

Disclosure Report Cover

Amendment

Yes

No

1. Committee Information				
a. Full Name Gainey for Board of Education			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 9691 Sturgeon Dr Leland, NC 28451			d. Date Filed 1/28/22	
			e. Phone Number 9107771313	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2021	9/21/21	12/31/21	Rebecca Bradshaw	
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	Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	Referendum	Organizational	Organizational	Organizational
<input type="checkbox"/> Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		Pre-primary	First	Final
"Booster Fund"		Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
<input checked="" type="checkbox"/> Other:		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fundraisers this Report		Special	Final	
zero			Special	
11. Account Information			11. Account Information	
a. Financial Institution Full Name First Citizens Bank			a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
donations & expenses	42355			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 700		\$	

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.

Rebecca Bradshaw

Printed Name of Signer

Rebecca Bradshaw

Signature of Appointed Treasurer

1/27/22

Date

FOR OFFICE USE ONLY

Date Received:

2/3/2022

Employee:

CB

Delivery Method

Normal Mail

Date Postmarked:

1/28/2022

Employee:

Registered Mail

Hand Delivered

Date Scanned:

Employee:

Electronically Filed

Signer has not received

Date Data Entered:

Employee:

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

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	
Gainey for Board of Education	2021 year end		
Start of Election Cycle: January 1, <u>2019</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 700	\$ 0	
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0	0	
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 6457.00	\$ 7476.93	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 0	0	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 0	\$ 0	
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$ 0	\$ 0	
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0	\$ 0	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>	\$ 6457.00	\$ 7476.93	
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 424.15	\$ 424.15	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 100.00	\$ 100.00	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$	
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$	\$ 700.00	
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 157.00	\$ 476.93	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>	\$ 681.15	\$ 1701.08	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>	\$ 5775.85	\$ 5775.85	
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0		
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>	\$ 0		

23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$ 0	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$ 0	
25) Administrative Support	<i>(CRO-1710)</i>	\$ 0	\$ 0
26) Forgiven Loans	<i>(CRO-1440)</i>	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$ 0	\$ 0
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$ 0	\$ 0

CRO-1100

NC State Board of Elections

August 2008

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	
Gainey for Board of Education						
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
April Rorrer 2107 Shore Pt. Dr. League City, TX 77573 8326402692		no job title or profession				
		c. Employer's Name/Specific Field				
		not employed				
				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
	42355	visa		10/6/21		\$ 100.00
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Suzanne Glasgow 104 East Bank Dr Wilamington, NC 28412 9102283534		no job title or profession				
		c. Employer's Name/Specific Field				
		not employed				
				e. Election Sum to Date		
				\$ 2000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
	42355	bank draft		10/6/21		\$ 2000.00
4. Total only this Page					\$ 2200.00	
5. Total of ALL CRO-1210 Pages					\$ 2200.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
Gainey for Board of Education						
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Bonner Stiller 5006 E Yacht Dr Oak Island, NC 28465 9102796711		self employed		e. Election Sum to Date \$ 100.00		
		attorney				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
	42355	check		9/25/21		\$ 100.00
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Steve Gainey 9691 Sturgeon Dr Leland, NC 28451 3366181392		no job title or profession		e. Election Sum to Date \$ 1176.93		
		c. Employer's Name/Specific Field				
		Not employed				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
	42355	check		9/21/21		\$ 700.00
	42355		filing fee			\$ 157.00
4. Total only this Page					\$ 957.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3057.00	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Gainey for Board of Education							
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Dan Sellers 336 NE 50th St Oak Island, NC 28465 9198186410			no job title or profession				
					\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
	42355	check		11/13/21	\$ 300.00		
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Samuel A Sue III 1830 Avenida Mundo Coronado, CA 92112 6195171282			self Employed				
			c. Employer's Name/Specific Field				
			attorney		\$ 2000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
	42355	check		12/28/21	\$ 2000.00		
4. Total only this Page						\$ 2300.00	
5. Total of ALL CRO-1210 Pages						\$ 5357.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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	
Gainey for Board of Education							
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Barbara Sellers 9691 Sturgeon Dr Leland, NC 28451 9105204739			no job title or profession				
			c. Employer's Name/Specific Field				
			not employed				
						e. Election Sum to Date	
						\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
	42355	check		9/26/21		\$ 1000.00	
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Hannah Hsu 4000 Huntscroft Ln Winston Salem, NC 27106 3369788806							
			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	
	42355	visa		10/9/21		\$ 100.00	
4. Total only this Page						\$ 1100.00	
5. Total of ALL CRO-1210 Pages						\$ 6457.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Disbursements

1. Committee Full Name (and Fund if applicable)					2. ID Number
Gainey for Board of Education					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
X 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	
Coastal Printing 125 Village Rd Shallotte, NC 28470 9107545929					
		c. Level Registered (Specify)			
		Federal <input checked="" type="checkbox"/> County:			
		State Municipality:		e. Election Sum to Date	
				\$ 320.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
42355	visa	B	10/8/22	320.25	5x8 cards
4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
First Citizens Bank 4420 Oleander Dr Wilmington, NC 28430 9107926670					
		c. Level Registered (Specify)			
		Federal <input checked="" type="checkbox"/> County:			
		State Municipality:		e. Election Sum to Date	
				\$ 15.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
42355	draft	O	10/31/21	5.00	bank fee
42355	draft	O	11/30/21	5.00	bank fee
42355	draft	O	12/31/21	5.00	bank fee
5. Total only this Page					\$ 335.25
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 335.25
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Disbursements

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
Gainey for Board of Education					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
Operating Expenses		<input checked="" type="checkbox"/>	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	
Brunswick Co GOP 971 Old Ocean Hwy Bolivia, NC 28422 no known phone number					
		c. Level Registered (Specify)			
		Federal	<input checked="" type="checkbox"/>	County:	
		State		Municipality:	
				e. Election Sum to Date	
				\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
42355	Visa	G	12/01/21	100.00	
				\$	
5. Total only this Page					\$ 100.00
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 425.25
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
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)					

Disbursements

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
Gainey for Board of Education					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information					
Add			Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Anedot 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 2252501301					
		c. Level Registered (Specify)			
		Federal <input checked="" type="checkbox"/> County:			
		State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 88.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
42355	account debit	C	10/9/21	4.30	transaction fee Hsu
42355	account debit	C	10/6/21	4.30	transaction fee Rorrer
42355	account debit	C	10/6/21	80.30	transaction fee Glasgow
5. Total only this Page					\$ 88.90
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 524.15
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
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

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	
Gainey for Board of Education			
3. Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Type of Contributor	c. Comments	
Steve Gainey 9691 Sturgeon Dr Leland, NC 28451 3366181392	Individual		
	X Candidate		
	Party		
	PAC		
	Referendum		
	Other Receipt Source	d. Election Sum to Date	
		\$ 1176.93	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Filing fee	12/08/21	\$ 157.00	
		\$	
		\$	
3. Contributor Information		Add	Remove
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Type of Contributor	c. Comments	
	Individual		
	Candidate		
	Party		
	PAC		
	Referendum		
	Other Receipt Source	d. Election Sum to Date	
		\$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
4. Total only this Page		\$ 157.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 157.00	

Amendment	
Yes	No

Refunds/Reimbursements From the Committee

Pg _____ of _____

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Gainey for Board of Education					
3. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Steve Gainey 9691 Sturgeon Dr Leland, NC 28451 3366181392		X	Candidate	PAC	
			Referendum	Party	
		e. Level Registered (Specify)			i. Original Receipt Amount
		Federal	X	County:	\$ 700.00
	State	Municipality:			
		f. Purpose Code		j. Election Sum to Date	
				\$ 1019.93	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
no job title profession	not employed	withdraw prohibited contribution		42355	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
cash	refunded cash contribution and redeposited full amount via personal check		9/21/21	\$ 700.00	
3. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		Candidate	PAC		
		Referendum	Party		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
4. Total only this Page				\$	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$	
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					