

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 COMMITTEE TO ELECT BRENDA MERCER CLEMMONS REGISTER OF DEEDS	c. ID Number
b. Mailing Address (Include City, State and Zip Code) 1935 GALLOWAY RD NE BOLIVIA, NC 28422	d. Date Filed 01/07/2021
	e. Phone Number (910)253-4455

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 01/01/2021	4. Period End Date (mm/dd/yy) 01/07/2021	5. Treasurer Full Name BRENDA MERCER CLEMMONS
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
Candidate Campaign PAC Independent Expenditure Legal Expense Fund	Party Referendum Joint Fundraiser	Municipal Organizational Thirty-five day Pre-primary Pre-election Pre-runoff Semi-annual Mid Year Year End Final Special	State/County Organizational Quarterly Semi-annual Mid Year Year End Final Special	Referendum Organizational Pre-referendum Final Supplemental Final Annual Special
7. Type of Fund (if applicable, check one) "Booster Fund" Building Fund Other		Pre-primary	First	Final
		Pre-election	Second	Supplemental Final
		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
		Year End	Mid Year	
		Final	Year End	
		Special	Final	
			Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB & T	a. Financial Institution Full Name	b. Purpose CAMPAIGN	c. Account Code ABC
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 64.89		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.

Brenda M. Clemmons
Printed Name of Signer

Brenda Mercer Clemmons 1/17/2021
Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		
Date Received: RECEIVED	Employee: <u>AR</u>	Delivery Method Normal Mail Registered Mail <input checked="" type="checkbox"/> Hand Delivered Electronically Filed Signer has not received mandatory training
Date Postmarked: JAN 12 2021	Employee: _____	
Date Scanned: BRUNSWICK COUNTY BOARD OF ELECTIONS	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

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 BRENDA MERCER CLEMMONS REGISTER OF DEEDS		FINAL			
Start of Election Cycle:	January 1,	2021	Total this Reporting Period	Total this Election Cycle	
4)	Cash on Hand at Start		\$ 64.89	\$ 64.89	
RECEIPTS					
5)	Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00	
6)	Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 0	
7)	Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00	
8)	Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00	
9)	Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00	
10)	Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0.00	\$ 0.00	
11)	Other Receipt Sources				
11a)	Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00	
11b)	Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00	
11c)	Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00	
11d)	Legal Expense Fund – Other Sources (CRO-1270)		\$ 0.00	\$ 0.00	
11e)	Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00	
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0.00	\$ 0	
EXPENDITURES					
13)	Disbursements				
13a)	Operating Expenditures (CRO-1310)		\$ 0.00	\$ 0	
13b)	Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00	
13c)	Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00	
14)	Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 0.00	
15)	Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00	
16)	Refunds/Reimbursements From the Committee (CRO-1320)		\$ 64.89	\$ 64.89	
17)	In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 64.89	\$ 64.89	
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0	
ADDITIONAL INFORMATION					
20)	Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00		
21)	Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00		
22)	Debts and Obligations owed By the Committee (CRO-1610)		\$ 0.00		
23)	Debts and Obligations owed To the Committee (CRO-1620)		\$ 0.00		
24)	Account Transfers Within the Committee (CRO-1720)		\$ 0.00		
25)	Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00	
26)	Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00	
27)	48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00	
28)	Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00	

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 BRENDA MERCER CLEMMONS REGISTER OF DEEDS			
3. Payee Information Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
BRENDA MERCER CLEMMONS 1935 GALLOWAY RD NE BOLIVIA NC 28422		Candidate PAC	04/11/2018
		Referendum Party	
		e. Level Registered (Specify)	i. Original Receipt Amount
		Federal County:	\$ 200.00
	State Municipality:		
	f. Purpose Code	j. Election Sum to Date	
	L	\$ 64.89	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
REGISTER OF DEEDS	BRUNSWICK COUNTY GOV	Refund reimbursement	ABC
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check		01/07/2021	\$ 64.89
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	
		e. Level Registered (Specify)	i. Original Receipt Amount
		Federal County:	\$
	State Municipality:		
	f. Purpose Code	j. Election Sum to Date	
		\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
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	
		e. Level Registered (Specify)	i. Original Receipt Amount
		Federal County:	\$
	State Municipality:		
	f. Purpose Code	j. Election Sum to Date	
		\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
4. Total only this Page			\$ 64.89
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 64.89
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)			