

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

COMMITTEE TO ELECTION DORRICK MCGINNIS

c. ID Number

VGW 9TH

b. Mailing Address (include City, State and Zip Code)

COMMITTEE TO ELECTION DORRICK MCGINNIS
P.O. Box 993, OLD FORT, NC 28762

d. Date Filed

e. Phone Number

828 460 0105

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

06/30/24

5. Treasurer Full Name

DORRICK SHANE MCGINNIS

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☒ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

WELLS FARGO

b. Purpose

c. Account Code

d. Period Begin Balance

\$

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

BO 7-9-24

Employee:

BO

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

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	
COMMITTEE TO ELECT DORRICK MCGINNIS		ORGANIZATIONAL		VGW 9TH	
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 1920	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 895.00		\$ 895.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 895.00		\$ 895.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 455.61		\$ 455.61	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 5.00		\$ 5.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 460.61		\$ 460.61	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 459.39		\$ 459.39	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$	
26) Forgiven Loans (CRO-1440)		\$ 0		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$	

Disbursements

Pg ____ of ____

Amendment
☐ Yes ☐ No

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	
COMMITTEE TO EJECT DERRICK MCGINNIS / CAMPAIGN FINANCE					VGW 9TH	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
VISTA PRINT 275 WYMAN ST, WALTHAM, MA 02451						PRINTING OF FLYERS
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$ 143.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT CARD	B	04/13/2024	\$ 143.02		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
MASTERS HAND PRINTWORK INC 5 OLD GREENLICKS RD, MARION, NC 28752 828 652-5833						POLITICAL SIGNS
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 244.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT CARD	B	06/14/2024	\$ 240.19		
1	CASH	B	05/14/2024	\$ 4.00		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
McDOWELL COUNTY BOARD OF ELECTIONS 2458 NC HWY 226 S MARION, NC 28752 828 659 0834						REGISTERED VOTERS LIST
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 66.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	MONEY ORDER	O	06/06/2024	\$ 66.30		
				\$		
5. Total only this Page					\$ 453.51	
6. Total of ALL CRO-1310 Pages (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)					\$ 482.71	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

CRO-1310

NC State Board of Elections

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December 2009

JUL 09 2024

Disbursements

Pg 2 of Amendment ☐ Yes ☐ No

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	
COMMITTEE TO EJECT DERRICK MCGINNIS / CAMPAIGN FINANCE						VGW 9TH	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 215 S. MAIN ST, MARION NC 28752 800 275 8777				b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 2.10	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CASH	0	06/06/2024	\$ 2.10	FOR MONEY ORDER		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WELLS FARGO 145 N MAIN ST. MARION, NC 28752 828 652 2011				b. Coordinated Committee Name		d. Comments OPENING CAMPAIGN ACCOUNT e. Election Sum to Date \$ 25.00	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CASH	0	04/13/2024	\$ 25.00			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
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						\$ 27.10	
6. Total of ALL CRO-1310 Pages						\$ 482.71	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Contributions from Individuals

Pg 1 of 2

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) COMMITTEE TO ERECT DURECK MCGINNIS / CAMPAIGN FINANCE					2. ID Number VGW 9TH	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES Y. MCGINNIS, JR P.O. Box 533 OLD FORT, NC 28762 828 442 5116				b. Job Title/Profession RETIRED		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 285. ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		CHECK			\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JANET C. MCGINNIS PO Box 533 OLD FORT, NC 28762 828-527-3569				b. Job Title/Profession RETIRED		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 110. ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		CHECK			\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAUL BAKER 209 MARLOR ROAD, MARION NC				b. Job Title/Profession RETIRED		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 200. ⁰⁰		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		CHECK			\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 595. ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 895. ⁰⁰	

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Contributions from Individuals

Pg 2 of 2 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) COMMITTEE TO ERECT DERRICK MCGINNIS / CAMPAIGN FINANCES					2. ID Number VGW 9TH	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES D MCGINNIS 29 BUTTWOOD DR OLD PORT, NC 28762 828-460-9002				b. Job Title/Profession PRODUCTION		d. Comments
				c. Employer's Name/Specific Field AURIA OLD PORT AUTOMOBILE MANUFACTURING		
				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	
☐		CHECK			\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BLAINE R. HARTSOCK 4925 OLD PORT SUMMIT RD				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		CHECK			\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ 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	
☐					\$	
☐					\$	
☐					\$	
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)					\$ 895.00	

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In-Kind Contributions

Pg 1 of 1 Amendment ☐ 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) COMMITTEE TO EJECT DERRICK MCGINNIS / CAMPAIGN FINANCE		2. ID Number VGLW 9TH	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) DERRICK SHANE MCGINNIS PO Box 993 OLD FORT NC 28762 828 460 0105		b. Type of Contributor ☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 5.00	
e. Description CAMPAIGN REGISTRATION FEES		f. Date (mm/dd/yyyy) 12/15/2023	
		g. Fair Market Amount \$	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	
		g. Fair Market Amount \$	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor ☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ 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		\$	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	

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