

# 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.

RECEIVED

<b>1. Committee Information</b>				
a. Full Name <u>DONALD R. SADLER FOR MAYOR</u>			c. ID Number <u>OCT 02 2023</u>	
b. Mailing Address (include City, State and Zip Code) <u>145 ATKINS DR. WASHINGTON, NC 27889</u>			d. Date Filed <u>JULY 7, 2023</u>	
			e. Phone Number <u>252-623-9332</u>	
2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy) <u>7-7-23</u>	4. Period End Date (mm/dd/yy) <u>9-26-23</u>	5. Treasurer Full Name <u>DONALD RAY SADLER</u>	
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 checked="" 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	<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report <u>1</u>				
<b>11. Account Information</b>		<b>11. Account Information</b>		
a. Financial Institution Full Name <u>FIRST BANK</u>		a. Financial Institution Full Name		
b. Purpose <u>CHECKING ACCT FOR CAMPAIGN FUNDS</u>	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance <u>\$250<sup>00</sup></u>		d. Period Begin Balance <u>\$250<sup>00</sup></u>	
<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.				
<u>DONALD R SADLER</u> Printed Name of Signer		<u>Donald R Sadler</u> Signature of Appointed Treasurer		<u>10-01-23</u> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: <u>10/2/23</u>	Employee: <u>KUAA</u>	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: <u>10/3/23</u>	Employee: <u>KUAA</u>	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
<p><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.</p>				

# Detailed Summary

Amendment  
 Yes  No

RECEIVED

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	
Donald R. Sadler for Mayor				OCT 02 2023	
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0 <sup>00</sup>		\$ 0
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$	2,340	\$	2,340 <sup>00</sup>
6) Contributions from Individuals (CRO-1210)		\$	7,425	\$	7,425 <sup>00</sup>
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)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	9,765	\$	9,765 <sup>00</sup>
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$	4680 <sup>92</sup>	\$	4680 <sup>92</sup>
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)		\$	4680 <sup>92</sup>	\$	4680 <sup>92</sup>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	5084 <sup>08</sup>	\$	5084 <sup>08</sup>
<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)		\$		\$	

# Aggregated Contributions from Individuals

Page 1 of 3 Amendment  Yes  No

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

**RECEIVED**

OCT 02 2023

Beaufort County Board of Elections

1. Committee Full Name (and Fund if applicable) <u>DONALD R SADLER FOR MAYOR</u>	2. ID Number
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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					
<input type="checkbox"/> Remove		CHECK		8-16-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-16-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-21-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-21-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-25-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-23-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-30-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-30-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		8-23-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-5-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-5-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-6-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-7-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-8-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-13-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-13-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-14-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-8-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-8-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00

4. Total only this Page	\$ 1150.00
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5. Total of ALL CRO-1205 Pages	\$
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(This line must be on line 5 of Detailed Summary Page CRO-1100)

# Aggregated Contributions from Individuals

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

RECEIVED

1. Committee Full Name (and Fund if applicable) <u>DONALD R SADLER FOR MAYOR</u>	2. ID Number <u>OCT 02 2023</u>
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### 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		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 50.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 30.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 30.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Add		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Remove		CHECK		9-16-23	\$ 40.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00

4. Total only this Page	\$ 820.00
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5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$
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# Aggregated Contributions from Individuals

Amendment  Yes  No

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

RECEIVED

1. Committee Full Name (and Fund if applicable) <i>DONALD R. SADLER FOR MAYOR</i>	2. ID Number <i>OCT 02 2023</i>
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**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		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Remove		CASH		9-16-23	\$ 25.00
<input type="checkbox"/> Add		CASH		9-16-23	\$ 20.00
<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					\$

<b>4. Total only this Page</b>	\$ <i>370.00</i>
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<b>5. Total of ALL CRO-1205 Pages</b> <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ <i>2340.00</i>
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# Contributions from Individuals

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>	
DONALD R. SADLER FOR MAYOR							
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
HUGH SORRELL 416 COLLEGE AVE WASHINGTON PARK NC				LAND SURVEYOR		RECEIVED OCT 02 2023	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b> County Board of Elections \$	
<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"/>	1	CHECK		9-16-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
WALI SALEEM 211 THOMAS PL WASHINGTON, NC 27689				NO JOBTITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		7-20-23	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
KEITH GARRET 1095 CHEYENNE CT APT A GREENVILLE NC 27658							
				<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"/>	1	CHECK		7- <del>16</del> <sup>23</sup> -23	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 550.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD R. SADLER FOR MAYOR							
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
MITCHELL ST. CLAIR PO BOX 372 WASHINGTON, NC 27889				NO JOB TITLE		RECEIVED OCT 02 2023 Beaufort County Board of Elections	
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		8-15-23		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
MITCHELL ST. CLAIR PO BOX 372 WASHINGTON, NC 27889				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		8-15-23		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
LYDA LANE 255 MOSS WAY WASHINGTON, NC 27889				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		8-19-23		\$ 75.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 575.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# Contributions from Individuals

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
DONALD R. SADLER FOR MAYOR							
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 CRANDOL 6798 US HWY 264E GREENVILLE, NC 27634			CONTRACTOR DBS		RECEIVED OCT 02 2023 Beaufort County Board of Elections		
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"/>	1	CHECK MA		8-18-23	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JEFFREY WHITE 1645 HIGHLAND DR WASHINGTON, NC 27689			NO JOB TITLE NOT EMPLOYED				
e. Election Sum to Date			\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-19-23	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
NANCY MCLENDON 705 SHORT DR WASHINGTON, NC 27689			REALTOR The Rich Co.				
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"/>	1	CHECK		8-23-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	



# Contributions from Individuals

Pg 16 of 14

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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>
DONALD R. SADLER FOR MAYOR	

<b>3. Contributor 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. Job Title/Profession</b>	<b>d. Comments</b>
LAURAL MILLER 205 CHOWAN DR WASHINGTON, NC 27889	COUNSELOR BCS	RECEIVED OCT 02 2023 Beaufort County Board of Elections
<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1			8-23-23	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor 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. Job Title/Profession</b>	<b>d. Comments</b>
GEORGIA SMALLWOOD 4624 US HWY 17N WASHINGTON, NC 27889	NO JOB TITLE NOT EMPLOYED	
<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		8-25-23	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor 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. Job Title/Profession</b>	<b>d. Comments</b>
JACK STARKIE 129 CEDER CR WASHINGTON, NC 27889	BODY SHOP JACKS BODY SHOP	
<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		8-23-23	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 1,000.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$

# Contributions from Individuals

Pg 5 of 14

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>	
DONALD R SADLER FOR MAYOR							
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
CHARLES SLADE 4653 SIDNEY RD BELHAVEN, NC 27810 <del>BATH, NC 27808</del>				WELDER		RECEIVED OCT 02 2023 Beaufort County Based on Elections	
				c. Employer's Name/Specific Field TWS WELDING SHOP			
						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"/>	1	CASH		8-24-23	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
VERNON SADLER JR 199 POKER HOUSE RD GRIMESLAND, NC 27637				NO JOB TITLE			
				c. Employer's Name/Specific Field NOT EMPLOYED			
						e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-25-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
MILTON BOYD SR 233 BOYD ACRES RD WASHINGTON, NC 27889				NO JOB TITLE			
				c. Employer's Name/Specific Field NOT EMPLOYED			
						e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		8-25-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 700.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD R SADLER FOR MAYOR							
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
PATSY PIERCE 109 N. BROWN ST WASHINGTON, NC 27889				NO JOBTITLE		RECEIVED OCT 02 2023 Beaufort County Election Sum to Date	
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		\$	
<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"/>	1	CHECK		8-16-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
POLK CULPEPPER 1301 SUMMIT AVE WASHINGTON, NC 27889						e. Election Sum to Date	
				<b>c. Employer's Name/Specific Field</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"/>	1	CHECK		8-21-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
ALVIN POWELL PO BOX 161 BATH, NC 27808				NO JOBTITLE		e. Election Sum to Date	
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		\$	
<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"/>	1	CHECK		8-25-23	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 475.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD RSADLER FOR MAYOR							
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
BRAD HORTON 121 BATH CR WASHINGTON, NC 27889				CONTRACTOR		RECEIVED OCT 02 2023 Beaufort County Board of Elections	
				<b>c. Employer's Name/Specific Field</b>			
				HORTON CONTRACTORS		<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"/>	1	CHECK		8-25-23	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
HERMAN GASKINS PO BOX 933 WASHINGTON, NC 27889				LAWYER			
				<b>c. Employer's Name/Specific Field</b>			
				GASKINS & GASKINS		<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"/>	1	CHECK		8-28-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
BLANCH GIBBSTILLIS 101 COWARD ST WASHINGTON, NC 27889				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		9-3-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# Contributions from Individuals

Pg 10 of 14

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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	
DONALD R SADLER FOR MAYOR							
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	
ARCHIE JENNINGS 326 W MAIN ST WASHINGTON, NC 27889				BANKING WELLS FARGO		RECEIVED OCT 02 2023 Beaufort County Board of Elections	
				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"/>	1	CHECK		8-19-23	\$ 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	
BROWNIE FUTRELL 611 W MAIN ST WASHINGTON, NC 27889				NO JOB TITLE NO EMPLOYMENT			
				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"/>	1	CHECK		9-4-23	\$ 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	
STANLEY RICE 206 RAPPAHAN NOCK RD CHOCOWINITY, NC 27817				NO JOB TITLE 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"/>	1	CHECK		9-5-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from Individuals

Pg 9 of 14

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	
DONALD R SADLER FOR MAYOR							
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	
KAREN MANN 711 SHORT DR WASHINGTON, NC 27889				NURSE		RECEIVED OCT 02 2023 Beaufort County	
				c. Employer's Name/Specific Field			
				EAST CAROLINA HEALTH		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"/>	1	CHECK		9-5-23	\$ 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	
TIMOLIN MOORE 332 W 7TH ST WASHINGTON, NC 27889				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		9-6-23	\$ 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	
NUREDIN DARAR 1205 KINSPALE DR RALEIGH, NC 27615				RESTAURANT			
				c. Employer's Name/Specific Field			
				MULBERRY		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"/>	1	CHECK		9-8-23	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from Individuals

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable) <b>DONALD R SADLER FOR MAYOR</b>						2. ID Number
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	
JULIA M. JACKSON 707 RUNYON WASHINGTON, NC 27889			NO JOBTITLE		RECEIVED OCT 02 2023 Beaufort County Board of Elections	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		9-6-23	\$ 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	
ANTHONY NORTHERN 134 CHERRY RUN RD WASHINGTON, NC 27889			NO JOBTITLE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		9-11-23	\$ 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	
JERYL S. PAWLS 110 MAN-O-WAR DR WASHINGTON, NC 27889			BUSINESS OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			WIMCO		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		9-15-23	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Contributions from Individuals

Pg 16 of 14

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	
DONALD P. SADLER FOR MAYOR						
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	
M JASON WILLIAMS 220 RIVER RD WASHINGTON, NC 27689			LAWYER WILLIAMS LAW FIRM		<p style="color: red; font-weight: bold;">OCT 02 2023</p> <p style="color: blue;">Beaufort County Board of Elections</p>	
			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"/>	1	CHECK		9-16-23	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK VAN GRAY 108 N ELM ST GREENSBORO, NC 27401			LAWYER			
			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"/>	1	CHECK		9-16-23	\$ 200.00	
<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	
MICHAEL RENN 164 E MAIN ST WASHINGTON NC 27689			PT CONSULTANT			
			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"/>	1	CHECK		9-16-23	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	



# Contributions from Individuals

Amendment  Yes  No

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

1. Committee Full Name (and Fund if applicable) <b>DONALD R SADLER FOR MAYOR</b>						2. ID Number <b>RECEIVED</b>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>EDMON JONES 706 BOSTON AVE WASHINGTON, NC 27889</b>				b. Job Title/Profession <b>NO JOB TITLE</b>		d. Comments <b>OCT 02 2023</b>  Beaufort County Board of Elections	
				c. Employer's Name/Specific Field <b>NOT EMPLOYED</b>		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"/>	1	CHECK		9-16-23	\$ 200.00		
<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>SHELIA CARRAWAY 86 HOLLEY GLENN DR WASHINGTON, NC 27889</b>				b. Job Title/Profession <b>SECRETARY</b>		d. Comments	
				c. Employer's Name/Specific Field <b>METROPOLITAN HOUSING</b>		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"/>	1	CHECK		9-16-23	\$ 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>EDWIN BOOTH 1122 VAN NORDEN ST WASHINGTON, NC 27889</b>				b. Job Title/Profession <b>NO JOB TITLE</b>		d. Comments	
				c. Employer's Name/Specific Field <b>NO EMPLOYED</b>		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"/>	1	CHECK		9-16-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 400.00		
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$		

# Contributions from Individuals

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable) <u>DONALD SADLER FOR MAYOR</u>						2. ID Number <b>RECEIVED</b>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>PATRICIA REDDICK</u> <u>449 KEYSVILLE RD</u> <u>WASHINGTON, NC 27689</u>				b. Job Title/Profession <u>SECRETARY</u> c. Employer's Name/Specific Field <u>METROPOLITAN HOUSING</u>		d. Comments <u>OCT 02 2023</u>  Beaufort County Board of Elections	
						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>1</u>	<u>CHECK</u>		<u>9-16-23</u>	\$ <u>100.00</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) <u>DELORAS HARRIS</u> <u>434 E 5TH ST</u> <u>WASHINGTON, NC 27689</u>				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"/>	<u>1</u>	<u>CHECK</u>		<u>9-16-23</u>	\$ <u>100.00</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) <u>WAYNE RENN</u> <u>583 EAGLES NEST RD</u> <u>GRIMESLAND, NC</u>				b. Job Title/Profession <u>PRINTER</u> c. Employer's Name/Specific Field <u>ACCULINK</u>		d. Comments	
						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>1</u>	<u>CHECK</u>		<u>9-16-23</u>	\$ <u>100.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>300.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD R SADLER FOR MAYOR							
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
WILBUR COOPER 825 MEGAN DR GREENVILLE, NC 27834				NO JOB TITLE		OCT 02 2023  Beaufort County Board of Elections	
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		9-8-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
CHARLES CALDWELL 109 N. BROWN ST WASHINGTON, NC 27889				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NO EMPLOYMENT		<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"/>	1	CHECK		9-16-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor 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. Job Title/Profession</b>		<b>d. Comments</b>	
ALMA FRIEDMAN 401 MOSS LANDING SUITE 301 WASHINGTON, NC 27889				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	1	CHECK		9-16-23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 7425.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

RECEIVED

# Disbursements

Pg 1 of 9

Amendment  
 Yes  No

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>						<b>2. ID Number</b>	
DONALD R SADLER FOR MAYOR							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
UNHED STATE POSTAL SERVICE 222 W 2ND ST WASHINGTON, NC 27889						RECEIVED OCT 02 2023 Beaufort County Board of Elections	
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBITCARD	F @	8-9-23	\$ 132.00	POSTAGE		
				\$			
<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>d. Comments</b>	
LOWE'S 1701 CAROLINA AVE WASHINGTON, NC 27889							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBITCARD	C	8-22-23	\$ 77.78	PAINT & MATERIALS		
				\$			
<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>d. Comments</b>	
OFFICE DEPOT 470 PAMLICO PLAZA WASHINGTON, NC 27889							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBITCARD	B	8-26-23	\$ 50.16	BANNER		
				\$			
<b>5. Total only this Page</b>						\$ 259.94	
<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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							

# 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>						<b>2. ID Number</b>	
DONALD RSADLER FOR MAYOR							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ACCULINK PO BOX 30080  GREENVILLE, NC 27633						RECEIVED OCT 02 2023  Beaufort County Board of Elections	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	CHECK	B	8-28-23	\$ 1572.67	YARD SIGNS + HANDOUTS		
				\$			
<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>d. Comments</b>	
ACCULINK PO BOX 30080  GREENVILLE, NC 27633							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	CHECK	B	9-11-23	\$ 44.95	CAMPAIGN FLAG		
				\$			
<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>d. Comments</b>	
FOODLION 851 WASHINGTON SQ MALL  WASHINGTON, NC 27689							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT CARD	C	8-29-23	\$ 36.43	<del>SODAS</del> FOR FUNDRAISER		
				\$			
<b>5. Total only this Page</b>						\$ 1656.05	
<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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							

# Disbursements

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD P SADLER FOR MAYOR							
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FOODLION 851 WASH SQ MALL  WASHINGTON, NC 27889						RECEIVED OCT 02 2023  Beaufort County	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	CASH	C	8-31-23	\$ 43.89	HAM & SHOULDERS (fundraising food)		
				\$			
<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>d. Comments</b>	
SAM CLUB 4240 WINTERVILLE PKWY  WINTERVILLE, NC 28590							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT CARD	C	8-29-23	\$ 142.20	FOOD, WATER, OIL (fundraising) STEAM PANS		
				\$			
<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>d. Comments</b>	
FRED FOOD CLUB #8 4299 WINTERVILLE PKWY  WINTERVILLE, NC 28590							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT CARD	C	8-29-23	\$ 37.58	LUNCH TRAYS, VINEGAR (fundraising supplies)		
				\$			
<b>5. Total only this Page</b>						\$ 223.67	
<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)							
<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)							

# 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>						<b>2. ID Number</b>
DONALD P SADLER FOR MAYOR						
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input checked="" 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)			b. Coordinated Committee Name		d. Comments	
AMAZON.COM					OCT 02 2023  Beaufort County Board of Elections	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	DEBIT CARD	C	8-25-23	\$ 51.21	Fundraiser supplies + promo items	
				\$		
<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	
FOOD LION 1318 JOHN SMALL AVE  WASHINGTON, NC 27889						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	DEBIT CARD	C	8-29-23	\$ 29.67	BEVERAGE for fundraiser	
				\$		
<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	
OFFICE DEPOT 470 PAMLICU PLAZA  WASHINGTON, NC 27889						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	DEBIT CARD	C	8-29-23	\$ 16.14	RECEIPT BOOK	
				\$		
<b>5. Total only this Page</b>						\$ 99.22
<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)						
<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)						

# 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>						<b>2. ID Number</b>
DONALD R SADLER FOR MAYOR						
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>  RECEIVED  OCT 02 2023  Beaufort County Elections
CARLIE C'S  626 RIVER RD  WASHINGTON, NC 27889						
<b>c. Level Registered (Specify)</b>						
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	CHECK	C	7-31-23	\$ 63.37	CHICKEN food for fundraiser	
				\$		
<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>d. Comments</b>
LOWE'S  1701 CAROLINA AVE  WASHINGTON, NC 27889						
<b>c. Level Registered (Specify)</b>						
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	DEBIT CARD	F	9-1-23	\$ 56.66	POST/CAPS/BUS for Campaign signs	
				\$		
<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>d. Comments</b>
SAM CLUB  4240 WINTERVILLE PKWY  WINTERVILLE, NC 28590						
<b>c. Level Registered (Specify)</b>						
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	DEBIT CARD	F	9-1-23	\$ 23.50	PCK APRONS for fundraising volunteers	
				\$		
<b>5. Total only this Page</b>						\$ 143.53
<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)						\$
<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)						



# Disbursements

Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
DONALD R SADLER FOR MAYOR						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
HARBOR FREIGHT 1305 JOHN SMALL AVE WASHINGTON, NC 27889						OCT 02 2023  Beaufort County Board of Elections
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	DEBITCARD	F	2-22-495-6363	\$ 259.36	AUGER TO DRILL HOLES	
				\$		
<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>d. Comments</b>
WAL MART 570 PAMLICO PLZ WASHINGTON, NC 27889						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	DEBITCARD	F	9-3-23	\$ 26.14	WATER & OTHER ITEMS	
				\$		
<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>d. Comments</b>
FOOD LION 651 WASHINGTON SQ MALL WASHINGTON, NC 27889						FOOD, FOOD PREP FOR FUNDRAISER
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
	DEBITCARD	F	9-10-23	\$ 156.59	FOOD PREP FOR FUNDRAISER	
				\$		
<b>5. Total only this Page</b>						\$ 442.11
<b>6. Total of ALL CRO-1310 Pages</b>						\$
<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>						
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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)						

# Disbursements

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD P SADLER FOR MAYOR							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
AESTHETIC SIGNS INC PO BOX 1362 GREENVILLE, NC 27635						RECEIVED OCT 02 2023 Beaufort County Board of Elections	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	CHECK	B	9-11-23	\$ 1070.00	SIGNS 3/4		
				\$			
<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>d. Comments</b>	
MURPHY EXPRESS 1426 CAROLINA AVE WASHINGTON, NC 27889							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT	0	9-11-23	\$ 32.00	PICK UP SIGNS (Fuel)		
				\$			
<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>d. Comments</b>	
CARLIE C'S 626 RIVER RD WASHINGTON, NC 27889							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBITCARD	C	9-14-23	\$ 28.96	FOOD FOR VOLUNTEERS WORK FUNDRAISER SETUP		
				\$			
<b>5. Total only this Page</b>						\$ 1130.96	
<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)							
<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)							

# 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>						<b>2. ID Number</b>	
DONALD R. SADLER							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input checked="" 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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FOODLION 1318 JOHN SMALL AVE WASHINGTON, NC 27889						<div style="border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">OCT 02 2023</div> <small>Beaufort County Board of Elections</small>	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:		<input type="checkbox"/> State		<input checked="" type="checkbox"/> Municipality:	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT CARD	F	9-15-23	\$ 14.77	INGREDIENTS FOR DESSERTS (for undresses)		
				\$			
<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>d. Comments</b>	
CARLIE C'S 626 RIVER RD WASHINGTON, NC 27889							
<input type="checkbox"/> Federal		<input type="checkbox"/> County:		<input type="checkbox"/> State		<input checked="" type="checkbox"/> Municipality:	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT CARD	F	9-16-23	\$ 189.16	BBQ PIG + FOOD ITEMS		
				\$			
<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>d. Comments</b>	
OFFICE DEPOT 470 PAMLICO PLAZA WASHINGTON, NC 27889							
<input type="checkbox"/> Federal		<input type="checkbox"/> County:		<input type="checkbox"/> State		<input type="checkbox"/> Municipality:	
						\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT CARD	B	9-25-23	\$ 47.71	LABELS		
				\$			
<b>5. Total only this Page</b>						\$ 251.64	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
<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)							

# Disbursements

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
DONALD RSDLER FOR MAYOR							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<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)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
LOWES 1701 CAROLINA AVE WASHINGTON, NC 27889						<div style="color:blue; font-weight:bold; font-size:1.2em;">RECEIVED</div> <div style="color:red; font-weight:bold; font-size:1.2em;">OCT 02 2023</div> <div style="color:blue; font-size:0.8em;">Beaufort County Board of Elections</div>	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:				\$	
<input type="checkbox"/> State		<input checked="" type="checkbox"/> Municipality:					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	DEBIT	C	9-17-23	\$ 38.41	CLEANING SUPPLIES AFTER FUNDRAISER		
				\$			
<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>d. Comments</b>	
BOSS HOG'S BBQ 1550 CAROLINA AVE WASHINGTON, NC 27889						<div style="color:blue; font-weight:bold; font-size:1.2em;">RECEIVED</div> <div style="color:red; font-weight:bold; font-size:1.2em;">OCT 02 2023</div> <div style="color:blue; font-size:0.8em;">Beaufort County Board of Elections</div>	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:				\$	
<input type="checkbox"/> State		<input checked="" type="checkbox"/> Municipality:					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	CHECK	C	9-16-23	\$ 135.39	SLAW & HUSH PUPPIES		
				\$			
<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>d. Comments</b>	
LARRY DOLBY WASHINGTON, NC 27889						<div style="color:blue; font-weight:bold; font-size:1.2em;">RECEIVED</div> <div style="color:red; font-weight:bold; font-size:1.2em;">OCT 02 2023</div> <div style="color:blue; font-size:0.8em;">Beaufort County Board of Elections</div>	
<input type="checkbox"/> Federal		<input type="checkbox"/> County:				\$	
<input type="checkbox"/> State		<input checked="" type="checkbox"/> Municipality:					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
	CHECK	C	9-18-23	\$ 300.11	DJ AT FUNDRAISER		
				\$			
<b>5. Total only this Page</b>						\$ 473.80	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 4680 <sup>92</sup>	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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)							