

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

FRIEnds of BryAn BASS
Kenneth Bryan Bass
196 MARINELS WAY
Mojock, NC 27958

Treasurer Phone:

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

(757) 390 -6394

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

1-10-24 Date Signed

Kennell B-B-



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Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

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I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-12-23 Date Signed

Kennes By Signature

Certification of Threshold



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name:	Kenneth Bry	An BASS
Committee Name:	Friends of	BryAn BASS
Treasurer Name:	Kenneth B	BryAn BASS GryAn BASS
		to carry out designations: Joshua Basy
Committee ID #:		
Level Registered:	[State] [County] If county,	specify: Currituck County
funds remaining in m debts or reasonable e	y Campaign Committee acco	hat in the event of my death or incapacity all ount(s) (after payment of permitted outstanding e Committee or closing office) be paid in the 163-278.16B(a).
	<u>of Entity</u> §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. Curritude C	ry Republican PARTy	100%2
3		
By signing this form,	I certify that the foregoing e	ntities are eligible beneficiaries under N.C.

this form should be maintained with Gen. Statute 163-278.16B(a). A copy Kennell BB-12-12-23 records.

Signature of Candidate:

Date:

Candidate Designation of Committee Funds

Disclosure Report Cover

Amendment

Do not use this form to update information.			
1. Committee Information			c. ID Number
a. Full Name	1		FILLR
FRICADS OF BryAn L b. Mailing Address (include City, State and Zip Code)	5055		527777
b. Mailing Address (include City, State and Zip Code)		······ · · · · · · · · · · · · · · · ·	d. Date Filed
Mailing Address (Menude City, state and Ep Coul) 196 MARINERS WA Mojeck, NC 27	1		2-26-24
Mul Ní 27	958		e. Phone Number
Mojoce, VC CI	150		157 390-6344
2. Report Year 3. Period Start Date (mm/dd/)	y) 4. Period E	nd Date (mm/dd/yy)	5. Treasurer Full Name
2024 1-1-24		7-24	Kenneth Bria Ba
6. Type of Committee (Check One)	9. Type of Rep	ort (check only one	type of report from one category)
Candidate Campaign D Party	Municipal	State/County	Referendum
PAC Referendum	Organizational		
🔲 Independent Expenditure 🔲 Joint Fundraiser 👘	Thirty-five day		Pre-referendum
Legal Expense Fund	Pre-primary	First	
	Pre-election	Seco	
7. Type of Fund (if applicable, check one)	Pre-runoff		
Booster Fund	Semi-annual	Four Four	
Building Fund	Mid Year	1 <u></u>	
	Year End		Year 10. Special Report Name
Other:	Final		Enu
8. Number of Fundraisers this Report	Special		
11. Account Information	<u></u>	11. Account Inform	
a. Financial Institution Full Name		a. Financial Institution	Fuil Name
Atlantic Union Ban			
b. Purpose c. Account Cod	le	b. Purpose	c. Account Code
All and DDA			
A M d. Period Begin	n Balance		d. Period Begin Balance
All DDA CAMPAIN DDA Expenses \$ 900			\$
CERTIFICATION		and a monthly of A.	tiols 224 22B & 22D-22M of Chapter 163
I certify that the Committee or Fund is in complia of the NC General Statutes and that no funds are	ance with all appl	prohibited or other no	an-disclosed funds. I further certify that this
report is complete, true and correct and that I hav	e been trained by	the NC State Board of	f Elections.
report is complete, true and correct and that I have		ine ric blate board a	<i>(</i>)
Kanth Bran Bour	Ken	not B	1R \$2-26-24
Printed Name of Signer	Sig	nature of Appointed I rea	
FOR OFFICE USE ONLY			
	_ -		Delivery Method
Date Received:	_ Employ	/ee:	— 🔲 Normal Mail
	Employ	100	Registered Mail
Date Postmarked:	_ Employ	,	Hand Delivered
Date Scanned:	Employ	vee:	Electronically Filed
			Signer has not received
Date Data Entered:	Employ	/ee:	— mandatory training
Please Note: This form cannot be used	to amend comm	ittee information su	ch as the committee address, treasurer,
assistant treasurer, cu	stodian of book	s information. or acc	ount information.
You must amend the Statement	of Organization	n (CRO-2100A-E) to	o make committee changes.

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and t	o total mon	etary information	. ID Number
1. Committee Full Name (and Fund if applicable)	2. Type of I		C 110
FRIEnds of BryAn Basi	guarter	· · · · · · · · · · · · · · · · · · ·	5CHIRA
Start of Election Cycle: January 1, <u>2020</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 9.00 467.79	1 5 1960 1467.7P
RECEIPTS			
	(CRO-1205)	\$ +000-	\$
	(CRO-1210)	\$ 1000	\$ 1900
	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	S
11) Other Receipt Sources			
11) Other Receipt Sources 11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11a) Interest on Bank Accounts 11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11b) Contributions from Not-For Forth Organization	(CRO-1250)		\$
1	(CRO-1270)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1265)	<u> </u>	\$
11e) Exempt Purchase Price Sales12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		*	\$ 1900
12) TOTAL RECEIPTS (Add lines 5, 0, 7, 8, 9,10,114,110,114, EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 521.63	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
136) Contributions to Canonances Content of the 13c) Coordinated Party Expenditures	(CRO-1310)		\$
	(CRO-1315)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1420)		. \$
15) Loan Repayments	(CRO-1320)		\$
16) Refunds/Reimbursements from the Committee	(CRO-1510)		\$
17) In-Kind Contributions18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1			\$
18) TOTAL EXPENDITORES (Add lines 15d, 150, 150, 170, 170, 170, 170, 170, 170, 170, 17			\$
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)	\$	\$\$

a .			la	Ta .	of	A	Amendment
Cont	form to report in	om Individua dividual contributio	18 ns over \$50 or co	Pg entributions unde		<u>0 12</u>	
Use this	nittee Full Nam	e (and Fund if appl	icable)	· ·		<u>, 11</u>	Number
		BryAN B.	255	<u></u>		50	CFIKR
3. Cont	ributor Informa	ition <u> </u>		Add 🔲 Rem		d Co	mments
a. Full Na	me, Mailing Addre	ss & Phone		b. Job Tille/Profess		<u>u. co</u>	
(include	e city, state, & zip)	AN BOSS		VIS tOR HI	el Coerdi sau		
Ken	marine	rs WA1		c. Employer's Nam			
194		NC 570	158	Curritue	h f	e. Ele	ection Sum to Date
	ofour	NC 279	50	cty		\$	1900-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	AQC	chack			1-10-24		\$ 1000
							\$
					_		\$
3. Cont	ributor Informa	ation		Add 🗌 Ren	nove	_	
	ame, Mailing Addro			b. Job Title/Profes	sion	d. Co	omments
(includ	e city, state, & zip)			1			
				c. Employer's Nan	ne/Specific Field		
						e. El	ection Sum to Date
						\$	
							1. A
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount
							\$
	<u> </u>						\$
							\$
3. Cont	tributor Inform	ation			move	Li a	
	ame, Mailing Addr			b. Job Title/Profe	ssion	1a. C	omments
(inclue	de city, state, & zip)	·				1	
				c. Employer's Nat	me/Specific Field	-	
						e. El	lection Sum to Date
ļ						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	_l ption	j. Date (mm/dd/yy	yy)	k. Amount
	g. Account Cour						\$
							\$
	+	+		<u> </u>			\$
4 To	tal only this I	Page				\$	1000
		RO-1210 Pages		<u> </u>		:	1000 -
(This	line must be on line	6 of Detailed Summary	Page CR0-1100)			. *	1000

Disbursements

Pg	of		Yes
rΣ	 ~	 _	

Amendment

No.

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

committees and c	oordinated	party exp	enditures				2. ID Number
. Committee Fi	III Name (a)	nd Fund					
FRIEND	1 of	Brit	ar Bass	0 10-0	<u> </u>	ah tura of Diah	5CFIKR
3. Type of Disbu		(Please I	<u>use separate CR</u>	<u>0-1310</u>	<u>orms for ea</u>	<u>ch type of Diso</u>	rdinated Party Expenditures
Operating Expe		Contr	ibutions to Candidat				runaled Farty Expenditures
4. Payee Inform	ation					Remove	e d. Comments
a. Full Name, Ma	ailing Addre	ss & Pho	ne		b. Coordinated	Committee Name	
							ļ
IMAGE	Advee 0.++s	tisin	ppel Rd NC 27909	1	c. Level Regist	ered (Specify)	
117		 /	Nr		State	Municipa	ality: e. Election Sum to Date
Eliza	berle	19	27909	7			\$
	g. Form of Pa		h. Purpose Code	i. Date (n	nm/dd/yyyy)		k. Required Remarks
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Ð	1-29	5-24	\$521,63	SIGNS/CANds
00 a/	check			<u> </u>		<u> </u>	T
					Add 🗖	© Remove	
4. Payee Inforn	nation					d Committee Nam	d. Comments
a. Full Name, Mail		Phone			D. COOTUMAIC		
(include city, sta	te, & zip)						
					c. Level Regis	tered (Specify)	
					Federal	County:	
					State	🔲 Municip	pality: e. Election Sum to Date
							\$
					<u> </u>		
f. Account Code	g. Form of P	ayment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	+** · ·					\$	
<u> </u>			┣━━━	<u> </u>		\$	
				1		<u> </u>	
4. Payee Inform	nation				Add L	Remove	me d. Comments
a. Full Name, Mai	ling Address &	& Phone			b. Coordinate	ed Committee Nar	
(include city, sta			<u> </u>				
					c Level Reni	stered (Specify)	
					Federal	County	
l					State	🔲 Munici	
1							<u> </u>
E Assessed Code	g. Form of F	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code				+		\$	
L	∔	<u></u>	_───	+		\$	
1						Ð	
5. Total only t	his Page						\$ 521.63
6. Total of AL		10 Pages	<u> </u>				: :
		Detailed Su	mmary Page CRO-	100 if Op	erating Expension	ses)	s 521.63
	. Bus 12h of 1	Dotailed Su	mmary Page CRO-1	(100 if Co	ntrib to Canato	ales/I buncar com	nm) 521.6
(Inis line goes)	in line 130 of 1	Detailed Su	mmary Page CRO-1	100 if Co	ordinated Part	y Expenditures)	
This the goes	ados (1)	st dataila	d expenditure co	de in (h.) above)		
		st detaile	ing	<u>C*</u>	Fundraising	D - T	o Another Candidate
A* - Media		`* - Equi			olitical Party	H* -	Holding Public Office Expense
E - Salaries		- Penal			Office Expe		Donation to Legal Expense Fu
I - Postage O* Other							
* Codes requi	ire detailed	explana	tion in required	l remar	ks field (k)		December 2
CRO-1310			N	C State B	oard of Election	18	December 7

CANDIDATE FILING PACKET / CHECKLIST

FILING FORMS AND DOCUMENTS

Voter Profile
 Notice of Candidacy, Nickname Affidavit (if applicable)
 Filing Fee (must pay by check if filing fee is \$50 or more)
 Signage and Electioneering Information
 Littering statutes

CAMPAIGN FINANCE

Additional forms can be found at www.ncsbe.gov in the Campaign Finance section.

- Statement of Organization (CRO-2100A)** (The Certification of Treasurer form has been combined into Statement of Organization form-one document for BOTH)
- Treasurer Training Schedule or <u>www.ncsbe.gov</u> Campaign Finance section
- Certification of Financial Account Information (CRO-3500)**
- Candidate Designation of Committee Funds (CRO-3900)**

Candidates OVER \$1,000 Threshold:

Disclosure Report Cover (CRO-1000)**

- Organizational Disclosure Report (due within 10 days) <u>www.ncsbe.gov</u>

Candidates UNDER \$1,000 Threshold:

(If eligible)

Certification of Threshold (CRO-3600)**

2024 Candidate's Guide to Campaign Finance in North Carolina.

**Forms must be completed and ref	turned to Board of Elections within 10 days of filing.
Your forms must be received by	12-14-23
Candidate acknowledges receipt	of this information_KP_R

Candidate Kenneth Bass Da	te Filed 12-04-23
 Statement of Organization (CRO-2100A)** 	Date Returned 1 スー1 えー みろ
 Certification of Financial Account Number (CRO-3500)** 	Date Returned $\frac{12-12}{2}$
 Certification of Treasurer (CRO-3100)** 	Date Returned
 Candidate Designation of Committee Funds (CRO-3900)** 	Date Returned $12 - 12 - 23$

Candidates OVER \$1,000 Threshold:

- Disclosure Report Cover (CRO-1000)**
- Detailed Summary (CRO-1100)**
- o Organizational Disclosure Report

Date Returned <u>NIA</u>
Date Returned NA
Date Returned N

Candidates UNDER \$1,000 Threshold: (if eligible)

Certification of Threshold (CRO-3600)**

Date Returned

Notes:

			Amendment
48-Hour Notice		Page of	Yes 🛄 No
Use this form to report all contributi	ons of \$1,000 or more. Notice	e must be filed within 48 hours of	receipt of contribution.
The 48 Hour reporting period begins	the day after the last day of the	he 1st Ortr-Pius report period and	ends the day of the rithday
and begins the day after the last day	y of the 3rd Qrtr-Plus report	and ends the day of the General	Election.
All 48 Hour In-Kind Contributions	s must be recorded on CRO-1	1510 and attached.	
This notice may be faxed in order	r to meet the 48 hour deadli	ine.	
1. Committee Information			
a. Full Name			c. ID Number
Friends of B	CAAN BASS		
b. Mailing Address (include City, State	and Zip Code)		d. Report Date
196 MARINERS W Mojock, NC 2	× 1		1-12-24
	- cel		e. Phone Number
Mojock, NC 2	1470		()
			(757) 390-6394
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phor	ne Add	a. Full Name, Mailing Address &	
(include city, state, and zip)	Remov	ve (include city, state, and zip)	Remove
Kenneth Brunn	BASS		
196 mariners	way		
Kenneth BryAn 196 MARINERS Mojock, NC 2	7458		
		L There all Controlleuton	
b. Type of Contributor		b. Type of Contributor	ed, must specify b2 and b3)
	ust specify b2 and b3)	Political Party	
Political Party	(if checked, must specify b1)	Other Political Committee	(if checked, must specify b1)
Other Political Committee Not-for-Profit (if checked, mu			ed, must specify b4)
Not-for-Profit (if checked, mu	isi speciyy off	Other Source:	
b1. Type of Committee		b1. Type of Committee	
Federal County:		Federal County:	
Federal County:		State Municipa	
	b4. Federal ID Number		ality: b4. Federal ID Number
State Municipality:	b4. Federal ID Number	State Municip	
Bartime Visitor Rel. Coefficient	b4. Federal ID Number	State Municip. b2. Job Title/Profession	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor Partime Vis, tor Rel. Cock district b3. Employer's Name/Specific Field	b4. Federal ID Number c. Form of Payment	State Municip	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor <u>Rel. Concertionator</u> b3. Employer's Name/Specific Field Lurr, tuck County		State Municip. b2. Job Title/Profession	b4. Federal ID Number
StateMunicipality:b2. Job Title/ProfessionPartimeVis,torRel.Coedintitorb3. Employer's Name/Specific FieldLurr,tuckLurr,tuckCourt 15TIAUCI:TOUT 15	c. Form of Payment こりここ人	State Municip. b2. Job Title/Profession	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. (ocedinttor b3. Employer's Name/Specific Field Curr, tuck County TIAUCI + TOUTISM d. Date (mm/dd/yyyy)	c. Form of Payment くりこに f. Amount	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. Coechivater b3. Employer's Name/Specific Field Curr, tuck Causyy TIAUCI · TOUTISM d. Date (mm/dd/yyyy) 1-10-24	c. Form of Payment Check f. Amount \$ 1,000.00	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy)	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. (ocedinttor b3. Employer's Name/Specific Field Curr, tuck County TIAUCI + TOUTISM d. Date (mm/dd/yyyy)	c. Form of Payment Check f. Amount \$ 1,000,00 g. Election Sum to Date	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F	b4. Federal ID Number "ield c. Form of Payment f. Amount \$ g. Election Sum to Date
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. Coechivater b3. Employer's Name/Specific Field Curr, tuck Causyy TIAUCI · TOUTISM d. Date (mm/dd/yyyy) 1-10-24	c. Form of Payment $C \downarrow c \subset K$ f. Amount \$ 1,000.00 g. Election Sum to Date \$ 1,900.00	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) e. Account Code	b4. Federal ID Number Tield c. Form of Payment f. Amount \$ g. Election Sum to Date \$
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. Coechivater b3. Employer's Name/Specific Field Curr, tuck Causyy TIAUCI · TOUTISM d. Date (mm/dd/yyyy) 1-10-24	c. Form of Payment Check f. Amount \$ 1,000.00 g. Election Sum to Date \$ 1,900.00	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) e. Account Code	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. ($ocechinter$ b3. Employer's Name/Specific Field Curr, tuck Ceunty TTAUCH TOUTISM d. Date (mm/dd/yyyy) 1 - 10 - 24 e. Account Code	c. Form of Payment Check f. Amount \$ 1,000.00 g. Election Sum to Date \$ 1,900.00 Page (sum all the 2f entrie	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) e. Account Code es on this page)	b4. Federal ID Number Tield c. Form of Payment f. Amount \$ g. Election Sum to Date \$
State Municipality: b2. Job Title/Profession Partime Vis, tor Partime Vis, tor Rel. (ocecliphtrof b3. Employer's Name/Specific Field Corr, tock Ceosy ty TIAUCI + TOSTISM d. Date (mm/dd/yyyy) 1 - 10 - 24 e. Account Code 3. Total Contributions THIS P	c. Form of Payment Check f. Amount \$ 1,000.00 g. Election Sum to Date \$ 1,900.00 Page (sum all the 2f entrie	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) e. Account Code es on this page)	b4. Federal ID Number
State Municipality: b2. Job Title/Profession Partime Vis, tor Rel. Coechinter b3. Employer's Name/Specific Field Curr, tuck County TTAUCH TOUTISM d. Date (mm/dd/yyyy) 1-10-24 e. Account Code 3. Total Contributions THIS P 4. Total Contributions ALL Particular that the Committee or Func-	c. Form of Payment Check f. Amount \$ 1,000+00 g. Election Sum to Date \$ 1,900-00 rage (sum all the 2f entries ages (if multi-page, only ling)	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) e. Account Code es on this page) ist on page 1) rovisions of Article 22A, 22B,& 22	b4. Federal ID Number ield c. Form of Payment f. Amount \$ g. Election Sum to Date \$ \$ D-22M of Chapter 163 of the NC
State Municipality: b2. Job Title/Profession Partime Vis, tor Partime Vis, tor Rel. (oce distance) b3. Employer's Name/Specific Field Corr, tock Ceusty TTAUCI + TOUTISM d. Date (mm/dd/yyyy) 1 - 10 - 24 e. Account Code 3. Total Contributions THIS P 4. Total Contributions ALL Particle CERTIFICATION I certify that the Committee or Fundace	c. Form of Payment $C \setminus C \subset K$ f. Amount $1, 000 \cdot 00$ g. Election Sum to Date $1, 900 \cdot 00$ rage (sum all the 2f entries ages (if multi-page, only lither the sum of th	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) c. Account Code es on this page) ist on page 1) rovisions of Article 22A, 22B,& 22 ited or other non-disclosed funds.	b4. Federal ID Number ield c. Form of Payment f. Amount \$ g. Election Sum to Date \$ \$ D-22M of Chapter 163 of the NC 1 further certify that this report is
State Municipality: b2. Job Title/Profession Partime Vis, tor Partime Vis, tor Rel. (oce distance) b3. Employer's Name/Specific Field Corr, tock Ceusty TTAUCI + TOUTISM d. Date (mm/dd/yyyy) 1 - 10 - 24 e. Account Code 3. Total Contributions THIS P 4. Total Contributions ALL Particle CERTIFICATION I certify that the Committee or Fundace	c. Form of Payment $C \setminus c \in K$ f. Amount § 1, 000 + 00 g. Election Sum to Date § 1, 900 - 00 Page (sum all the 2f entrie ages (if multi-page, only limits in compliance with all provided the prohibits of the NC S	State Municip. b2. Job Title/Profession b3. Employer's Name/Specific F d. Date (mm/dd/yyyy) e. Account Code es on this page) ist on page 1) rovisions of Article 22A, 22B,& 22 ited or other non-disclosed funds. State Board of Elections. The cont	b4. Federal ID Number b4. Federal ID Number ield c. Form of Payment f. Amount \$ g. Election Sum to Date \$ S D-22M of Chapter 163 of the NC 1 further certify that this report is ributions were received no more than

reported on the next scheduled campaign disclosure report.

MAN 2202 1 cnr 72 Kenne Signature of Appointed Treasurer Printed Name of Signer

1-12-24 Date

CRO-2220

August 2008



Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Friends of BryAN BASS
Kenneth Brian Base
196 Mariners WAY
Mojock, NC 27958
·

Treasurer Phone:

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

757) 390-6394

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

<u>7-7-24</u> Date Signed

Kenned BR

RECEIVED

JUL 0 9 2024

CURRITUCK COUNTY BOARD OF ELECTIONS

Certification of Inactive Status

Disclosure Report Cover 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.

Amendment

Do not use this form to upda					
1. Committee Information	· · · · · · · · · · · · · · · · · · ·			c.	ID Number
a. Full Name					SCFIKR
Friends of	BryAn B	<u>A کک A</u>			Date Filed
b. Mailing Address (include City	, state and Lip Code)	·			1-26-24
196 MARINES	~~~	-0		-	Phone Number
b. Mailing Address (include City 196 MARMENT Mojock, N	C 2795	で		Ī	757)390-6394
2. Report Year 3. Period S	Start Date (mm/dd/vy)	4. Period End	Date (mm/dd/yy)	5. Treasurer	Full Name
2024 7-1-	-73	12-31	-23	Kenner	h Sryan BAS
6. Type of Committee (Che	eck One) 9.	Type of Report	t (check only one	type of report	from one category)
Candidate Campaign	Party Mu	inicipal	State/County		eferendum Organizational
	Referendum	Organizational	Quarterly	1	Pre-referendum
Independent Expenditure	Joint Fundraiser	Thirty-five day Pre-primary	First		Final
Legal Expense Fund		Pre-primary Pre-election		17	Supplemental Final
T Prove of Present (Present)	cable, check one)			(-	Annual
7. Type of Fund (if applied The second secon	LUVIE, CHECK DHE	Semi-annual	Fou	rth 🛛	Special
Building Fund	lr-	Mid Year	Semi-ann		
		Year End	Mid	l Year 🚺	0. Special Report Name
Other:		Final	Yea Yea	r End	
8. Number of Fundraisers	this Report	Special	Final		
0			Special		
11. Account Information			. Account Infor		
a. Financial Institution Full Nam	ne		Financial Institution		
		/			
Atlantic Un	c. Account Code	<u> </u>	Purpose	[c	Account Code
b. Purpose	c. Account Code				· · · · · · · · · · · · · · · · · · · · · · · · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ = \cdots · _ · _ · _ = \cdots · _ · _ = \cdots - \cdots = \cdots - \cdots
All	DDA	1		1	
CAMPAID	d. Period Begin I	Balance		d	I. Period Begin Balance
campaign Fxpenses				Ē	\$
	<u>\$</u> 0				·
CERTIFICATION					& 22D-22M of Chanter 163
I certify that the Committee	or Fund is in complian	ce with all applica	ible provisions of A	on-disclosed for	& 22D-22M of Chapter 163 ods 1 further certify that this
of the NC General Statutes a	and that no funds are co	been trained with p	e NC State Board (of Elections.	nds. 1 further certify that this
report is complete, true and	correct and that I have	been trained by th	I II Olate Doard		
V. IIR.	1An BASS	Kam	mMA	1 L .	Y
Kenneth Dr Printed Name		Signal	ture of Appointed Tre	asurer	Date
FOR OFFICE USE ONL					
FUK UFFICE USE UNL	•				very Method
Date Received:		Employe	e:		Normal Mail
		Employa	e.		Registered Mail
Date Postmarked:	· ·	Employe	·		Hand Delivered
Data Saannadi		Employe	e:		Electronically Filed
Date Scanned:		2	- <u> </u>		Signer has not received
Date Data Entered:		Employe			mandatory training
Please Note: This fo	orm cannot be used to	amend commit	tee information si	uch as the com	mittee address, treasurer,
26	cistant treasurer cust	odian of books i	information, or ac	count informat	tion.
You must a	mend the Statement of	of Organization	(CRO-2100A-E)	to make comm	ittee changes.
	mente die Statemente	NC State Board			August 200

Amendment	

Detailed	Summary		

🔲 No 🗖 Yes

Detailed Summary Use this form to summarize all disclosure reporting forms and	to total mon	etary information	
Use this form to summarize all disclosure reporting forms are 1. Committee Full Name (and Fund if applicable)	2. Type of I	Ceport ,	3. ID Number
Friends of BryAn BASS	YEAT E	nd Annual	5CFIKR_
	[Total this	Total this d Election Cycle
	·	Reporting Perio	\$ 900
4) Cash on Hand at Start		<u> </u>	
<u>RECEIPTS</u>	(CRO-1205)	\$ 946-	\$-900-
5) Aggregated Contributions from Individuals	(CRO-1210)	\$ 900	\$ 900
6) Contributions from Individuals	(CRO-1220)	\$ 700	
7) Contributions from Political Party Committees	(CRO-1220)		\$
8) Contributions from Other Political Committees			
9) Loan Proceeds	(CRO-1410)	<u> </u>	
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)	\$ 900	\$ 900
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 432-2	\$ 432,2
13b) Contributions to Candidates/Political Committees	; (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	\$ 432.2	
19) Cash on Hand at End (Add lines 4 and 12 together, then su			9 \$ 467.79
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	9 \$	
25) Administrative Support	(CRO-1710) \$	\$
26) Forgiven Loans	(CRO-1440	» \$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
	(CRO-1215)) \$	\$

						_	mendment	
Contr	ributions fr	om Individual dividual contribution	S	Pg antributions unde	of		Yes No	
Use this	form to report in	dividual contribution e (and Fund if appli	cable)		1 450 H 101 H 21	2. ID	Number	
						5C	FIKR	
		FBryAn		Add 🔲 Ren				
	ributor Informa			b. Job Title/Profes	and the second se	d. Con	nments	
	ame, Mailing Addres e city, state, & zip)			PART TIM		/		
Ken	neth'Br	7 AN" BASS 13 WAY 6 27958		Visitor Ke c. Employer's Nan	Coord	-		
196	MARINC	is way						
117	inde N	6 27958		Dept. of	Dept. of Travel.		Election Sum to Date	
IN 10	juch, i	- 0 1 00		To	UTISM	\$	900	
		h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	y) k	. Amount	
	DDA	check			12-11-2023	3	\$ 900	
							\$	
							\$	
3. Cont	ributor Inform	ation			move	d Co	mments	
	ame, Mailing Addro	ess & Phone		b. Job Title/Profe	SSION	u. co		
(includ	le city, state, & zip)			1		ļ		
				c. Employer's Na	me/Specific Field			
						e. Ele	ection Sum to Date	
						\$		
			i. In-Kind Descri	intion	j. Date (mm/dd/yy)	<u> </u> yy)	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	I. III-KING Descr	puon			\$	
			<u> </u>		<u> </u>			
			ļ				\$	
							\$	
3. Con	tributor Inform	ation			move		omments	
	Name, Mailing Add			b. Job Title/Prof	ession	<u> </u>		
(inclu	de city, state, & zip)		-		4		
				c. Employer's Na	ame/Specific Field	-		
						e. El	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desci	ription	j. Date (mm/dd/yy	/yy)	k. Amount	
							\$	
							\$	
							\$	
	tal only this					\$	900	
4. 10 5 T	tal of AT.I. C	RO-1210 Pages				\$	9 n n	
(This	line must be on lin	e 6 of Detailed Summary	Page CR0-1100)			<u> </u>	April 200	

Disbursements

Pg	 of		Yes

Amendment

No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

mmittees and co	oordinated party	expenditures	-				2. ID Number
		und if applicable)	<u></u>				FOLID
Friends	oFB	- JAN BASS		<u> </u>	-L +	f Dichure	SCFIKR
Type of Disbu	rsement (Ple	as <u>e use separate CK</u>	<u>0-1310</u>	<u>forms for ea</u>	<u>icn type 0</u> r	Coordin	nated Party Expenditures
Operating Exper		Contributions to Candidat	es/Politic	al Committees	<u>L</u>	Coorain	and rary copendities
Pavee Informa	ation				Remove	a Name	d. Comments
Full Name, Ma	iling Address &	Phone		b. Coordinated		¢ inanne	
							Reimbursement Filing Fee
Kenne	th Bry	2 Dass		c. Level Regist		ify) ounty:	- Filing tee
196 M	ariners h	NAG		State		iunicipality	e. Election Sum to Date
Mojo	de, NC	~ Boss NAY 27958					\$ 144
the second s	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		Required Remarks
			1-74	-24	\$ 144	-	Filing fee
DDA-	check	<u> </u>	<u> ~</u> 63		<u> </u>		
					т. Пото с тос		
. Payee Inform	ation	· · · ·			Remove	ee Nome	d. Comments
. Full Name, Maili	ing Address & Pho	ne		b. Coordinate			political
(1 1 . 1	a & zin)			4			political signs
Victor	5tor	com		c. Level Regi	stered (Spe	cify)	
VICION	1/10/20	com	T	Federal		County:	
5200	50 30			State	=	Municipalit	ty: e. Election Sum to Date
DAVEN	port, Io	wa 52802					\$ 288.21
							2007-1
	E of Bourne	nt h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k	c. Required Remarks
. Account Code	g. Form of Payme			5-24	\$ 288	2.71	Film tersign
ADD	check	B	1-2		5		
					<u> </u> ¶		
4. Payee Inform	nation		L	Add 🔄 🗖	Remove		d. Comments
a Full Name. Mai	ling Address & Pho	one		b. Coordina	ted Comm	itee Name	
(include city, sta							1
(11101000)	······································				internal (Sm	neift/)	
1				c. Level Reg		County:	
				State	님	Municipali	ity: e. Election Sum to Date
				1			\$
		ent h. Purpose Code	i Dati	e (mm/dd/yyyy	j. Amour	it i	k. Required Remarks
f. Account Code	g. Form of Paym	ent n. Purpose Coue	I. Dat	(11111 4 4 3 3 3 5 5	\$		
	<u></u>				 		
	<u> </u>						\$ 432.21
5. Total only t	his Page		<u> </u>				
(T-tol of AI	L CR0-1310 P	ages			NCØE)		¢
		L LC	-1100 if C	perating Exper	idates/Palit	ical Comm	
		1. J Cummon Page (KU)		Unit to to Cune	PERSONAL PROPERTY AND INCOMENT	ures)	432.2/
(This line goes	in line 13c of Detai	led Summary Page CRO	1100 19 C		.,	_	
7. Purpose	Codes (List de	etailed expenditure c	ode in (h.) above)			Another Candidate
A* - Media	B* -	Printing	U ~ •	r unui aisin		U+ 10.	olding Public Office Expense
E - Salaries	F* -	Equipment		Political Part		0* D	onation to Legal Expense Fu
I - Postage	J - 1	Penalties	K* -	- Office Exp	enses	Q • D	Anarion to Bellin and and
04 04				1.0.1.1.41			
* Codes requ	uire detailed ex	planation in require	d rema	rks field (K) Board of Electiv	2015		December