

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 <i>COMMITTEE TO ELECT MIKE HARGRAVES</i>	c. ID Number <i>MHFC</i>
b. Mailing Address (include City, State and Zip Code) <i>612 DRAGON CT SUNSET BRACH, NC 28468</i>	d. Date Filed <i>10/28/2021</i>
	e. Phone Number <i>315 939-2277</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>07/09/2021</i>	4. Period End Date (mm/dd/yy) <i>09/21/2021</i>	5. Treasurer Full Name <i>Louis R. DeVita</i>
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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"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<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 <i>1</i>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>UNITED BANK</i>	a. Financial Institution Full Name	b. Purpose <i>ALL CAMPAIGN INCOME & EXPENSE</i>	b. Purpose
b. Purpose	c. Account Code <i>MJPA</i>	c. Account Code	c. Account Code
	d. Period Begin Balance <i>\$ 0</i>		d. Period Begin Balance <i>\$</i>

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.

Louis R. DeVita *Louis R. DeVita* *10/28/2021*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *11/1/21* Employee: *OB* **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ 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. **RECEIVED**
 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 MIKE HARGREAVES		35 DAY		MHFC	
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1150.00	\$ 1150.00		
6) Contributions from Individuals	(CRO-1210)	\$ 8674.84	\$ 8674.84	Self	
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)	\$	\$		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 9824.84	\$ 9824.84	Self	
EXPENDITURE					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 997.53	\$ 997.53		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 33.34	\$ 33.34	Self	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1430)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1520)	\$ 594.84	\$ 594.84		
17) In-Kind Contributions	(CRO-1510)	\$ 599.84	\$ 599.84	Self	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2225.55	\$ 2225.55	Self	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7599.29	\$ 7599.29		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committee	(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

This form is required for all contributions over \$50 in any calendar year. For more information, see Form CRD-1289.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE FOR ELECT MIKE HARGREAVES				MHC	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession	c. Comments	
MIKE HARGREAVES 612 DRAGON COURT SUNSET BEACH NC 28468 315 939-2277			No JOB TITLE NOT EMPLOYED	PILING FEE AND INITIAL BANK DEPOSIT 105.00	
a. Prior	b. Account Code	c. Form of Payment	d. In-kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	MJFH	CHECK		07/11/2021	100.00
<input type="checkbox"/>		CASH	CANDIDATE FILING FEE	07/09/2021	5.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession	c. Comments	
JOHN CURBATT 1313 CANAL DR SUNSET BEACH NC 28468 371-251-8778			No JOB TITLE NOT EMPLOYED	\$ 100.00	
a. Prior	b. Account Code	c. Form of Payment	d. In-kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	MJFH	CHECK		07/12/2021	100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession	c. Comments	
MARY BERGERE 222 BARONEY, AVE DR SUNSET BEACH NC 28468 910-575-7522			No JOB TITLE NOT EMPLOYED		
a. Prior	b. Account Code	c. Form of Payment	d. In-kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	MJFH	CHECK		07/15/2021	250.00
4. Total only this Page				\$	455.00
5. Total on ALL CRD-1289 Pages				\$	8674.84

(This form must be on line 6 of Detailed Summary Page CRD-1289)

This document is a receipt for contributions to the committee for organizing a campaign for election to public office. It is not a receipt for contributions to the committee and coordinated party expenditures.

1. Committee Name (Print Name and Phone if applicable)					2. ID Number	
COMMITTEE TO ELECT MIKE HARGREAVES					MIFC	
3. Type of Contribution (Please use separate forms for each type of contribution)						
<input checked="" type="checkbox"/> General Election Campaign Activities						
<input type="checkbox"/> Campaign Party Expenses						
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Business Address & Phone				b. Unincorporated Campaign Name		c. Comments
COMMITTEE TO ELECT JOHN CARBETT 1313 CANAL DRIVE SUNSET BEACH NC 28468 571-251-8778				Local Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality		1/3 OF CAMPBELL CONTRIBUTION MADE PAYABLE TO HARGREAVES
Account Code	Form of Payment	Purpose Code	Date (month/day/year)	Amount	Required Remarks	
MSPH	CHECK	D	09/13/2024	\$ 16.67	SHARED CONTRIBUTION	
5. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Business Address & Phone				b. Unincorporated Campaign Name		c. Comments
COMMITTEE TO ELECT CHARLIE NARN 647 OYSTER BAY DR SUNSET BEACH NC 28468 910 579 5214				Local Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <input type="checkbox"/> Municipality		1/3 OF CAMPBELL CONTRIBUTION MADE PAYABLE TO HARGREAVES
Account Code	Form of Payment	Purpose Code	Date (month/day/year)	Amount	Required Remarks	
MSPH	CHECK	D	09/13/2024	\$ 16.67	SHARED CONTRIBUTION	
6. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Business Address & Phone				b. Unincorporated Campaign Name		c. Comments
- - - - -				Local Registered (Specify): <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality		- - - - -
Account Code	Form of Payment	Purpose Code	Date (month/day/year)	Amount	Required Remarks	
7. Summary Totals					33.34	
8. Total of All CRD-1310 Pages					1030.87	
9. Expense Codes (See detailed instructions page for the above)						
A* - Media	B* - Religion	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
H - Postage	I - Penalties	J* - Office Expenses	K - Holding Public Office Expenses	L - Donations to Local Expense Fund		

IN-KIND CONTRIBUTION

70

MU

MU

MU

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	
COMMITTEE TO ELECT MIKE HARGREAVES		MHFC	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
SUSAN BRIDGES 595 COACH TRAIL SUNSET BRACH NC 28468 910-575-4768		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments 1/3 OF KICK OFF MEETING COST	
		d. Election Sum to Date \$ 594.84	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD & BEVERAGES FOR KICK-OFF MEETING		09/10/2021	\$ 594.84
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
MIKE HARGREAVES 612 DRAGON CT SUNSET BRACH NC 28468 315 939 2277		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 5.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CANDIDATE FILING FEE		07/09/2021	\$ 5.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> 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		\$ 599.84	
5. Total of ALL CRO-1510 Pages		\$ 599.84	
<small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>			