

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 |
| Flythe for Commissioner | | Final | |
| Start of Election Cycle: January 1, 2021 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$5.00 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$265.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$3207.91 |
| 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) | \$ 200.00 | \$ 200.00 |
| 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) | | \$200.00 | \$3672.91 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$5.00 | \$2083.39 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$200.00 | \$1186.61 |
| 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) | | \$205.00 | \$3672.91 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$0.00 | \$0.00 |
| 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) | \$ | \$ |

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| | | | | | |
|--|---------------------------|--|--|-----------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Flythe for Commissioner | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| Sherrill Jolly Campaign 2043 Lakeside Ave. Supply, NC 28462 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | Donor check not cashed. |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | "Refund status" on 2/11/21 |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | 10/24/2020 |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ 100.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| Candidate committee | | | | D | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 100.00 |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| 3 | check | Donor check not cashed | | 02/11/2021 | \$ 100.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| Warnock for Georgia P.O. Box 991 Decatur, GA 30031 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | Donor check not cashed. |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | "Refund status" on 2/11/21 |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | 11/27/2020 |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ 100.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| Candidate committee | | | | D | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 100.00 |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| 3 | Check | Donor check not cashed | | 02/11/2021 | \$ 100.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | | \$ |
| 4. Total only this Page | | | | | \$ 200.00 |
| 5. Total of ALL CRO-1240 Pages | | | | | \$ 200.00 |
| <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</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 | |
| Flythe for Commissioner | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | b. Coordinated Committee Name | | d. Comments Campaign donation |
| Brunswick County Democratic Party (BCDP) P.O. Box 503 Supply, NC | | | | | | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date \$ 236.61 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 3 | Check | G | 02/15/21 | \$ 200.00 | Donation to County Party | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | b. Coordinated Committee Name | | d. Comments Bank maintenance fee |
| Branch Banking & Trust Co. (BB&T) P.O. Box 10099 Southport, NC 28461 Tel. (910) 457-4347 | | | | | | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | | e. Election Sum to Date \$ 65.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 3 | Direct transfer | k | 01/25/2021 | \$ 5.00 | Bank maintenance fee | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | | \$ 205.00 | |
| <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> | | | | | | |
| <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) | | | | | | |