	(CRO-1210)	$ 505.00	$ 505.00
7)	Contributions from Political Party Committees	(CRO-1220)	$ 500.00	$ 500.00
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)		$ 1005.00	$ 1005.00

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	$ 254.96	$ 254.96
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)	$ 5.00	$ 5.00
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 259.96	$ 259.96
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 745.04	$ 745.04

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
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

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
MARIA SURPRISE FOR HOLDEN BEACH COMMISSIONER	JDF22Y

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MARIA SURPRISE 159 OCEAN BLVD E. HOLDEN BEACH, NC 28462 910-842-5309	NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED	CONTRIBUTIONS MADE BY CANDIDATE e. Election Sum to Date $ 505.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐			FILING FEE	07/18/2023	$ 5.00
☐		CHECK		07/25/2023	$ 500.00
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		  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
☐					$
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		  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
☐					$
☐					$
☐					$

4. Total only this Page	$ 505.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 505.00

Contributions from Political Party Committees

Use this form to report contributions from a political party

Pg **1** of **1**

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
MARIA SURPRISE FOR HOLDEN BEACH COMMISSIONER	JDF22Y

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
BRUNSWICK COUNTY DEMOCRATIC PARTY P.O. BOX 503 SUPPLY, NC 28462	STA-C3946N-C001

c. Election Sum to Date: $ 500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
23	CHECK		08/08/2023	$ 500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 500.00

CRO-1220   NC State Board of Elections   April 2007

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
MARIA SURPRISE FOR HOLDEN BEACH COMMISSIONER	JDF22Y

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)
TRUIST BANK
3220 HOLDEN BEACH RD.
SUPPLY, NC 28462

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☒ Municipality:

d. Comments

e. Election Sum to Date
$ 3.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
23	ELEC. FUND	K	09/21/2023	$3.00	BANK SERVICE FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
VISTA PRINT
275 WYMAN ST.
WALTHAM, MA 02451

96

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☒ Municipality:

d. Comments

e. Election Sum to Date
$ 254.96.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
23	DEBIT CARD	K	08/11/2023	$18.14	BLANK CHECKS FOR COMMITTEE
23	DEBIT CARD	A	09/07/2023	$233.82	YARD SIGNS AND BUSINESS CARDS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

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	$ 254.96

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)

$ 254.96

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)

In-Kind Contributions

Pg **1** of **1**

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
Marie Surprise for Holden Beach Commissioner	JDF22Y

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Maria Surprise
159 Ocean Blvd. E
Holden Beach, NC 28462

b. Type of Contributor
- ☐ Individual
- ☒ Candidate
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Other Receipt Source

c. Comments

d. Election Sum to Date $ 505.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing fee paid by candidate	07/18/2023	$ 5.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Type of Contributor
- ☐ Individual
- ☐ Candidate
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Other Receipt Source

c. Comments

d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Type of Contributor
- ☐ Individual
- ☐ Candidate
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Other Receipt Source

c. Comments

d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 5.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 5.00

CRO-1510   NC State Board of Elections   December 2007