Disclosure Report	Cover
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Amendment		
Yes	\boxtimes	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					c. ID Number	
JACK BRIGHT	MHC7F8					
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed	
149 RIGGS RD. HU	JBERT,NC 28539				10/18/2020	
					e. Phone Number	
					910-577-7558	
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full l	Vame	
2020	7/1/20	10/	17/20	JACK BRIGHT		
6. Type of Committ	tee (Check One)	9. Type of Report	(check on	ly one type of report j	from one category)	
Candidate Campa	nign Party	Municipal	State/C	ounty	Referendum	
☐ PAC	Referendum	Organizational	L 🔲 (Organizational	Organizational	
Independent Expenditure	Joint Fundraiser	Thirty-five day	, (Quarterly	Pre-referendum	
Legal Expense Fu	and					
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	10 C	
Other:		Year End	'	Mid Year Year End	10. Special Report Name	
8. Number of Fund	voicers this Deport	Special		Final		
o. Number of Fund	raisers this Report	Special		Special		
11 h T C	0	.				
11. Account Inform			11. Account I	INIORMATION itution Full Name		
a. Financial Institution I FIRST CITIZENS I			a. Financiai Inst	itution ruli ivame	·· · · · · · · · · · · · · · · · · · ·	
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
CAMPAIGN	Ci ilocount couc		o. r ur pose		Li izoouni ovec	
FUNDING	660	56				
	d. Period Begin Balanc	e			d. Period Begin Balance	
	\$ 7440.42				\$	
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.						
JACK BRIG			your 12	·	0/18/20	
Printed Name of Signer Signature of Appointed Theasurer Date						
FOR OFFICE USE ONLY Delivery Method Delivery Method						
Date Received:		Employee:			Normal Mail	
Doto Dostuvoulso	A. White the second of the sec	Emmlayaas			Registered Mail	
Date Postmarke	u.	Employee:			Hand Delivered	
Date Scanned:		Employee:			Electronically Filed Signer has not received	
Date Data Enter	ed:	Employee:			mandatory training	
Please Note: Thi					ss, treasurer, assistant treasurer,	
	custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.					
I.	i ou must amend me State	ment of Organization	и (СКО-2100A-	-e) to make committe	E CHAUSES.	

Amendment

Yes

 \boxtimes

No

Detailed SummaryUse 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	Report 3. ID Number		
JACK BRIGHT	THRID QUARTE	R	MHC7F8	
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 7440.42	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 550.00	
6) Contributions from Individuals	(CRO-1210)	\$ 1500.00	\$ 9100.00	
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 Organizat	ions <i>(CRO-1250)</i>	\$	\$	
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, 1	Ic, 11d and 11e)	\$ 1500.00	\$ 9650.00	
<u>EXPENDITURES</u>		DESTRUCTION OF A PROPERTY OF THE STATE OF TH		
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 3464.82	\$ 4174.40	
13b) Contributions to Candidates/Political Commi	ittees (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)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 3464.82	\$ 4174.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 5475.60	\$ 5475.60	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	gns) (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)	\$	\$	

		n Individuals			Pg	_1 of	1_	Yes	No No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO) 1205 is not used		
1. Comm	ittee Full Name (and Fund if applicat	ole)				2. ID Nun	iber	
JACK BR	UGHT							MHC7F8	
	butor Informatio			Add		move			
	ie, Mailing Address &	È Phone			tle/Profession		d. Comment	S	
(include BASIL H	city, state, & zip)	MARAMANANAN		DON'I	WORK				
	CAUSLEY RD.			c. Employ	yer's Name/S	pecific Field			
	,NC 28539						•		
							e. Election Sum to Date		
							\$	1000,00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion	j. Date (mm/dd/yy	<u> </u> /yy)	k. Amount	
	6666	CHECK				7/1/2	0	\$	1000.00
								\$	
								\$	
	butor Informatio			Add		move			
	ne, Mailing Address &	& Phone		***************************************	tle/Profession		d. Comment	ts	
LANE H	city, state, & zip)			BUILD	TRUCTION	1			
i	ST LANE				yer's Name/S	pecific Field	_		
	,NC 28539			SELF EMPLOYEED					
							e. Election Sum to Date		
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	ption	j. Date (mm/dd/y	yyy)	k. Amount	
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Ш			<u> </u>					\$	
	ibutor Informatio			Add		move	E		
ł	ne, Mailing Address &	& Phone		b. Job Tit	tle/Profession		d. Comment	ts	
(пистице	city, state, & zip)			-					
				c. Employ	yer's Name/S	pecific Field			
						e. Election Sum to Date			
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	ption	j. Date (mm/dd/y	ууу)	k. Amount	• •
		***************************************						\$	
								\$	
							· · ·	\$	
4. Total only this Page					\$		1500.00		
5. Total of ALL CRO-1210 Pages					•		1500.00		

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Amendment **Disbursements** Disbursements $p_g = 1$ of 1 Ye Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political Yes \boxtimes No

committees and	l coordinated	party ex	penditures.

JACK BRIGHT Please use separate CRO-1310 forms for each type of Disbursement.	1. Committee Full Name (and Fund if applicable) 2. ID Number						
Continued Party Expenditues Continued Sparty Expenditues							
Continued Party Expension		irsement (Plea	se use separate C	RO-1310 forms for each t	pe of Disburseme	mt.)	
4. Payee Information Add Remove							
a. Foll Name, Mailing Address & Phone (nected city, state, & zip) OUT THE DOOR PRINTING 28 WEST SPRING STREET COOKVILLE TN. 38501 E. Account Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Code s. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Information Add Remove S. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Information Add Remove S. Caredinated Committee Name d. Comments S. Purpose Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Information Add Remove S. Purpose Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Purpose Code g. Form of Payment h. Purpose Code s. Date (num/dd/yyyy) J. Amount k. Required Remarks S. Cardinated Committee Name d. Comments S. Cardina			П	Add			
(include City, state, & zip) OUT THE DOOR PRINTING SWEST SPRING STREET COCKYILLE TN. 38501 C. Account Code DEBIT CARD A BAJ120 S991.00 C. Coomness D. Coordinated Committee Name Considerate sity, state, & zip) JACKSONVILLE DAILY NEWS 224 BELL FORK RD. JACKSONVILLE DAILY MAMERICAN REMOVE BAGGITT DAILY NEWS 224 BELL FORK RD. JACKSONVILLE DAIL				p		d. Comments	
County State Manicipality: County: C		-					
E. Level Registered (Specify) State Municipality: C. Election Sum to Date							
Foderal County: County: State Municipality: County: County: State Municipality: County: County				a Lavel Designand (Specify)			
State Municipality: e. Election Sum to Date				<u> </u>	O		
E. Account Code E. Form of Payment h. Purpose Code i. Date (nm/dd/yyyy) j. Amount k. Required Remarks	COOKVILLE	N. 38301				Fig. Com. to Date	
E. Account Code g. Form of Payment h. Purpose Code l. Date (mm/dd/yyyy) j. Amount k. Required Remarks				State	Municipality:	e. Election Sum to Date	
A. Payee Information					ĺ	\$ 991.00	
A. Payee Information			1. D C. 1.	1			
A. Payee Information	f. Account Code	g. Form of Payment	n. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		
4. Payee Information	6666	DEBIT CARD	Α	8/31/20	\$991.00	SIGNS	
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) JACKSONVILLE DALLY NEWS 224 BELL FORK RD. Federal County: State Municipality: 6666 DEBIT CARD A 9/24/20 S2400.00 4. Payee Information Add Remove 5. Account Code S. Form of Payment b. Purpose Code I. Date (mm/dd/yyyy) J. Amount k. Required Remarks 4. Payee Information Add Remove 5. Full Name, Mailing Address & Phone (include city, state, & zip) VISTA PRINT VENIO NEATHERLANDS 5928LW Federal County: Foderal County: State Municipality: e. Election Sum to Date C. Level Registered (Specify) J. Amount k. Required Remarks 4. Payee Information Add Remove 6. Coordinated Committee Name d. Comments Foderal County: Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date Foderal County: State Municipality: e. Election Sum to Date					7		
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Decordinated Committee Name				<u> </u>			
Ginclude city, state, & zip JACKSONVILLE, NC 28540 C. Level Registered (Specify) Federal County: C. Election Sum to Date State Municipality: C. Election Sum to Date State	4. Payee Inform	ation		· · · · · · · · · · · · · · · · · · ·			
C. Level Registered (Specify) Federal County: State Municipality: E. Election Sum to Date	a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
C. Level Registered (Specify Federal County: State Municipality: C. Election Sum to Date	(include city, state,	& zip)					
Federal	JACKSONVILI	LE DAILY NEWS					
State	224 BELL FOR	K RD.		c. Level Registered (Specify)			
S 2400.00	JACKSONVILI	LE, NC 28540		Federal 🖂	County:		
LACCOUNT Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks		,		State	Municipality:	e. Election Sum to Date	
LACCOUNT Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
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VENIO NEATHERLANDS 5928LW C. Level Registered (Specify)	(include city, state,	& zip)					
Federal County: State Municipality: c. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of	VISTA PRINT						
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State Municipality: c. Election Sum to Date \$ f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 6666 DEBIT CARD A 9/30/20 \$73.82 CAMP, CARDS 5. Total only this Page \$ \$3464.82 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 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c of D							
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