

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information

a. Full Name	c. ID Number		
DEGARR FOR MOORE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
PO BOX 4263 PINEHURST, NC 28374	11/01/2022		
	e. Phone Number		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	07/01/2022	10/22/2022	ARIADNE DEGARR

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	8. Number of Fundraisers this Report	9. Type of Report (check only one type of report from one category)	10. Special Report Name	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	0	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> 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	Referendum <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

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST NATIONAL BANK	
b. Purpose	c. Account Code
FOR CAMPAIGN RELATED ACTIVITY	1
	d. Period Begin Balance
	\$ 0.00
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

 Printed Name of Signer _____
 Signature of Appointed Treasurer _____
 Date _____

FOR OFFICE USE ONLY			
Date Received:	Employee	Delivery Method	
Date Postmarked:	Employee	<input type="checkbox"/> Normal Mail	
Date Scanned:	Employee	<input type="checkbox"/> Registered Mail	
Date Data Entered:	Employee	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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
DEGARR FOR MOORE	2022 Third Quarter	
Start of Election Cycle: January 1, 2021		Total this Reporting Period
4) Cash on Hand at Start		\$ 1,876.11
RECEIPTS		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 165.00	\$ 165.00
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 300.00	\$ 300.00
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 0.00	\$ 0.00
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 465.00	\$ 465.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 196.44	\$ 196.44
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$ 32.65	\$ 32.65
15) Loan Repayments <i>(CRO-1420)</i>	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$ 0.00	\$ 0.00
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 229.09	\$ 229.09
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,112.02	\$ 2,112.02
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0.00	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$ 0.00	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$ 0.00	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$ 0.00	
25) Administrative Support <i>(CRO-1710)</i>	\$ 0.00	\$ 0.00
26) Forgiven Loans <i>(CRO-1440)</i>	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$ 0.00	\$ 0.00
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 1,085.97	\$ 2,343.48

Aggregated Contributions from IndividualsPage 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
DEGARR FOR MOORE					
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	1	Check		08/11/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		09/10/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/08/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/22/2022	\$ 40.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 165.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 165.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 1

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) DEGARR FOR MOORE		2. ID Number							
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">a. Full Name, Mailing Address & Phone (include city, state, & zip) WILMA C LANEY 1301 DEVONSHIRE TRAIL ABERDEEN, NC 28315</td> <td style="width: 33%; padding: 5px;">b. Job Title/Profession TOWN COUNCILLOR</td> <td style="width: 33%; padding: 5px;">d. Comments</td> </tr> <tr> <td rowspan="2" style="width: 33%; vertical-align: top; padding: 5px;">c. Employer's Name/Specific Field TOWN OF ABERDEEN</td> <td style="width: 33%; padding: 5px;">e. Election Sum to Date</td> </tr> <tr> <td style="width: 33%; padding: 5px; text-align: right;">\$ 200.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) WILMA C LANEY 1301 DEVONSHIRE TRAIL ABERDEEN, NC 28315	b. Job Title/Profession TOWN COUNCILLOR	d. Comments	c. Employer's Name/Specific Field TOWN OF ABERDEEN	e. Election Sum to Date	\$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILMA C LANEY 1301 DEVONSHIRE TRAIL ABERDEEN, NC 28315	b. Job Title/Profession TOWN COUNCILLOR	d. Comments							
c. Employer's Name/Specific Field TOWN OF ABERDEEN	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				
<input type="checkbox"/>	1	Check		10/08/2022	\$ 200.00				
<input type="checkbox"/>					\$				
<input type="checkbox"/>					\$				
3. Contributor Information				<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHERINE MCWILLIAMS 360 DORAL DR PINEHURST, NC 28374		b. Job Title/Profession RETIRED		d. Comments					
		c. Employer's Name/Specific Field Food Services and Drinking Places		e. Election Sum to Date					
				\$ 100.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount				
<input type="checkbox"/>	1	Check		09/10/2022	\$ 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)					\$ 300.00				

Disbursements

Pg 1 of 2 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) DEGARR FOR MOORE		2. ID Number									
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures											
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) FAITH TALIAFERRO OF TOTAL ESSENCE NC</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td></td> <td>c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date \$ 75.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) FAITH TALIAFERRO OF TOTAL ESSENCE NC	b. Coordinated Committee Name	d. Comments		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 75.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip) FAITH TALIAFERRO OF TOTAL ESSENCE NC	b. Coordinated Committee Name	d. Comments									
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 75.00									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
1	Debit Card	O	10/09/2022	\$ 75.00	HAIR STYLING FOR CAMPAIGN PHOTO ADS						
				\$							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) GODADDY.COM NC	b. Coordinated Committee Name	d. Comments									
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 27.96									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
1	Debit Card	A	09/25/2022	\$ 27.96	MICROSOFT GODADDY						
				\$	EMAIL RENEWAL						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) WHISK ENTERTAINMENT NC	b. Coordinated Committee Name	d. Comments									
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 40.00									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
1	Debit Card	A	08/21/2022	\$ 40.00	BACK COVER SUNDAY NIGHT LIVE GOSPEL						
				\$							
5. Total only this Page					\$ 142.96						
6. Total of ALL CRO-1310 Pages <i>(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)</i>					\$ 196.44						
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)											

Disbursements

Pg 2 of 2 Yes No

Amendment
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) DEGARR FOR MOORE		2. ID Number								
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures										
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 290 TURNER ST ABERDEEN, NC 28315 </td> <td style="width: 30%; vertical-align: top;"> b. Coordinated Committee Name </td> <td style="width: 30%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="3"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> e. Election Sum to Date \$ 53.48 </td> <td style="width: 50%; vertical-align: top;"> </td> </tr> </table> </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 290 TURNER ST ABERDEEN, NC 28315	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> e. Election Sum to Date \$ 53.48 </td> <td style="width: 50%; vertical-align: top;"> </td> </tr> </table>			e. Election Sum to Date \$ 53.48	
a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 290 TURNER ST ABERDEEN, NC 28315	b. Coordinated Committee Name	d. Comments								
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> e. Election Sum to Date \$ 53.48 </td> <td style="width: 50%; vertical-align: top;"> </td> </tr> </table>			e. Election Sum to Date \$ 53.48							
e. Election Sum to Date \$ 53.48										
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
1	Debit Card	K	09/23/2022	\$ 53.48	BROCHURES					
				\$						
5. Total only this Page					\$ 53.48					
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Conrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 196.44					
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)										

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
DEGARR FOR MOORE						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/14/2022	\$ 5.00	COMMUNITY APPEARANCE AND
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/08/2022	\$ 18.60	FEEDING VOLUNTEERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/08/2022	\$ 9.05	FEEDING VOLUNTEERS
4. Total only this Page					\$ 32.65	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 32.65	
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			

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

CRO-1315

NC State Board of Elections

December 2009

Contributions to be Reimbursed

Pg 1 of 4

Amendment

Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
DEGARR FOR MOORE			
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
EMAIL RENEWAL ; WEBSITES+MARKETING	09/01/2022	Y	\$ 291.84
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PAPER CUTTER/TRIMMER	07/05/2022	Y	\$ 22.44
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PA SPEAKER/MICROPHONE SYSTEM	07/08/2022	Y	\$ 81.53
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PO BOX RENTAL FEE	07/15/2022	Y	\$ 69.00
4. Total only this Page		\$ 464.81	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,085.97	

Contributions to be Reimbursed

Pg 2 of 4

Amendment

Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
DEGARR FOR MOORE			
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
MICROSOFT GODADDY DOMAIN RENEWAL	07/26/2022	Y	\$ 413.20
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CANVA TEAMS PREMIUM MONTHLY SERVICE	10/12/2022	Y	\$ 12.99
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
WALMART : PORTABLE SPEAKER W/ MICROPHONE	07/08/2022	Y	\$ 81.53
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
WALMART : PAPER CUTTER, CAMPAIGN BROCHURES	07/05/2022	Y	\$ 22.44
4. Total only this Page		\$ 530.16	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,085.97	

Contributions to be Reimbursed

Pg 3 of 4

Amendment

Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
DEGARR FOR MOORE			
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
WENDYS : CANDIDATE FORUM DINNER	08/30/2022	Y	\$ 6.18
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
WENDYS : CANDIDATE FORUM DINNER	08/30/2022	Y	\$ 13.26
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
GOODWILL : BINDERS, OFFICE SUPPLIES	08/05/2022	Y	\$ 4.63
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CANVA TEAMS PREMIUM MONTHLY SERVICE	07/12/2022	Y	\$ 12.99
4. Total only this Page		\$ 37.06	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,085.97	

Contributions to be Reimbursed

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Amendment

 Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
DEGARR FOR MOORE			
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CANVA TEAMS PREMIUM MONTHLY SERVICE	08/12/2022	Y	\$ 12.99
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CANVA TEAMS PREMIUM MONTHLY SERVICE	09/12/2022	Y	\$ 12.99
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374		ARIADNE DEGARR 23 HOLLY PINES LANE PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
MICROSOFT GODADDY EMAIL RENEWAL	07/25/2022	Y	\$ 27.96
4. Total only this Page		\$ 53.94	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,085.97	