

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 <i>PICK NCK FOR COUNTY COMMISSIONER</i>	c. ID Number			
b. Mailing Address (include City, State and Zip Code) <i>233 GAILS RD WEST END NC 27376</i>	d. Date Filed			
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	3-11-2022	4-30-22	John Thomas Roscoe	
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"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		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 checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	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
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 1				
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>FIRST BANK</i>		a. Financial Institution Full Name		
b. Purpose <i>CAMPAIGN FINANCE</i>	c. Account Code 1	b. Purpose	c. Account Code	
d. Period Begin Balance \$ 0		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.				
<i>John Thomas Roscoe</i> Printed Name of Signer		<i>JM Roscoe</i> Signature of Appointed Treasurer		4-30-22 Date
FOR OFFICE USE ONLY				
Date Received:	5/3/22	Employee:	APB	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" 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.				

MOOREBOE

Detailed Summary

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

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
PICK NICK FOR COUNTY COMMISSIONER	FIRST	
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <u>0</u>	\$ <u>0</u>
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <u>445.00</u>	\$ <u>445.00</u>
6) Contributions from Individuals (CRO-1210)	\$ <u>3167.06</u>	\$ <u>3167.06</u>
7) Contributions from Political Party Committees (CRO-1220)	\$ <u>0</u>	\$ <u>0</u>
8) Contributions from Other Political Committees (CRO-1230)	\$ <u>0</u>	\$ <u>0</u>
9) Loan Proceeds (CRO-1410)	\$ <u>0</u>	\$ <u>0</u>
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ <u>0</u>	\$ <u>0</u>
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ <u>0</u>	\$ <u>0</u>
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ <u>0</u>	\$ <u>0</u>
11c) Outside Sources of Income (CRO-1250)	\$ <u>0</u>	\$ <u>0</u>
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ <u>0</u>	\$ <u>0</u>
11e) Exempt Purchase Price Sales (CRO-1265)	\$ <u>0</u>	\$ <u>0</u>
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <u>3612.06</u>	\$ <u>3612.06</u>
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ <u>100.00</u>	\$ <u>100.00</u>
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ <u>0</u>	\$ <u>0</u>
13c) Coordinated Party Expenditures (CRO-1310)	\$ <u>0</u>	\$ <u>0</u>
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ <u>0</u>	\$ <u>0</u>
15) Loan Repayments (CRO-1420)	\$ <u>0</u>	\$ <u>0</u>
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ <u>0</u>	\$ <u>0</u>
17) In-Kind Contributions (CRO-1510)	\$ <u>0</u>	\$ <u>0</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>100.00</u>	\$ <u>100.00</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>3512.06</u>	\$ <u>3512.06</u>
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ <u>0</u>	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ <u>0</u>	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ <u>0</u>	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ <u>0</u>	
24) Account Transfers Within the Committee (CRO-1720)	\$ <u>0</u>	
25) Administrative Support (CRO-1710)	\$ <u>0</u>	\$ <u>0</u>
26) Forgiven Loans (CRO-1440)	\$ <u>0</u>	\$ <u>0</u>
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ <u>0</u>	\$ <u>0</u>
28) Contributions to be Refunded MAY 03 2022 (CRO-1215)	\$ <u>0</u>	\$ <u>0</u>

Aggregated Contributions from Individuals

Page 1 of

Amendment

Yes

No

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

Remove

\$ 445 ⁰⁰

5. Total of ALL CRO-1205 Pages

\$ 445⁰⁰

(This line must be on line 5 of Detailed Summary Page CRO-1100)

RECEIVED
(1100)

CBQ 1205

NC State Board of Elections

April 2007

MOORE BOE

Contributions from Individuals

Pg 1 of 4 Yes No

Amendment

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			
PICK NICK FOR COUNTY COMMISSIONER							
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		
NICK PICERNO 233 GAILS RD WEST END NC 27326			Consultant				
c. Employer's Name/Specific Field			Self / Computer Software		e. Election Sum to Date		
					\$ 1217 06		
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		4/1/2022	\$ 1217 06		
<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		
William Brady PO Box 1466 Carthage NC 28327			SELF EMPLOYED				
c. Employer's Name/Specific Field			RENTAL PROPERTIES		e. Election Sum to Date		
					\$ 500 00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		4/16/2022	\$ 500 00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
KATHY BEDDOW 19 EDINBURGH LN PINEHURST NC 28324			RETIRED				
c. Employer's Name/Specific Field					e. Election Sum to Date		
					\$ 500 00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CHECK		4/16/2022	\$ 500 00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
RECEIVED							
4. Total only this Page							\$ 2217 06
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							\$ 3167 06
MAY 03 2022							

Contributions from Individuals

Pg 2 of 4 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			
PICK NICK FOR COUNTY COMMISSIONER					
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Jo Ann Eg. Ho 203 Plantation DR Southern Pines NC 28382			
		b. Job Title/Profession		d. Comments	
		RETIRED			
		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
<input type="checkbox"/>	1	CHECK		4/16/2022	\$ 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) KEN BENWAY 8 MARTIN WAY Whispering Pines NC 28327			
		b. Job Title/Profession		d. Comments	
		Retired			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Military			
				\$ 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		4/16/2022	\$ 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) DAN DENT 4230 CYPRESS CHURCH RD CAMERON NC 28326			
		b. Job Title/Profession		d. Comments	
		Contractor			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Self/ Home BUILDER			
				\$ 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		4/16/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
		RECEIVED			
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages		MAY 03 2022			\$ 3167.06
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Pg 3 of 4 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											
PICK NICK FOR COUNTY COMMISSIONER															
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 rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>HOUSEWIFE</td> <td></td> </tr> <tr> <td rowspan="2">MYDNE BIBEY 528 DOWD ROAD CARTHAGE NC 28327</td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	HOUSEWIFE		MYDNE BIBEY 528 DOWD ROAD CARTHAGE NC 28327	c. Employer's Name/Specific Field			e. Election Sum to Date \$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
	HOUSEWIFE														
MYDNE BIBEY 528 DOWD ROAD CARTHAGE NC 28327	c. Employer's Name/Specific Field														
		e. Election Sum to Date \$ 100.00													
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	1	CHECK		4/16/2022	\$ 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										
				CPA											
JIM BUSBY 170 E Connecticut Ave Southern Pines NC 28387				c. Employer's Name/Specific Field BUSBY & CO.	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		4/16/2022	\$ 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										
				RETIRER											
John Zumwalt 130 Oakhurst Vista WEST END NC 27376				c. Employer's Name/Specific Field MILITARY	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		4/16/2022	\$ 100.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
RECEIVED															
4. Total only this Page						\$ 300.00									
5. Total of ALL CRO-1210 Pages						\$ 3167.06									
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						MAY 03 2022									

MOOREBOE

Contributions from Individuals

Pg 4 of 4 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			
PICK NICK FOR COUNTY COMMISSIONER					
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		
Scott Chase 301 McReynolds St Cary, NC 27517		MANAGER			
c. Employer's Name/Specific Field		e. Election Sum to Date			
Gibson Guitars		\$ 150.00			
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		4/11/2022	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
c. Employer's Name/Specific Field		e. Election Sum to Date			
		\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
c. Employer's Name/Specific Field		e. Election Sum to Date			
		\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		RECEIVED		\$ 3167.06	

MAY 03 2022

Pg

1

Amendment
 Yes No

Disbursements

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

1. Committee Full Name (and Fund if applicable)		MOORE BOE			
PICK NICK FOR COUNTY COMMISSIONER		2. ID Number			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
JOE KEEN CARTHAGE, NC 28387					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date			
		\$ 100.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	4-17-22	\$ 100.00	CAMPAIGN EVENT
				\$	MUSICIAN
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date			
		\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date			
		\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page		\$ 100.00			
6. Total of ALL CRO-1310 Pages		<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
		\$ 100.00			
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)					

