



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Friends of Bryan Bass

Treasurer Name: Kenneth Bryan Bass

Treasurer Address: 196 MARINERS WAY

(include city, state, & zip) Moyock, NC 27958

Treasurer Phone: (757) 390-6394

#### 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.

1-10-24  
Date Signed

Kenneth B Bass  
Signature



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Committee Name: Friends of Bryan Bass  
Treasurer Name: Kenneth Bryan Bass  
Treasurer Address: 196 Mariners Way  
(include city, state, & zip) Moyock, NC 27958

Treasurer Phone: (757) 390-6394

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.

12-12-23  
Date Signed

Kenneth B Bass  
Signature



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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 Bryan Bass

Committee Name: Friends of Bryan Bass

Treasurer Name: Kenneth Bryan Bass

If Candidate is own treasurer, designate an agent to carry out designations: Joshua Bass

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Currituck County

I, Kenneth Bryan Bass, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Currituck Cty Republican Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Kenneth BJB

Date: 12-12-23

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

<b>1. Committee Information</b>	
a. Full Name <i>Friends of Bryan Bass</i>	c. ID Number <i>5CFIKR</i>
b. Mailing Address (include City, State and Zip Code) <i>196 MARINERS WAY MOYOCK, NC 27958</i>	d. Date Filed <i>2-26-24</i>
	e. Phone Number <i>757 390-6344</i>

2. Report Year <i>2024</i>	3. Period Start Date (mm/dd/yy) <i>1-1-24</i>	4. Period End Date (mm/dd/yy) <i>2-17-24</i>	5. Treasurer Full Name <i>Kenneth Bryan Bass</i>
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<b>6. Type of Committee (Check One)</b> <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	<b>9. Type of Report (check only one type of report from one category)</b> <table style="width:100%;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input checked="" type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special		<b>10. Special Report Name</b> _____ _____ _____
Municipal	State/County	Referendum																																				
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																				
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																				
<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final																																				
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																				
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																				
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																				
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																					
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																					
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																					
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																					
	<input type="checkbox"/> Special																																					
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: _____																																						
<b>8. Number of Fundraisers this Report</b> _____																																						

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Atlantic Union Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>All Campaign Expenses</i>	c. Account Code <i>DDA</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 900</i>		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.

*Kenneth Bryan Bass*      *Kenneth B/R*      *2-26-24*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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

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

<b>1. Committee Full Name (and Fund if applicable)</b> <i>Friends of Bryan Bass</i>	<b>2. Type of Report</b> <i>Quarterly</i>	<b>3. ID Number</b> <i>5CF1KR</i>
<b>Start of Election Cycle:</b> <i>January 1, 2024</i>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>	\$ <i>900 467.79</i>	\$ <i>1900 1467.79</i>

#### RECEIPTS

<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$ <i>1000</i>	\$
<b>6) Contributions from Individuals</b> (CRO-1210)	\$ <i>1000</i>	\$ <i>1900</i>
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$	\$
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$	\$
<b>9) Loan Proceeds</b> (CRO-1410)	\$	\$
<b>10) Refunds/Reimbursements to the Committee</b> (CRO-1240)	\$	\$
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$	\$
<b>11b) Contributions from Not-For-Profit Organizations</b> (CRO-1250)	\$	\$
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$	\$
<b>11d) Legal Expense Fund - Other Sources</b> (CRO-1270)	\$	\$
<b>11e) Exempt Purchase Price Sales</b> (CRO-1265)	\$	\$
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <i>1900 1000</i>	\$ <i>1900</i>

#### EXPENDITURES

<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b> (CRO-1310)	\$ <i>521.63</i>	\$
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$	\$
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$	\$
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$	\$
<b>15) Loan Repayments</b> (CRO-1420)	\$	\$
<b>16) Refunds/Reimbursements from the Committee</b> (CRO-1320)	\$	\$
<b>17) In-Kind Contributions</b> (CRO-1510)	\$ -	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>521.63</i>	\$
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ <i>946.16</i>	\$

#### ADDITIONAL INFORMATION

<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$	
<b>22) Debts and Obligations owed by the Committee</b> (CRO-1610)	\$	
<b>23) Debts and Obligations owed to the Committee</b> (CRO-1620)	\$	
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$	
<b>25) Administrative Support</b> (CRO-1710)	\$	\$
<b>26) Forgiven Loans</b> (CRO-1440)	\$	\$
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)	\$	\$
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$	\$

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> <i>FRIENDS OF BRYAN BASS</i>						<b>2. ID Number</b> <i>5C F1KR</i>
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>3. Contributor Information</b>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Kenneth Bryan Bass 196 MAEINERS WAY MAYOACK, NC 27958</i>				<i>PART TIME Visitor Rel Coordinator</i>		
				<b>c. Employer's Name/Specific Field</b> <i>Currituck CTY</i>		
				<b>e. Election Sum to Date</b>		<i>\$ 1900</i>
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	<i>DDA</i>	<i>check</i>		<i>1-10-24</i>	<i>\$ 1000</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>3. Contributor Information</b>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)						
				<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>		\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>3. Contributor Information</b>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)						
				<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b>		\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					<i>\$ 1000</i>	
<b>5. Total of ALL CRO-1210 Pages</b>					<i>\$ 1000</i>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b> <i>Friends of Bryan Bass</i>	<b>2. ID Number</b> <i>5C FIKR</i>
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<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  <i>Image Advertising 774 Pitts Chapel Rd Elizabeth City NC 27909</i>	<b>b. Coordinated Committee Name</b>  _____  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>d. Comments</b>  _____  <b>e. Election Sum to Date</b> \$ _____

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>DDA</i>	<i>check</i>	<i>0</i>	<i>1-25-24</i>	<i>\$521.63</i>	<i>signs/cards</i>
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Coordinated Committee Name</b>  _____  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>d. Comments</b>  _____  <b>e. Election Sum to Date</b> \$ _____

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Coordinated Committee Name</b>  _____  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>d. Comments</b>  _____  <b>e. Election Sum to Date</b> \$ _____

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** \$ *521.63*

**6. Total of ALL CRO-1310 Pages** \$ *521.63*  
*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*  
*(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)*

- 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)**

# 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](http://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](http://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:

- Disclosure Report Cover (CRO-1000)\*\*
- Detailed Summary (CRO-1100)\*\*
- Organizational Disclosure Report (due within 10 days) [www.ncsbe.gov](http://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.

**\*\*Forms must be completed and returned to Board of Elections within 10 days of filing.**

Your forms must be received by 12-14-23.

Candidate acknowledges receipt of this information KFR.



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Candidate Kenneth Bass Date Filed 12-04-23

- Statement of Organization (CRO-2100A)\*\* Date Returned 12-12-23
- Certification of Financial Account Number (CRO-3500)\*\* Date Returned 12-12-23
- ~~Certification of Treasurer (CRO-3100)\*\*~~ Date Returned N/A
- Candidate Designation of Committee Funds (CRO-3900)\*\* Date Returned 12-12-23

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

- Disclosure Report Cover (CRO-1000)\*\* Date Returned N/A
- Detailed Summary (CRO-1100)\*\* Date Returned N/A
- Organizational Disclosure Report Date Returned N/A

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

- Certification of Threshold (CRO-3600)\*\* Date Returned 12-12-23

Notes:

# 48-Hour Notice

Page \_\_\_\_ of \_\_\_\_ Amendment  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 Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report 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 meet the 48 hour deadline.

<b>1. Committee Information</b>		<b>2. Contribution Information</b>	
a. Full Name <u>Friends of Bryan Bass</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>196 MARINERS WAY MOYOCK, NC 27958</u>		d. Report Date <u>1-12-24</u>	
		e. Phone Number <u>(757) 390-6394</u>	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove <u>Kenneth Bryan Bass 196 MARINERS WAY MOYOCK, NC 27958</u>		a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:		b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession <u>Parttime Visitor Rel. Coordinator</u>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <u>CURRITUCK COUNTY TRAVEL: TOURISM</u>	c. Form of Payment <u>CHECK</u>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <u>1-10-24</u>	f. Amount <u>\$ 1,000.00</u>	d. Date (mm/dd/yyyy)	f. Amount
e. Account Code	g. Election Sum to Date <u>\$ 1,900.00</u>	e. Account Code	g. Election Sum to Date
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page) \$			
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1) \$			

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

Kenneth Bryan Bass  
Printed Name of Signer

Kenneth B. Bass  
Signature of Appointed Treasurer

1-12-24  
Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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: Friends of Bryan Bass

Treasurer Name: Kenneth Bryan Bass

Treasurer Address: 196 Mariners Way

(include city, state, & zip) Moyock, NC 27958

Treasurer Phone: (757) 390-6394

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

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.

7-7-24  
Date Signed

Kenneth B Bass  
Signature

RECEIVED

JUL 09 2024

CURRITUCK COUNTY  
BOARD OF ELECTIONS

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

<b>1. Committee Information</b>		c. ID Number	
a. Full Name <b>Friends of Bryan Bass</b>		<b>SCFIKR</b>	
b. Mailing Address (include City, State and Zip Code) <b>196 MARINERS WAY MOYOCK, NC 27958</b>		d. Date Filed <b>1-26-24</b>	
		e. Phone Number <b>(757)390-6394</b>	
2. Report Year <b>2024</b>	3. Period Start Date (mm/dd/yy) <b>7-1-23</b>	4. Period End Date (mm/dd/yy) <b>12-31-23</b>	5. Treasurer Full Name <b>Kenneth Bryan Bass</b>
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		<b>Municipal</b> <input 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"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report <b>0</b>		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>ATLANTIC UNION BANK</b>		a. Financial Institution Full Name	
b. Purpose <b>ALL CAMPAIGN EXPENSES</b>	c. Account Code <b>DDA</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 0</b>		d. Period Begin Balance <b>\$</b>
<b>CERTIFICATION</b>			
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.			
<b>Kenneth Bryan Bass</b>		<b>Kenneth B Bass</b>	
Printed Name of Signer		Signature of Appointed Treasurer	
		<b>1-26-24</b>	
		Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received: _____	Employee: _____	<b>Delivery Method</b>	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered: _____	Employee: _____		
<b>Please Note:</b> 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  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Friends of Bryan Bass	Year End Annual <sup>sem.</sup>	SCF1KR	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 900	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <del>900</del>	\$ <del>900</del>	
6) Contributions from Individuals * (CRO-1210)	\$ 900	\$ 900	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
<b>11) Other Receipt Sources</b>			
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	
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
13a) Operating Expenditures * (CRO-1310)	\$ 432.21	\$ 432.21	
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)	\$ 432.21	\$ 432.21	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 467.79	\$ 467.79	
<b>ADDITIONAL INFORMATION</b>			
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)	\$	\$	

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_ Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Friends of Bryan Bass						SCFIKR	
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>3. Contributor Information</b>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Kenneth "Bryan" Bass 196 MARINERS WAY Moyock, NC 27958				PART TIME Visitor Rel. Coordinator			
				<b>c. Employer's Name/Specific Field</b> Currituck County Dept. of TRAVEL TOURISM			
				<b>e. Election Sum to Date</b>		\$ 900	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	DDA	check		12-11-2023	\$ 900		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>3. Contributor Information</b>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)							
				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>		\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>3. Contributor Information</b>				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)							
				<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>		\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 900	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 900	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b> Friends of Bryan Bass	<b>2. ID Number</b> 5CFIKR
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<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kenneth Bryan Bass 196 Mariners Way Mooresville, NC 27958			b. Coordinated Committee Name		d. Comments Reimbursement of Filing Fee
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 144
f. Account Code DDA	g. Form of Payment check	h. Purpose Code H	i. Date (mm/dd/yyyy) 1-25-24	j. Amount \$ 144	k. Required Remarks Filing Fee

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Victory Store.com 5200 SW 30th Street Davenport, Iowa 52802			b. Coordinated Committee Name		d. Comments political signs
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 288.21
f. Account Code DDA	g. Form of Payment check	h. Purpose Code B	i. Date (mm/dd/yyyy) 1-25-24	j. Amount \$ 288.21	k. Required Remarks Filing Fee printing of signs

<b>4. Payee Information</b> <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
				\$	
				\$	

<b>5. Total only this Page</b>	\$ 432.21
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)	\$ 432.21

<b>7. Purpose Codes</b> (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)			