

RECEIVED

APR 12 2024

CURRITUCK COUNTY
BOARD OF ELECTIONS



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: Natalie Twiddy

Treasurer Name: Erin Gainey

Treasurer Address: 218 Laurel Woods Way
 (include city, state, & zip) Currituck, NC 27929

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

Erin K Gainey
Signature



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: Natalie R Twiddy Campaign
Treasurer Name: Erin Gainey
Treasurer Address: 218 Laurel Woods Way
(include city, state, & zip) Currituck, NC 27929

Treasurer Phone: 843-307-0241

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.

11-1-23

Date Signed

Natalie R Twiddy

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: Natalie R Twiddy
Committee Name: Natalie R Twiddy Campaign
Treasurer Name: Erin Cainey

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

Committee ID #: _____

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

I, Natalie R Twiddy, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Troop 127 Maple</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: Natalie R Twiddy

Date: 11.1.2023

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

1. Committee Information				
a. Full Name			c. ID Number	
Natalie R Twiddy				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
655 Snowden Rd Shawboro, NC 27973			04/12/2024	
			c. Phone Number	
			(252) 202-3321	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024		04/12/2024	Erin K Gainey	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input 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 <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
State Employee Credit Union				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Acc	NRT			
	d. Period Begin Balance		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.				
Erin K Gainey				04/12/2024
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	Delivery Method <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

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	
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	
RECEIPTS					
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-1220)		\$ 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 Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 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, 11d and 11e)		\$ 6,817.50		\$ 6,817.50	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1335.40		\$ 1335.40	
13b) Contributions to Candidates/Political Committees (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-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 4920.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6419.97		\$ 6419.97	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 560.27		\$ 560.27	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 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-2220)		\$ 1000		\$ 1000.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

In-Kind Contributions

Amendment

Page 1 of 2 Yes No

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
William Brumsey III PO Box 100 Currituck, NC		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	in kind contrib
			d. Election Sum to Date
			\$ 2000.00 500. ⁰⁰
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
in kind		02/06/2024	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
William Brumsey IV Goose Castle Terrace Currituck, NC		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	contribution
			d. Election Sum to Date
			\$ 500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
contribution to campaign		02/07/2024	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Larry Padilla		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Contribution		02/10/2024	\$ 1000.00
			\$
			\$
4. Total only this Page		\$ 2000.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 4920. ⁰⁰	

In-Kind Contributions

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Sandra Roberts 650 Snowden Rd Shawboro, NC		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	in kind contrib
			d. Election Sum to Date
			\$ 2720.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
signs		01/16/2024	\$ 933.00
ad for shopper		1/24/2024	\$ 275.00
signs		01/25/2024	\$ 1512.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Lyle Forbes 315 S Indian Town Rd Shawboro, NC		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	contribution
			d. Election Sum to Date
			\$ 100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
contribution to campaign		01/12/2024	\$ 100.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Walton Carter PO Box 32 Coinjock, NC		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Cash Contribution		01/29/2024	\$ 100.00
			\$
			\$
4. Total only this Page			\$ 2920.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 4920.00

Refunds/Reimbursements To the Committee

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Natalie R. Twiddy					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
WGAJ RADIO			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		Radio Ad Refund
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		01/25/2024			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt			
		\$ 275.00			
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
		Refund	02/21/2024		\$ 275.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
<input type="checkbox"/> Federal <input type="checkbox"/> County:					
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
		i. Original Expenditure Amt			
		\$			
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
<input type="checkbox"/> Federal <input type="checkbox"/> County:					
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
		i. Original Expenditure Amt			
		\$			
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page					\$ 275.00
5. Total of ALL CRO-1240 Pages					\$ 275.00
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					

48-Hour Notice

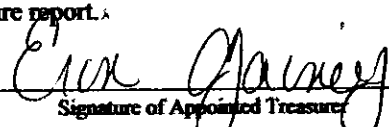
Use this form to report all contributions of \$1,000 or more.

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 3rd 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 meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Natalie Twiddy			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
650 Snowden Rd Shawboro, NC		02/11/2024	
		e. Phone Number	
		252-202-3321	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Larry Padilla 232 S Indian Town Rd Shawboro, NC			
b. Type of Contributor		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: _____		<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		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Baker			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Just Desserts	check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/11/2024	\$ 1000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$		\$
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 page 1)		\$ 1000.00	

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, 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.

Erin Gainey
Printed Name of Signer

Signature of Appointed Treasurer
02/11/2024
Date

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Natalie R Twiddy						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	NRT	transfer		10/11/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	NRT	internet transf		11/29/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$	75.00
5. Total of ALL CRO-1205 Pages					\$	75.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Natalie R Twiddy						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sandra Roberts 650 Snowden Rd Shawboro, NC			Not Employed		Candidate filing contribution	
			c. Employer's Name/Specific Field			
			None		e. Election Sum to Date	
					\$ 1,758.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	Bank Trans		12/05/2023	\$ 550.00	
<input type="checkbox"/>	NRT	Check	Signs	01/16/2024	\$ 933.00	
<input type="checkbox"/>	NRT	Bank Trans	Print Adds	01/24/2024	\$ 275.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sandra Roberts 650 Snowden Rd Shawboro, NC			Not Employed		Signs	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 2,409.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	Check	Signs	01/25/2024	\$ 1,512.00	
<input type="checkbox"/>	NRT	Check	Signs	02/03/2024	\$ 897.50	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Brumsey PO Box 100 Currituck, NC			Attorney		Contribution	
			c. Employer's Name/Specific Field			
			Brumsey and Brumsey Law		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	Check		02/06/2024	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 4,667.50	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,467.50	

Contributions from Individuals

Amendment
Pg 2 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Natalie R Twiddy						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lyle Forbes 315 S. Indian Town Rd Moyock, NC			Not Employed		Contribution	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	check		01/12/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Walton Carter PO Box 32 Coinjock, NC			Realtor			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	cash		01/29/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Frank Carter			Parks an Rec			
			c. Employer's Name/Specific Field			
			Camden County		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	cash		01/29/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,467.50	

Contributions from Individuals

Amendment

Pg 3 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Natalie R Twiddy						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Brumsey IV 115 Goose Castle Rd, Curritcuk, NC			Attorney		Contribution	
			c. Employer's Name/Specific Field Brumsey and Brumsey Law			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	Check		02/08/2024	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry Padea					Contribution	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NRT	Bank Trans		02/10/2024	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,467.50	

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Natalie R Twiddy					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Erin K Gainey 218 Laurel Woods Way Currituck, NC					
			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
					\$ 46.63
l. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	cash	O	02/29/2024	\$40.00	gas
NRT	debit card	O	03/04/2024	\$6.63	decorations for elect. dinner
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Natalie R Twiddy 655 Snowden Rd Shawboro, NC					
			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
					\$ 88.56
l. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	debit card	O	03/04/2024	\$68.21	Election dinner food
NRT	debit card	O	03/04/2024	\$20.35	gas for travel
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Natalie R Twiddy 655 Snowden RD					
			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
					\$ 60.59
l. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	debit card	O	03/04/2024	\$20.59	lunch
NRT	debit card		03/04/2024	\$40.00	
5. Total only this Page					\$ 195.78
6. Total of ALL CRO-1310 Pages					\$ 1335.40
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

* Codes require detailed explanation in required remarks field (k)

Disbursements

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

1. Committee Full Name (and Fund if applicable) Natalie R Twiddy					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Natalie R Twiddy 655 Snowden Rd Shawboro, NC		b. Coordinated Committee Name		d. Comments	
		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 \$ 225.01	
l. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	debit card	F	02/02/2024	\$166.00	200 pipes for signs
NRT	Debit card	B	02/05/2024	\$59.01	signs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Natalie R Twiddy 655 Snowden Rd Shawboro, NC		b. Coordinated Committee Name		d. Comments	
		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 \$ 214.50	
l. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	debit card		02/06/2024	\$174.50	
NRT	debit card	O	02/08/2024	\$40.00	gas
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Natalie R Roberts 655 Snowden Rd Shawboro, NC		b. Coordinated Committee Name		d. Comments	
		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 \$ 366.00	
l. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	debit card	F	02/08/2024	\$166.00	poles for signs
NRT	debit card	A	02/08/2024	\$200.00	radio ad
5. Total only this Page					\$ 805.51
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1335.40 2828.29
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					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Natalie R Twiddy					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Natalie Twiddy 655 Snowden RD Moyock, NC					
			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	debit Card	O	01/30/2024	\$59.01	gas
NRT	debit card	B	01/16/2024	\$125.95	business cards
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Sandra Roberts 650 Snowden Rd Shawboro, NC					
			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
					\$ 88.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NRT	check	O	01/16/2024	\$995.00	campaign flyers
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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
					\$ 60.59
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					\$ 334.11
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1335.40
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) Natalie R. Twiddy						2. ID Number
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	Bank Transfer	O	11/24/2023	\$ 12.00	Campaign Checks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	ATM Withdraw	O	02/29/2024	\$ 40.00	Supplies for Signs
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	ATM Withdraw	O	02/25/2024	\$ 25.00	Gas for Travel
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	Debit Card	O	03/04/2024	\$ 6.63	Decorations
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	Debit Card	O	03/04/2024	\$ 20.35	Gas for Travel
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	Debit Card	O	03/04/2024	\$ 20.59	Lunch
<input type="checkbox"/> Add <input type="checkbox"/> Remove	NRT	Debit Card	O	03/04/2024	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$164.57	
5. Total of ALL CRO-1315 Pages					\$164.57	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						

Contributions from Individuals

Pg 1 of 3 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Natalie Twiddy Campaign							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lyle Forbes 315 S Indian Town Rd Shawboro, NC 27973				Not Employed			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CK 4785	check		1/12/2024	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sandra Roberts 650 Snowden Rd Moyock, NC 27958				Not Employed			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	CK 4574	check	signs	1/16/2024	\$ 933		
<input type="checkbox"/>			Print Media in Shopper for Feb.	1/24/2024	\$ 275		
<input type="checkbox"/>	CK 3093	check	Signs	1/25/2024	\$ 1512		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sandra Roberts 650 Snowden Rd Moyock, NC 27958				Not Employed			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	PKA 13436	check	Signs	2/03/2024	\$ 897.50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 3717.50	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

RECEIVED

FEB 13 2024

CURRITUCK COUNTY

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <u>Natalie Twiddy Campaign</u>						2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>William Brumsey</u> <u>PO Box 100</u> <u>Currituck, NC 27929</u>			b. Job Title/Profession <u>Attorney</u>		d. Comments	
			c. Employer's Name/Specific Field <u>Brumsey + Brumsey</u> <u>law office</u>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>ck</u> <u>6908</u>	<u>check</u>		<u>2/06/2024</u>	\$ <u>500</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>William Brumsey IV</u> <u>115 Goose Castle Terrance</u> <u>Currituck, NC 27929</u>			b. Job Title/Profession <u>Attorney</u>		d. Comments	
			c. Employer's Name/Specific Field <u>Brumsey &</u> <u>Brumsey</u> <u>law office</u>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>ck</u> <u>713</u>	<u>check</u>		<u>2/07/2024</u>	\$ <u>500</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>1000</u>	
5. Total of ALL CRO-1210 Pages						
(This line must be on line 6 of Detailed Summary Page CRO-1100)					RECEIVED	

FEB 13 2024

In-Kind Contributions

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 Twiddy Campaign			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Sandra Roberts 650 Snowden Rd Shawboro, NC 27973		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		CK 4574 CK transfer ck 3093	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
signs		01/16/24	\$ 933
Print Media in Shopper for February		01/24/24	\$ 275
signs		01/25/24	\$ 1512
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Sandra Roberts 650 Snowden Rd Shawboro, NC 27973		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		transfer CK 13436	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
signs		02/03/24	\$ 897.50
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 3617.50	
5. Total of ALL CRO-1510 Pages		RECEIVED	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

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 Yes No

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement Natalie R Twiddy		d. Entity Type (Check One) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization		e. Federal ID Number (if applicable) _____	
b. Mailing Address (include City, State and Zip Code) and Phone Number 655 Snowden Rd Moyock, NC 27950 252-202-3321		f. Date Filed _____		g. Employer's Name or Principal Place of Business Currituck County Deeds Office	
h. Occupation _____		_____			

c. Report Type

Initial Quarterly First Second Third Fourth
 48 Hour Semi-Annual Mid Year Year End Other (Specify) _____

2. Report Year 2024 **3. Period Start Date (mm/dd/yyyy)** _____ **4. Period End Date (mm/dd/yyyy)** _____

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts
 Erin Gainey

b. Mailing Address (include City, State and Zip Code) and Phone Number
 218 Laurel Woods Way
 Currituck, NC 27929
 843-307-0241

c. Employer's Name or Principal Place of Business
 Not Employed

d. Occupation
 Not Employed

6. Total Donations ALL Pages

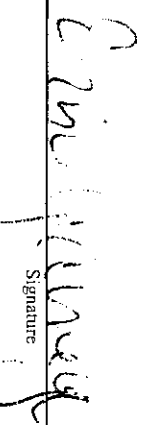
\$ 697.28

7. Total Expenditures ALL Pages

\$

CERTIFICATION

I certify that this statement is complete, true and correct.

Erin Gainey  1/15/2024
 Printed Name of Signer Signature Date

CRO-2210A

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

1. Donation Information

a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
1	Natalie R Twiddy 655 Snowden Rd Moyock, NC 27950 202-202-3341	Currituck County Deeds office	12/05/2023	\$ 150.00
2	Sandra C Roberts 650 Snowden Rd Moyock, NC 27958	Not Employed	12/11/2023	\$ 550.00
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 700.00
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$

Incurring 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.

1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
1	12/04/2023		Advertising - VistaPrint	\$ 48.88

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
 Natalie R Twiddy
 655 Snowden Rd
 Moyock, NC 27950
 252-202-3321

Candidate Full Name: Natalie R Twiddy
 Amount: \$ 48.88
 Support Oppose
 Office Sought: House Senate Co./Municipal Office
 District: _____ _____
 County/District: Currituck

Candidate Full Name: Support Oppose
 Amount: \$ _____
 Office Sought: House Senate Co./Municipal Office
 District: _____ _____
 County/District: _____

Referendum Name: Support Oppose
 Date: 12/11/2023
 Level: State County
 Municipality: _____

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
2	12/11/2023		Candidate Filing	\$ 648.88

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
 Natalie R Twiddy
 655 Snowden Rd
 Moyock, NC 27950
 252-202-3321

Candidate Full Name: Natalie R Twiddy
 Amount: \$ 648.88
 Support Oppose
 Office Sought: House Senate Co./Municipal Office
 District: _____ _____
 County/District: Currituck

Candidate Full Name: Support Oppose
 Amount: \$ _____
 Office Sought: House Senate Co./Municipal Office
 District: _____ _____
 County/District: _____

Referendum Name: Support Oppose
 Date: _____
 Level: State County
 Municipality: _____

2. Total Expenditures THIS Page (sum all the '1f' entries on this page) \$ 697.28

3. Total Expenditures ALL Pages (sum all the '1f' entries on all expenditure pages) \$ _____

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 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

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 12-16-23

Candidate acknowledges receipt of this information Nate R. Swida

Candidate Natalie Twiddy Date Filed 12-6-23

o Statement of Organization (CRO-2100A)** Date Returned 12-6-23

o Certification of Financial Account Number (CRO-3500)** Date Returned 12-6-23

~~o Certification of Treasurer (CRO-3100)** Date Returned _____~~

o Candidate Designation of Committee Funds (CRO-3900)** Date Returned 12-6-23

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

o Disclosure Report Cover (CRO-1000)** Date Returned N/A

o Detailed Summary (CRO-1100)** Date Returned N/A

o Organizational Disclosure Report Date Returned N/A

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

o Certification of Threshold (CRO-3600)** Date Returned 12-6-23

Notes:

