APR 12 2024



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.

Natalie Twiddy Committee Name: Erin Gainev Treasurer Name: 218 Laurel Woods Way Treasurer Address: Currituck, NC 27929 (include city, state, & zip) 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. 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. 04/12/2024 **Date Signed**

FILED BY:





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.

are med.	
FILED BY:	16th lite of all the constitutions
Committee Name:	Natalith Twiddy Campaign
Treasurer Name:	Erin Gainey
Treasurer Address:	218 Laurel Woods Way
(include city, state, & zip)	Currituck, NC 27929
Treasurer Phone:	843-307-0241
election cycle under the pro until the end of the election expenditures during this ele of elections and file require	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
11.1.23	Notalie R Leviclay Signature
Date Signed	Signature



Candidate Designation of Committee Funds

		e candidate to designate in the event of their death, allowable methods outlined in 163-278.16B(a).
		here the committee's campaign reports are filed.
Candidate Name: $\sqrt{\omega}$	talick fwidd	1.
Committee Name:	tali FR Twide	, Campaign
Treasurer Name:	in Gainey	1 Campaign
		carry out designations:
Committee ID #:		
Level Registered: [State]	[County] If county, sp	pecify:
debts or reasonable expenses following manner as permitted Name of Entity (Select from §163-278.16)	d by N.C. Gen. Stat. 1	Committee or closing office) be paid in the 63-278.16B(a). Plan for Disbursement (eg. Amount or %)
1. Troop 127 Nap	ife	10090
2		
3		
By signing this form, I certify Gen. Statute 163-278.16B(a). records.	A copy of this form s	tities are eligible beneficiaries under N.C. hould be maintained with the Committee
Signature of Candidate:	NatalièR	Leidely
Date:	11.1.2023	

Use this form for go Do not use this form	eneral r	eport and committee i	informa	tion, must be	signed	and su	bmitted along with	other de	Yes 🔀 No etailed forms.
1. Committee Info				···		** ** **			
a. Full Name								c. I	D Namber
Natalie R Twiddy						•			
b. Mailing Address (inc	dade Cit	y, State and Zip Code)						d. I	Onte Filed
655 Snowden Rd									04/12/2024
Shawboro, NC 279	973								hone Number
									(252) 202-3321
2. Report Year	3. Per	riod Start Date (mm/c	id/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer Fu	li Nam	е
2024				04/1	12/2024		Erin K Gainey		
6. Type of Commit	tee (Ch	eck One)	9. Ty	pe of Report	(c	heck o	nly one type of repo	rt from	one category)
Candidate Camp	oaign	Party	Munic	<u> </u>		State/0	County	Ref	erendum
PAC Independent	}	Referendum		Organizationa	i		Organizational		Organizational
Expenditure	1	Joint Fundraiser		Thirty-five day	y		Quarterly		Pre-referendum
Legal Expense F									w
7. Type of Fund "Booster Fund"	(ij ap)	olicable, check one)	님	Pre-primary Pre-election			First Second	ᅵ片	Final Supplemental Final
Building Fund			lH	Pre-runoff		H	Third	ᅢᆏ	Annual
				Semi-annuai			Fourth		Special
_				Mid Yea	-	_	Semi-annual		
Other:			I∐	Year End	l		Mid Year	10.	Special Report Name
8. Number of Fund	l-si-o-	this Demont	lH	Final Special		님	Year End Final	Ì	
S. 14fimbel of Land		tuis Report		эрски			Special		
11. Account Inform	0 nation				11 A		Information		
a. Financial Institution		DC	· · · · · ·				titution Full Name	····	· · · · · · · · · · · · · · · · · · ·
State Employee Cre	edit Uni	ion	•						
b. Purpose		c. Account Code			b. Purp	ose		C.	Account Code
Campaign Acc		NR	T						
		d. Period Begin Balance						d.	Period Begin Balance
		\$						s	
CERTIFICATION	!							I	
I certify that the Cor	nmittee								D-22M of Chapter 163 of
								s. I f urt	her certify that this report
is complete, true and Erin K Gair		t and that I have been	trained	t by the NC E	itate Bo	arg of l	Elections.	04/12	2024
CIM V Can		ed Name of Signer			ignature o	f Appoin	nted Treasurer	V#12	Date
FOR OFFICE USE C		<u> </u>			-	<u> </u>			
Date Received:				Employee:					ery Method
Data Da	.d.								Normal Mail Registered Mail
Date Postmarke	u.			Employee:					Hand Delivered
Date Scanned:		···		Employee:				H	Electronically Filed Signer has not received
Date Data Enter	red:			Employee:					mandatory training
Dioggo Notes The	ia farm		and con	numittan in fac		much no	the committee add		acurer accictant treasurer

Amendment

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

 \boxtimes

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		3. ID Number	
Natalie Twiddy Campaign	2024 First Quarter		-
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 162.74	\$ 162.74
SUCCIDENCE TO SEE SEE SEE SEE SEE SEE			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 75.00	\$ 75.00
6) Contributions from Individuals	(CRO-1210)	\$ 6467.50	\$ 6467.50
7) Contributions from Political Party Committees	(CRO-122 0)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 275.00	\$ 275.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-for-Profit Organization	Ons (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund – Other Sources	(CRO-127 0)	\$ 0.00	\$ 0.00
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, 11d and 11e)	\$ 6,817.50	\$ 6,817.50
<mark>เอมสนายากับสากสาราช (ราช 1987)</mark>			
13) Disbursements	The state of the s		
13a) Operating Expenditures	(CRO-1316)	\$ 1335.40	\$ 1335.40
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 164.57	\$ 164.57
15) Loan Repayments	(CRO-142 0)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements From the Committee	(CRO-132 0)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-151 0)	\$ 4920.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 6419.97	\$ 6419.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	tract line 18)	\$ 560.27	\$ 560.27
VDDITIONAL INFORMATION ROSES & S			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaign	is) <i>(CRO-1430)</i>	\$ 0.00	
22) Debts and Obligations owed By the Committee	(CRO-161 0)	\$ 0.00	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2228)	\$ 1000	\$ 1000.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00
,	(— ———————————————————————————————————	

In-Kind Contributions

Pg	1	of	2		Yes	\boxtimes	No

d. Election Sum to Date

fp0.00

g. Fair Market Amount

A

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 Natalie R. Twiddy 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual in kind contrib William Brumsey III Candidate PO Box 100 Party Currituck, NC PAC d. Election Sum to Date Referendum \$ 2000.00 500.00 Other Receipt Source e. Description £ Date (mm/dd/yyyy) g. Fair Market Amount in kind 02/06/2024 500.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual contribution William Brumsey IV Candidate Goose Castle Terrace Party Currituck, NC **PAC**

Referendum

Other Receipt Source

f. Date (mm/dd/yyyy)

contribution to campaign		02/07/202	24	\$ 500.00
				\$
				s
3. Contributor Information Add	Remove	<u> </u>		1
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<u> </u>	Contributor dividual	c. Co	mments
Larry Padilla	C	undidate erty AC		
	1 ==	:ferendum	d. Ele	ction Sum to Date
		her Receipt Source	\$	100.00
e. Description	•	f. Date (mm/dd/y)	ryy)	g. Fair Market Amount
Contribution		02/10/202	4	\$ 1000.00
				\$
				\$
4. Total only this Page			\$	2000.00
5. Total of ALL CRO-1510 Pages		-	\$	100000
(This line must be on line 17 of Detailed Summary Page CRO-1180)			•	4920,00

(This line must be on line 17 of Detailed Summary Page CRO-1100)

e. Description

Amendment

In-Kind Contributions

Pg	1	of	2	Yes	\boxtimes	No
		••		 1		

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. 2. ID Number 1. Committee Full Name (and Fund if applicable) Natalie R. Twiddy Add Remove 3. Contributor Information b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone in kind contrib Individual (include city, state, & zip) Candidate Sandra Roberts Party 650 Snowden Rd PAC Shawboro, NC d. Election Sum to Date Referendom Other Receipt Source 2720.00 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description signs 933.00 01/16/2024 ad for shopper 275.00 1/24/2024 1512.00 signs \$ 01/25/2024 Remove Add 3. Contributor Information c. Comments b. Type of Contributor a. Full Name, Mailing Address & Phone contribution Individual (include city, state, & zip) Candidate Lyle Forbes Party 315 S Indian Town Rd PAC Shawboro, NC d. Election Sum to Date Referendum Other Receipt Source 100.00 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description contribution to campaign 100.00 01/12/2024 \$ \$ Add Remove 3. Contributor Information b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) Candidate Walton Carter Party PO Box 32 PAC Coinjock, NC d. Election Sum to Date Referendum Other Receipt Source 100.00 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description Cash Contribution 100.00 01/29/2024

Refunds/Reimbursements To the Committee

Amendment Yes \boxtimes No

ise this form to report refunds received by the committee or	reimbursements for a	previous expenditure.
--	----------------------	-----------------------

1. Committee Full	Name (a	nd Fund if appli	cable)					2. ID Number		
Natalie R. Twiddy					_					
3. Contributor Inf	ormatio	2]	Add		Remove			
a. Full Name, Mailing	Address &	Phone		ļ	d. Type					omments dio Ad Refund
(include city, state, &	k zip)					amdid		PAC	Ka	alo Aa Keluna
WGAI RADIO					<u> </u>	efac		Party	b 0	riginal Expenditure Date
						ederal	ered (Specify)	County:	M. ()	01/25/2024
						tate		Municipality:		01/20/2021
					<u> </u>				i O	riginal Expenditure Amt
										275.00
									\$	213.00
b. Job Title/Profession		c. Employer's Name	/Specific Fiel	đ	f. Purpo	K.			j. El	ection Sum to Date
							-		\$	j
k. Account Code	I. Form o	f Payment	m. In-Kind	Descrip	tíon		n. Date (mm/d	id/yyyy)		o. Amount
			Refund				02	2/21/2024		\$ 275.00
3. Contributor In	Corporio			7	Add		Remove			
a. Full Name, Mailing					d. Type	of Cou	mittee		g. C	omments
(include city, state,						Cundid	*	PAC	1	
					<u> </u>	Refere	···	Party	ļ <u>.</u>	
							ered (Specify)		h. C	original Expenditure Date
					i 📛 📑	Federai -	ᆝ	County:		
						State	<u> </u>	Municipality:	1 0	riginal Expenditure Amt
									<u> </u>	Gines trapendature inter
								<u> </u>	\$	
b. Job Title/Profession		c. Employer's Name	e/Specific Fiel	<u>d</u>	£ Purpo	sc			j.E	lection Sum to Date
									\$	
k. Account Code	l. Form e	of Payment	m. ln-Kind	Descriq	tion		p. Date (mm/	ld/yyyy)		o. Amount
										\$
3. Contributer In	formatio	D			Add		Remove			
a. Full Name, Mailing					d. Type				g. (Comments
(include city, state,	& zip)				↓ ==	Candid	=	PAC	İ	
						Refere	=	Party	+	Original Expenditure Date
							ered (Specify)	County:	 - `	Aighta Elperature Date
						Federa State	. H	Municipality:		
					 - - 	- Colonia	<u> </u>		1.0	riginal Expenditure Amt
									\$	
b. Job Title/Profession	B	c. Employer's Nam	e/Specific Fie	<u>.</u>	f. Purpe	eet .			<u> j. r</u>	Lection Sum to Date
		ļ							\$	
h Assert Cala	I Fa-	of Payment	m, In-Kind	Descri	ntion		L. Date (mm/	dd/yyyy)		o. Amount
k. Account Code	, ruin	UL A CYMPIAL			<u>- :</u>				-	s
4. Total only this	Pege		1				<u>L</u>		\$	275.00
5. Total of ALL		0 Pages					<u></u>		\$	275.00
(This line must be a	n line 10 o	f Detailed Summary P	Page CRO-110	0)					Ψ	

48-Hour Notice		Page 1 of 1	Yes No						
Use this form to report all contributions of \$1,000 or more.									
Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st									
Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3 rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.									
This notice may be faxed in order to me									
1. Committee Information	of the 10 Hotel Constitution								
a. Full Name			c. ID Number						
Natalie Twiddy									
Ivataise s widey									
b. Mailing Address (include City, State and Zip	Code)		d. Report Date						
650 Snowden Rd			02/11/2024						
Shawboro, NC			V2/11/2024						
•			e. Phone Number						
<u>.</u> €			252-202-3321						
2. Contribution Information		2. Contribution Information							
a. Full Name, Mailing Address & Phone	Add	a. Full Name, Mailing Address & Pho	Add Remove						
(include city, state, and zip)	Remove	(include city, state, and zip)	Remove						
Larry Padilla									
232 S Indian Town Rd									
Shawboro, NC									
b. Type of Contributor		b. Type of Contributor							
☐ Individual (if checked	, must specify b2 and b3)	1 	f checked, must specify b2 and b3)						
Political Party		Political Party Other Political Committee (i)	f checked, must specify b1)						
	l, must specify b1) l, must specify b4)	1 🚅	f checked, must specify b4)						
Other Source:	, низг хресцу очу	Other Source:							
b1. Type of Committee		b1. Type of Committee							
Federal County:		Federal County:							
State Municipality:		State Municipality	<u> </u>						
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number						
Baker									
	c. Form of Payment	h3. Employer's Name/Specific Field	c. Form of Payment						
b3. Employer's Name/Specific Field	check	But Employer's Remotoperate Francisco	di d						
Just Desserts	CIRCLE								
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount						
02/11/2024	s 1000.00		s						
02/11/2024									
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date						
	S		S						
3. Total Contributions THIS Page (sum all the 2f entries on this page) \$ 1000.00									
4. Total Contributions ALL Pages	(if multi-page, only list on p	age 1)	\$ 1000.00						
CERTIFICATION	· · · · · · · · · · · · · · · · · · ·								
I certify that the Committee or Fund is it	n compliance with all applic	able provisions of Article 22A, 22	B, & 22D-22M of Chapter 163						
of the NC General Statutes and that no f	unds are commingled with p	rohibited or other non-disclosed fi	ands. I further certify that this						
report is complete, true, correct and that more than 48 hours prior to this notice b	I have been trained by the N	all contributions including those t	reported on this notice must						
also be reported on the next scheduled c	ampaign disclosure paport.	. —							
	/ A	- · · · · · · · · · · · · · · · · · · ·							

Erin Gainey
Printed Name of Signer

Amendment

02/11/2024

Aggregated Contributions from Individuals

Page

1 of 1 Yes No

Amendment

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)							2. ID	Number	
N	Natalie R Twiddy								
3.	Cont	ributor Inform	nation					· <u></u>	
۹.	Amend		h. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
F	_	Add	NRT	transfer		10/11/20	24	\$ 25.00	
누	 	Remove Add							
누	 	Remove	NRT	internet transf		11/29/20:	24	\$ 50.00	
十	十一	Add							
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		l only this P					\$	75.00	
5.	Tota	d of ALL CI	RO-1205 Pa	ages			\$	75.00	
O	This lie	e must be on line .	5 of Detailed Sur	umary Page CRO-1100)					

		m Individuals	di tri	Pg	_1ef	3	Amendmen Yes		
				or contributions under	r \$50 if form CK				
1. Comm	ittee Full Name ((and Fund if applical	ole)			2. ID Nun	aber	·	
Natalie R	-			<u></u>					
7 7 7 7	ibutor Informatio	· · · · · · · · · · · · · · · · · · ·		Add Rem	iove				
	nc, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen			
	city, state, & zip)			Not Employed		Candidate	_		
Sandra R				Parada Name Fra		contributi	.on		
650 Snov Shawbore			,	c. Employer's Name/Spe None	XIBC PRIG	}			
Silawoor	J, NC		;	NOIRC		c. Election S	in to Date		
			ı		:				
					·	\$	1,758.00		
£. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	NRT	Bank Trans			12/05/20	023	\$	550.00	
	NRT	Check	Signs	S	01/16/2	:024	\$	933.00	
	NRT	Bank Trans	<u> </u>	t Adds	01/24/2	.024	\$	275.00	
	ibutor Informatio			Add Rem	iove			<u> </u>	
	ne, Mailing Address &	à Phone	,	b. Job Title/Profession	<u> </u>	d. Comment	is .		
	city, state, & zip)		 !	Not Employed	!	Signs			
Sandra Re			I	E		ł			
650 Snow			1	c. Employer's Name/Spe	cilic r lead	1		;	
Shawbord), NC		1	İ	1	e. Election S	e. Election Sum to Date		
			1		1				
			!			\$	2,409.50		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	(ind Description	j. Date (mm/dd/yy	yy)	k. Amount	-	
	NRT	Check	Signs	s	01/25/20	J24	\$	1,512.00	
	NRT	Check	Signs	3	02/03/2	.024	\$	897.50	
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3. Contri	ibutor Informatio	<u> </u>		Add Rem	inve		<u>.1</u>	1	
	ne, Mailing Address &			b. Job Title/Profession		d. Comment	<u></u>		
	city, state, & zip)		1	Attorney		Contribut	ion		
William E			1						
PO Box 1			1	c. Employer's Name/Spec					
Currituck	, NC		}	Brumsey and Brums	ey Law	<u> </u>			
			1	1	!	c. Election S	em to Date	<u>,</u>	
						\$	500.00		
£ Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy)	<i>y</i> y)	k. Amount	· · · · · · · · · · · · · · · · · · ·	
	NRT	Check			02/06/20)24	\$	500.00	
			<u> </u>				\$		
			<u> </u>				\$		
4. Total	only this Page	<i>b</i>				\$		4,667.50	

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

\$

6,467.50

							Amendment	t
		m Individuals		Pg		3_	Yes	No No
				or contributions unde	er \$50 if form CR			
		(and Fund if applica	DIE)		······································	2. ID Num	iber	<u></u>
Natalie F	R Twiddy						· .	
	ibutor Informati			Y	nove			
	nc, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	-	
Lyle For	city, state, & zip)			Not Employed		Contributi	ion	
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	city, state, & zip)			Realtor		j		
Walton C PO Box 3				c. Employer's Name/Spo	ecific Field			
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 4. Total only this Page
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 5. Total of ALL CRO-1210 Pages
 \$ 6,467.50

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cash

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

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01/29/2024

Use this	form to report ind	m Individuals		rg O or contributions un		O 1205 is n		
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Natalie l	R Twiddy							
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	Brumsey IV			Audincy		Control	ЦОП	
	se Castle Rd,			c. Employer's Name/S]		
Curritcul	k, NC			Brumsey and Brui	nsey Law	e. Election 3	Sum to Date	
						\$	500.00	
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(include Larry Pa	city, state, & zip)					Contribut	ion	
zary ru	ucu			c. Employer's Name/S	pecific Field	<u> </u>		
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

Amendment Disbursements No No

ι	Jse this form to report expenditures from the committee for, operating expenses, contributions to candida	aic/pontical
C	committees and coordinated party expenditures.	
•	Official Control of the Control of t	

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number	
Natalie R Twide								
3. Type of Disb		se use separate C	RO	-1310 forms for each t	rpe of Disbursem	ent.)		
Operating E				stes/Political Committees	Cox	ordinate	d Party Expenditures	
4. Payee Inform				ðd 🔲	Remove	,		
			•	Coordinated Committee Na		d. Co	mments	
	ng Address & Phone		<u>├</u>					
(include city, state,	<u>& 219)</u>		ł					
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	r	N. 3	L.,			1. 50	unional Dancardos	
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IIII	don and					elect	_ dinner	
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(include city, state,	& zip)							
Natalie R Twick				<u> </u>				
655 Snowden R	d		C.	Level Registered (Specify)				
Shawboro, NC			Г	Federal 🛛	County:]		
Dia Wood, 110			۱Ē] State ☐	Municipality:	c. Ek	ection Sum to Date	
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_	ng Address & Phone		D.	Coordinated Committee A				
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Natalie R Twide						1		
655 Snowden R	D		c. Level Registered (Specify)			1		
			Federal County:			<u> </u>		
			L	State	Municipality:	e. Ele	etion Sum to Date	
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5. Total only th				· · · · · · · · · · · · · · · · · · ·				
	CRO-1310 Pages	Para CBO-1180	a ist	(Incoming Evacuates)			110	
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	(This line goes in line 13b 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 Coordinated Party Expenditures)							
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	es (List detailed ex				D - To Anoth	or Con	lidate	
A* - Media	B* - Printing F* - Equipment	C* - Fund G - Politic					office Expenses	
E - Salaries I - Postage	J - Penalties	K* - Offic		-			egal Expense Fund	
O* - Other	A - I ANGROS	AL - VIIN					• · · • · · · · · · · · · · · · · · · ·	
	e detailed explanat	ion in required re	::::::::::::::::::::::::::::::::::::::	rks field (k)				
	· ·							

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No

Disbursements

Pg	<u>2</u>	of <u>3</u>	Yes
	. ••		4 1141 1

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

committees and	coordinated party expenditu	res.

	1. Committee Fuli Name (and Fund if applicable) 2. ID Number								
	Natalie R Twiddy								
3. Type of Disb	ursement <u>(Plea</u>			-1310 forms for each					
Operating E	xpenses	Contributions to Can	ndida	tes/Political Committees		ordinate	d Party Expenditures		
4. Payee Inform	ation		Ac	dd 🔲	Remove				
	ng Address & Phone		b. (Coordinated Committee	Name	d. Co	m ments		
(include city, state,	-								
Natalie R Twide			1						
655 Snowden R	-		c. I	Level Registered (Specify)	1			
Shawboro, NC				Federal 🛛	County:	7			
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				<u> </u>			205.01		
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			十			sign			
NRT	Debit card	В		02/05/2024	\$59.01		-		
4. Payee Inform	etion	П	Ac	и	Remove				
	•••			Coordinated Committee		a Ca	mments		
	ng Address & Phone		2.4.			 			
(include city, state,			ł						
Natalie R Twide	-		<u> </u>	Lauri Danistana (Casa)		-			
655 Snowden R	.Q		늗	Level Registered (Specify		-			
Shawboro, NC		į	Federal County:		_ E72	reform Sures to Bade			
		ĺ	ш	State	Municipality:	C. E.K	ection Sum to Date		
						\$	214.50		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
			\top		6174.50				
NRT	debit card			02/06/2024	\$174.50				
\			\dashv	00/00/0024	640.00	gas	···		
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4. Payce Inform	ation		Add Remove						
	ng Address & Phone		b. Coordinated Committee Name		d. Co	mments			
(include city, state,	-					T			
Natalie R Rober			1						
655 Snowden R						1			
Shawboro, NC	•		c. Level Registered (Specify)						
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						S 3	366.00		
L Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
NDT	debit card	F		02/08/2024	\$166.00	pole	s for signs		
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						<u></u>	90¢ £1		
5. Total only thi						\$	805.51		
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				oordinated Party Expend	tures)	<u> </u>			
	es (List detailed ex						97 N .		
A* - Media	B* - Printing	C* - Fund		•	D - To Anoth				
E - Salaries	F* - Equipment	G - Politic K* - Offic					e Office Expenses egal Expense Fund		
I - Postage O* - Other	J - Penalties	MINW	ce il i	rhenses	Ć musin	,u W LA	Ser Exhense Land		
v - viiiti							•		

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

1. Committee F	2. ID Number								
Natalie R Twid	Natalie R Twiddy								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating F	expenses	Contributions to Ca	ındic	dates/Political Commit	ttees	Co	ordinate	d Party Expenditures	
4. Payee Inform	ation		A	Add		Remove			
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Comm	aittee Na	raic	d. Co	m ments	
(include city, state,	_						T		
Natalie Twiddy			7				1		
655 Snowden R			C	Level Registered (S	pecify)		1		
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							\$		
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				01/1/7004		#105 PE	busir	ess cards	
NRT	debit card	В		01/16/2024		\$125.95			
4. Payee Inform	ation		P	Add		Remove			
	ng Address & Phone		b	. Coordinated Comm	rittee Na	une	d. Co	mments	
(include city, state,	•		Г						
Sandra Roberts			1						
650 Snowden R	đ		E	. Level Registered (S	pecify)		1		
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							\$ 8	8.26	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy)	уу)	j. Amount	k. Re	quired Remarks	
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INKI	CHECK			01/10/2024		4775.00			
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4. Payee Inform	ation			\dd		Remove	T	·	
a. Full Name, Maili	ng Address & Phone		b	. Coordinated Comm	uttee Na	THE .	d. Ca	nacris	
(include city, state,	& zip)		4						
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	es (List detailed ex								
A* - Media	B* - Printing	C* - Fan				D - To Anoth	er Cand	idate	
E - Salaries	F* - Equipmen			•				Office Expenses	
I - Postage	J - Penalties			Expenses		_		gal Expense Fund	
O* - Other									
* Codes rennin	e detxiled explana	tion in required t	em:	arks field (k)					

Aggregated Non-Media Expenditure	Aggrega	ted Nor	n-Media	Expe	nditure
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1	1	Amendmen			
Page	x		Yes	~	No

Optio	nal f	orm used to rep	ort NC Non-Medi	a Expenditures	of \$50 or less.			
i. Co	1. Committee Full Name (and Fund if applicable)				2. ID Number	2. ID Number		
Natalie R. Twiddy								
3. Pay	3. Payee Information							
a. Ame		b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyy	y) f. Amount	g. Required Remarks	
Ad Re	id move	NRT	Bank Transfer	О	11/24/2023	\$ 12.00	Campaign Checks	
□ Ad	kd amove	NRT	ATM Withdraw	О	02/29/2024	\$ 40.00	Supplies for Signs	
☐ Ad	ki move	NRT	ATM Withdraw	0	02/25/2024	\$ 25.00	Gas for Travel	
Ad Re	ld move	NRT	Debit Card	0	03/04/2024	\$ 6.63	Decorations	
☐ Ad	kd move	NRT	Debit Card	0	03/04/2024	\$ 20.35	Gas for Travel	
☐ Ad ☐ Re	id move	NRT	Debit Card	o	03/04/2024	\$ 20.59	Lunch	
☐ Ad	di move	NRT	Debit Card	O	03/04/2024	\$ 40.00		
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					\$164.57			
5. Total of ALL CRO-1315 Pages								
5. I DUAL OF ALLE CRO-1313 Fages (This line must be on line 14 of Detailed Summary Page CRO-1100)								
6. Purpose Codes (List detailed expenditure code in (d) above)								
B*-Printing C*-Fundraising D-7 E-Salaries F*-Equipment G-Political Party H*- I-Postage J-Penalties K*-Office Expenses Q*-			I* - Holding Public	To Another Candidate - Holding Public Office Expenses - Donations to Legal Expense Fund				
O* - Other * Codes require detailed explanation in required remarks field (g)								
* Codes require detailed explanation in required remarks field (g)								

		om Individua dividual contributio		Pg	of 3	Amendment Yes No 10 1205 is not used	
				Ma Ionnois and	a 350 ii tolli Ch	2. ID Number	
	1. Committee Full Name (and Fund if applicable) Natalie Twiddy Campayan						
	ributor Informa		CUG I	Add Rer	nove		
	ame, Mailing Addre			b. Job Title/Profes	don	d. Comments	
	e city, state, & zip)			NA+ Fr	ployed		
1716	Forbes	T . 61		c. Eurolover's Nas			
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	le city, state, & zip)			Not Empl	med		
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	Snowde						
MOV	lock, NC	27958		e. Election Sum to Date			
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(includ	le city, state, & zip)			Not Emel	Alad		
	idra Rob.			c. Employer's Naz			
	Snowale	•					
Moy	ock, NC 2	1958				e. Election Sum to Date	
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		rom Individua			2 or 3		Amendment Yes No
		individual contributio		ontributions und	er \$50 if form Cl		
I. Com	MMITTEE FUR MAIN	me (and Fund if app				<u>4. 1</u>	ID Number
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	tributor Inform	ation			nove		
	iame, Mailing Addre			b. Job Title/Prefer	sion	d. C	Comments
· · · · · · · · · · · · · · · · · · ·	de city, state, & zip)	<u> </u>		Attoneu	İ		;
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	se city, state, & zip)			nothing			
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115	Goose C	astle lerro	ince		4	L	
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NC State Board of Elections

CRO-1210

April 2007

		0 (ว	Amendment
In-Kind Contributions Use this form to report non-monetary contributions, donations, good	Pg is or services prov	vided to the commit	<u>2 </u>	Yes No
Use CRO-1215 if In-Kind Contributions were or will be refus	nded within 7 da	ys.		
1. Committee Full Name (and Fund if applicable)			21	D Number
Natalie Iwiddy Campaio	۸ ۱			
		move	•	
a. Full Name, Mailing Address & Phone	b. Type of Contri	beter		emments
(include city, state, & zip)	Individual		C	K 4574 ≥ transfer
Sandra Roberts,	Candidate		€	e transtu
450 Snowden Rd	Party PAC		C	k 3093
1000 ONGN-501	Referendum		┝	lection Sum to Date
Shawboro, NC 27973	Other Receip	t Source	\$	
e. Description		L Date (mm/dd/yy)	((g. Fair Market Amount
signs		01/16/2	4	s 933
Print Media in Shopper for Fa	bruary	01/24/2	4	\$ 275
Sians		01/25/24		\$ 1512
3. Contributor Information	Add Re			
a. Full Name, Mailing Address & Phone	b. Type of Contri	betor		omments
(include city, state, & zip)	Individual Candidate			rans fer
Sandra Roberts 650 Snowden Rol	Pasty PAC		Ck	(13434
Shawboro, NC 27973	Referendum		d. E	lection Sum to Date
0/10/10 001 0, 1 0	Other Receipt	Source	\$	
e. Description	····································	f. Date (mm/dd/yyy		g. Fair Market Amount
Signs		02/03/24		\$ 897.50
U				\$
				\$
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone	b. Type of Contril Individual	buter	c. Ca	omments
(include city, state, & zip)	Candidate			
	Party			
	☐ PAC			
	Referendum	j	d. E	lection Sum to Date
	Other Receipt		\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
in the state of th				\$
				\$
				\$

CRO-1510

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100) NC State Board of Elections

FEB 13 2024

December 2007

Independent Expenditure Report Cover

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

Amendment Ves

Z O

Date	Signature	westerd	Printed Name of Signer	
1/15/2024	CORR	C 7 MC		Erin Gainey
		>	I certify that this statement is complete, true and correct.	I certify that this sta
	:			CERTIFICATION
\$			es AUD Pages	7. Total Expenditures ALL Pages
\$697.28			WL Pages	6. Total Donations ALL Pages
	oyed	Not Employed		
		d. Occupation		
	oyed	Not Employed	ay	218 Laurel Woods Way Currituck, NC 27929 843-307-0241
	c. Employer's Name or Principal Place of Business	c. Employer's	b. Mailing Address (include City, State and Zip Code) and Phone Number	b. Mailing Address (include C
				Erin Gainey
			dian of Books and Accounts	a. Full Name of Entity's Custodian of Books and Accounts
			S	5. Custodian of Books
				2024
e (mm/dd/yyyy)	4. Period End Date (mm/c	The second secon	3. Period Start Date (mm/dd/yyyy)	2. Report Year
		Other (Specify)	Semi-Annual: Mid Year Year End	■ 48 Hour Sem
	ırth	☐ Third ☐ Fourth	Quarterly:	☐ Initial Qua
				c. Report Type
	Currituck County Deeds Office	Currituck		
h. Occupation	g. Employer's Name or Principal Place of Business	g. Employer's		252-202-3321
				655 Snowden Rd Movock, NC 27950
	Nonprofit Organization f. Date Filed	☐ Nonprofit	b. Mailing Address (include City, State and Zip Code) and Phone Number	 b. Mailing Address (include C
	anization	☐ Other Organization		Natalie R Twiddy
iber (if applicable)	(Check One) e. Federal ID Number (if applicable)	d. Entity Type (Check One)	Disbursement	a. Full Name of Entity Making Disbursement
			Information	1. Reporting Entity Information

NC State Board of Elections

March 2012

Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

the dona	tion was made to further the repo	the donation was made to further the reported independent expenditure or contributions			
a. Item	a. Item b. Full Name, Mailing Address & Phone Number		c. Principal Occupation	d. Date	e. Amount
l	(include city, state, and zip)		of Donor	(mm/dd/yyyy)	
	Natalie R Twiddy 655 Snowden Rd		Currituck County Deeds office		
	Moyock, NC 27950 202-202-3341			12/05/2023	\$ 150.00
2	Sandra C Roberts 650 Snowden Rd Moyock, NC 27958		Not Employed	12/11/2023	\$ 550.00
_					\$
					₩.
					69
					: :
2. Tot	2. Total Donations THIS Page	(sum all the 'le' entries on this page)			\$700.00
3. Tot	3. Total Donations ALL Pages	(sum all the 'le' entries on all receipt pages)			\$

Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

Page

of

1. Expenditure Information a. Item Number b. Incurred Date (mm/dd/yyyy) 1 1 2/04/2023 e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	b. Incurred Date (mm/dd/yyyy) 12/04/2023 include city, state, and zip) & Ph	m/dd/yyyy) d zip) & Phone	c. C	c. Communication Start Date	d. Purpose (including title(s) of communication(s)) Advertising - VistaPrint	e(s) of communi		f. Amount	
Natalie R Twiddy 655 Snowden Rd Moyock, NC 27950 252-202-3321								\$ 48.88	
Candidate Full Name Natalie R Twiddy		Support S	Amount \$ 48.88	Office Sought House Senate Other Office:	District:	Co./Municipal O	Co./Municipal Office Register of Deeds County/District; Currituck	eeds Co.	
Candidate Full Name			Amount \$	Office Sought House Genate	District:	Co./Municipal Office	ffice	Co	
Referendum Name						Date	Level		
					Support Oppose		State Municipality	County 12/11/202312	02312
a. Item Number	b. Incurred Date (mm/dd/yyyy)	nm/dd/yyyy)	c. C	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	le(s) of communi	cation(s))		
2	12/11/2023				Candidate Filing				
Natalie R Twiddy 655 Snowden Rd Moyock, NC 27950 252-202-3321	include city, state, an	d zip) & Phone	Number					\$ 648.88	
Candidate Full Name			Amount	Office Sought					
Natalie R Twiddy		Support Oppose	\$ 648.88	☐ House ☐ Senate ☐ Other Office:	District:	Co./Municipal O	Co./Municipal Office Register of Deeds County/District; Currituck	eeds CoCo	
Candidate Full Name			Amount	Office Sought					
		Support Oppose	\$	House Senate Other Office:	District:	Co./Municipal Office_	ounty/Dist	Co	
Referendum Name			:		Support	Date	Level State	County	
2. Total Expenditures	s THIS Page		uns)	(sum all the 'If entries on this page)				\$697.28	
3. Total Expenditures ALL Pages	c ALT. Pages		ıns)	(sum all the 'If entries on all expenditure pages)	e nages)			S	

CANDIDATE FILING PACKET / CHECKLIST

FILING FORMS AND DOCUMENTS

る ∠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

d 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 www.ncsbe.gov Campaign Finance section

Certification of Financial Account Information (CRO-3500)**

Candidate Designation of Committee Funds (CRO-3900)**

Candidates OVER \$1,000 Threshold:

- o Disclosure Report Cover (CRO-1000)**
- o Detailed Summary (CRO-1100)**
- Organizational Disclosure Report (due within 10 days) www.ncsbe.gov

Candidates **UNDER \$1,000** Threshold:

(If eligible)

Certification of Threshold (CRO-3600)**

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

Candidate Nataire Touddy Da	ate Filed 12-6-23
Statement of Organization (CRO-2100A)**	Date Returned 12-6-23
Certification of Financial Account Number (CRO-3500)**	Date Returned 12-6-23
○ Certification of Treasurer (CRO-3100)**	Date Returned
Candidate Designation of Committee Funds (CRO-3900)**	Date Returned 12-6-33
Candidates OVER \$1,000 Threshold:	
Disclosure Report Cover (CRO-1000)**	Date Returned NA
 Detailed Summary (CRO-1100)** 	Date Returned NA
o Organizational Disclosure Report	Date Returned NA
Candidates <u>UNDER</u> \$1,000 Threshold: (if eligible)	
Certification of Threshold (CRO-3600)**	Date Returned 12-6-23

Notes: