

Disclosure Report Cover

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 Elect Velvet Scoggin for BOC | | c. ID Number LHCCD2 | |
| b. Mailing Address (include City, State and Zip Code) 104 N. MAREADY RD JACKSONVILLE, NC 28546 | | d. Date Filed 01/06/2021 | |
| | | e. Phone Number 9103307543 | |
| 2. Report Year 2020 | 3. Period Start Date (mm/dd/yy) 10/18/2020 | 4. Period End Date (mm/dd/yy) 12/31/2020 | 5. Treasurer Full Name VELVET SCOGGIN |
| 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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name WELLS FARGO | | a. Financial Institution Full Name | |
| b. Purpose campaign acc | c. Account Code CK20 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 828.51 | | 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. | | | |
| Velvet Scoggin Printed Name of Signer | | [Signature] Signature of Appointed Treasurer | 01/06/2021 Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: | Employee: | Delivery Method | |
| Date Postmarked: | Employee: | <input type="checkbox"/> Normal Mail | |
| Date Scanned: | Employee: | <input type="checkbox"/> Registered Mail | |
| Date Data Entered: | Employee: | <input type="checkbox"/> Hand Delivered | |
| | | <input type="checkbox"/> Electronically Filed | |
| | | <input type="checkbox"/> 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. | | | |
| You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | |

Detailed Summary

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | |
|--|--|------------------------------------|--|----------------------------------|--|
| Elect Velvet Scoggin for BOC | | SODR | | LHCCD2 | |
| Start of Election Cycle: January 1, 2020 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 828.51 | | \$ 0.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals <i>(CRO-1205)</i> | | \$ 20.00 | | \$ 165.00 | |
| 6) Contributions from Individuals <i>(CRO-1210)</i> | | \$ 525.00 | | \$ 4813.15 | |
| 7) Contributions from Political Party Committees <i>(CRO-1220)</i> | | \$ | | \$ 300.00 | |
| 8) Contributions from Other Political Committees <i>(CRO-1230)</i> | | \$ | | \$ | |
| 9) Loan Proceeds <i>(CRO-1410)</i> | | \$ | | \$ | |
| 10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i> | | \$ 27.61 | | \$ 27.61 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts <i>(CRO-1250)</i> | | \$ | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i> | | \$ | | \$ | |
| 11c) Outside Sources of Income <i>(CRO-1250)</i> | | \$ | | \$ | |
| 11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i> | | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i> | | \$ | | \$ | |
| 12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> | | \$ 572.61 | | \$ 5305.76 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures <i>(CRO-1310)</i> | | \$ 252.79 | | \$ 4097.43 | |
| 13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i> | | \$ | | \$ | |
| 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> | | \$ 246.00 | | \$ 246.00 | |
| 17) In-Kind Contributions <i>(CRO-1510)</i> | | \$ | | \$ 60.00 | |
| 18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i> | | \$ 498.79 | | \$ 4403.43 | |
| 19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i> | | \$ 902.33 | | \$ 902.33 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i> | | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i> | | \$ | | | |
| 22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i> | | \$ | | | |
| 23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i> | | \$ | | | |
| 24) Account Transfers Within the Committee <i>(CRO-1720)</i> | | \$ | | | |
| 25) Administrative Support <i>(CRO-1710)</i> | | \$ | | \$ | |
| 26) Forgiven Loans <i>(CRO-1440)</i> | | \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i> | | \$ | | \$ | |
| 28) Contributions to be Refunded <i>(CRO-1215)</i> | | \$ | | \$ | |

Contributions from Individuals

Amendment
 Yes No

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 | |
| ELECT VELVET SCOGGIN FOR BOARD OF COMMISSIONERS | | | | | LHCCD2 | |
| 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 | | d. Comments | |
| Jon Bentley 615 NE. Church St. Portland, OR | | | web developer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NTT Data Services | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CK20 | DEBIT | | 10/20/2020 | | \$ 25.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 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 | | d. Comments | |
| Million Heir-Williams 43203 8 th St. Lancaster, CA 93535 | | | Life Coach | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self-employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CK20 | CHECK | | 10/2/2020 | | \$ 150.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 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 | | d. Comments | |
| LB Solomon 476 Shotwell Rd Clayton, NC 27520 | | | self-employed | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | self-employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CK20 | DEBIT | | 10/25/2020 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 225.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 525.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

Pg 2 of 2

Amendment
 Yes No

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 | |
| ELECT VELVET SCOGGIN FOR BOARD OF COMMISSIONERS | | | | | LHCCD2 | |
| 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 | | d. Comments | |
| Martina Nielsen 847 Catherine Ave. San Marcos, CA 92069 | | | pre-school director | | | |
| | | | c. Employer's Name/Specific Field Escondido Christian Pre-School | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CK20 | DEBIT | | 10/22/2020 | | \$ 25.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 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 | | d. Comments | |
| Johnny Williams 903 Gattis Rd. Jacksonville, NC 28546 | | | MD | | | |
| | | | c. Employer's Name/Specific Field Sself-employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CK20 | DEBIT | | 10/28/2020 | | \$ 250.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 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 | | d. Comments | |
| Anne Hardinger 2771 White Oak River Rd Maysville, NC 28555 | | | Eduator | | | |
| | | | c. Employer's Name/Specific Field Onslow County Schools | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CK20 | debit | | 11/16/2020 | | \$ 25.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 525.00 | |

Refunds/Reimbursements To the Committee

| | | |
|-----------|------------------------------|--|
| Amendment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|-----------|------------------------------|--|

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 | |
| ELECT VELVET SCOGGIN FOR BOC | | | | LHCCD2 | |
| 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 |
| VISTA PRINT 95 Hayden Ave. Lexington, MA 0242 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 10/14/2020 |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ 27.61 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| N/A | | N/A | | REFUND ON SHIPPING | |
| | | | | j. Election Sum to Date | |
| | | | | \$ | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | | n. Date (mm/dd/yyyy) | o. Amount |
| CK20 | DEBIT | | | 10/19/2020 | \$ 27.61 |
| 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) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Expenditure Date |
| | | | <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 |
| | | | | | \$ |
| 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) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | h. Original Expenditure Date |
| | | | <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 | | | | | \$ 27.61 |
| 5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 27.61 |

Disbursements

Amendment
 Yes No

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) Elect Velvet Scoggin for BOC | | | | | 2. ID Number LHCCD2 |
| 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Vantiv eCommerce | | 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 |
| CH20 | ACH | O | 12/9/20 | \$1.33 | online donation fee |
| CH20 | ACH | O | 11/10/20 | \$12.72 | online donation fee |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) T-Shirts Sneads Ferry NC | | 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 |
| CK20 | Check | B | 11/5/20 | \$130.00 | T Shirts |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ActBlue Donate | | 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 |
| CK20 | ACH | O | 11/4/20 | \$7.89 | online donation fee |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 151.94 |
| 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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 252.79 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | G - Political Party | |
| O* - Other | | K* - Office Expenses | | H* - Holding Public Office Expenses | |
| Q* - Donation to Legal Expense Fund | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

Amendment Yes No

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) Elect Velvet Scoggin for BOC | | | | | 2. ID Number LHCCD2 |
| 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples 1144 Western Blvd Jacksonville, NC 28540 | | | 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 |
| CH20 | Debit Card | B | 11/3/20 | \$26.74 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Lowes 1255 Western Blvd Jacksonville, NC 28546 | | | 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 |
| CK20 | Debit Card | O | 10/19/20 | \$74.11 | wood sign frame |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | 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 | | | | | \$ 100.85 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 252.79 |
| <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) | | | | | |

Refunds/Reimbursements From the Committee

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | | | | |
|--|--|---|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Elect Velvet Scoggin for BOC | | | LHCCD2 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Velvet Scoggin 104 N. Marcady Rd Jacksonville, NC 28546 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 12/20/2019 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 166.00 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | O | | \$ 248.00 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Candidate | | | | CK20 |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| Check | Original Filing fee and bank account opening balance | | 12/12/2020 | \$ 166.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Velvet Scoggin | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 10/19/2019 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 80.00 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | O | | \$ 248.00 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Candidate | | | | CK20 |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| Check | Campaign event equipment rental | | 12/12/2020 | \$ 80.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | \$ 248.00 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 248.00 |
| 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) | | | | |