

# 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

Pick Nick for County Commissioner

RECEIVED

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

233 Gails Road  
West End, NC 27376

JAN 06 2023

### d. Date Filed

### e. Phone Number

MOORE BOE

### 2. Report Year

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

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

### 5. Treasurer Full Name

2022

10/01/2022

12/31/2022

John Thomas Roscoe

## 6. Type of Committee (Check One)

<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	

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

<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other:

## 8. Number of Fundraisers this Report

1

## 9. Type of Report

(check only one type of report from one category)

### Municipal

### State/County

### Referendum

<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

<input type="checkbox"/> Organizational
<input type="checkbox"/> Quarterly

<input type="checkbox"/> Organizational
---

<input type="checkbox"/> First
--------------------------------

<input type="checkbox"/> Pre-referendum
---

<input type="checkbox"/> Second
---------------------------------

<input type="checkbox"/> Final
--------------------------------

<input type="checkbox"/> Third
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<input type="checkbox"/> Supplemental Final
---

<input checked="" type="checkbox"/> Fourth
--

<input type="checkbox"/> Annual
---------------------------------

<input type="checkbox"/> Semi-annual
--------------------------------------

<input type="checkbox"/> Special
----------------------------------

<input type="checkbox"/> Mid Year
-----------------------------------

<input type="checkbox"/> Special
----------------------------------

<input type="checkbox"/> Year End
-----------------------------------

<input type="checkbox"/> Final
--------------------------------

<input type="checkbox"/> Special
----------------------------------

<input type="checkbox"/> Final
--------------------------------

<input type="checkbox"/> Annual
---------------------------------

<input type="checkbox"/> Special
----------------------------------

## 10. Special Report Name

## 11. Account Information

### a. Financial Institution Full Name

First Bank

### b. Purpose

Campaign Finance

### c. Account Code

1

## 11. Account Information

### a. Financial Institution Full Name

### b. Purpose

### c. Account Code

### d. Period Begin Balance

\$ 13951.22

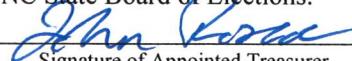
\$

## 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.

John Thomas Roscoe

Printed Name of Signer



Signature of Appointed Treasurer

12/31/2022

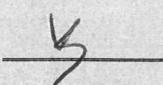
Date

## FOR OFFICE USE ONLY

Date Received:

1/16/23

Employee:



### Delivery Method

<input type="checkbox"/> Normal Mail
<input type="checkbox"/> Registered Mail
<input checked="" type="checkbox"/> Hand Delivered
<input type="checkbox"/> Electronically Filed
<input type="checkbox"/> Signer has not received mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

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

Amendment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Pick Nick for County Commissioner	Forth	
<b>Start of Election Cycle:</b> January 1, 2022	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start	\$ 13951.22	\$ 0
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$ 820.00
6) Contributions from Individuals (CRO-1210)	\$ 900.00	\$ 22324.64
7) Contributions from Political Party Committees (CRO-1220)	\$ 1250.00	\$ 2500.00
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)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2200.00	\$ 25644.64
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 8119.10	\$ 17404.94
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 100.00	\$ 100.00
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)	\$	\$ 207.58
18) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 8219.10	\$ 17712.52
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7932.12	\$ 7932.12
<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 1

## Amendment

Yes  No

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

## 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) Pick Nick for County Commissioner					2. ID Number <b>RECEIVED</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Eugene Horne Jr. PO Box 1495 Pinehurst, NC 28370			<b>b. Job Title/Profession</b> Retired		<b>d. Comments</b> <i>JAN 06 2023</i>	
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>  \$ 250.00	
<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		10/01/2022	\$ 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 (include city, state, &amp; zip)</b>  Carey McGinnis 4065 Seven Lakes West West End, NC 28376			<b>b. Job Title/Profession</b> Retired		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>  \$ 100.00	
<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		10/06/2022	\$ 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 (include city, state, &amp; zip)</b>  Patrick Pizzella 170 Palmetto Road Pinehurst, NC 28374			<b>b. Job Title/Profession</b> Council Village of Pinehurst		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>  \$ 100.00	
<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		10/10/2022	\$ 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> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 900.00	

# 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)			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	
James Legg 702 Sun Road Aberdeen, NC 28315		Retired			
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		10/12/2022	\$ 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	
Roella Withers 627 Seven Lakes North West End, NC 27376		Retired			
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		10/17/2022	\$ 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	
Tom Lossapio 3308 Seven Lakes West West End, NC 27376		Retired			
c. Employer's Name/Specific Field					
				e. Election Sum to Date	
				\$ 250.00	
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		10/25/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 900.00

# Contributions from Political Party Committees

Pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from a political party

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. Comments	
Committee to Elect Ronnie Fields Sheriff PO Box 115 Carthage, NC 28327			RECEIVED	
			JAN 06 2023	
d. Account Code e. Form of Payment f. In-Kind Description MOORE BOE			g. Date (mm/dd/yyyy)	h. Amount
1	Check		10/07/2022	\$ 250.00
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
NC Realtors PAC 4511 Waybridge Lane Greensboro, NC 27407			c. Election Sum to Date	
			\$ 1000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		10/11/2022	\$ 1000.00
				\$
				\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
			c. Election Sum to Date	
			\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$
4. Total only this Page			\$ 1250.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)			\$ 1250.00	

# Disbursements

Pg 1 of 4

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	
Pick Nick for County Commissioner						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					<b>RECEIVED</b>	
<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 <i>JAN 06 2023</i>	
Muirfield Broadcasting 200 Short St Southern Pines, NC 28387 910-692-2107			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:			\$ 1000.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/04/2022	\$1000.00	Radio Ad	
				\$		
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	
Pinehurst LLC PO Box 4000 Pinehurst, NC 28374 910-295-6811			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:			\$ 3500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/05/2022	\$3500.00	Meet and Greet Reception	
				\$		
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	
The Pilot LLC 145 W. Pennsylvania Ave. Southern Pines, NC 28387 910-692-7271			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:			\$ 310.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/10/2022	\$310.00	Ad	
				\$		
5. Total only this Page						\$ 4810.00
6. Total of ALL CRO-1310 Pages						\$ 8119.10
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (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 4

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
Pick Nick for County Commissioner					
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
Wooten Graphics 172 Hinkle Ln, Welcome, NC 27374  336-731-4650			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
					\$ 1251.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/11/2022	\$1251.90	Signs
				\$	
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
Sandhills Trophy 2244 NC Hwy 211 Eagle Springs, NC 27281  910-673-0309			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
					\$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/12/2022	\$150.00	Shirts
				\$	
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
WEEB PO Box 1855 Southern Pines, NC 28387  910-692-7440			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
					\$ 1000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/13/2022	\$1000.00	Ad
				\$	
5. Total only this Page					\$ 2401.90
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>					\$ 8119.10
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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 3 of 4

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		
Pick Nick for County Commissioner					
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) Seven Lakes News 2033 Seven Lakes Drive West End, NC 27376 910-692-2000			b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$ 178.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/27/2022	\$178.00	Ad
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) FoodLion 15501 Morganton Road Southern Pines, NC 28387 910-692-2000			b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$ 176.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/29/2022	\$176.10	Drinks
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Joe Keen 2748 NC 24 27 Hwy Cameron, NC 28326			b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments  e. Election Sum to Date \$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/29/2022	\$200.00	Band
				\$	
5. Total only this Page			\$ 554.10		
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)		
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 4 of 4

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>	
Pick Nick for County Commissioner						
<b>3. Type of Disbursement</b> <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		
<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		
The Embroidery Place 174 Greenwich Drive Sanford, NC 27330 919-775-7710						
		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		
				\$ 353.10		
<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>	
1	Check	O	11/03/2022	\$353.10	Hats	
				\$		
<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		
		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		
				\$		
<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>	
				\$		
				\$		
<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		
		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		
				\$		
<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>	
				\$		
				\$		
<b>5. Total only this Page</b>						\$ 353.10
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 8119.10
<p><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></p>						
<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

Pg 1 of 1

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
Pick Nick for County Commissioner					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" 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>RECEIVED</b>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name			d. Comments
Shannon Davis for School Brd. 113 Cheek Lane Carthage, NC 28327  910-992-1310					JAN 06 2023  MOORE BOE
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> Municipality:	e. Election Sum to Date
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/08/2022	\$100.00	Donation
				\$	
<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
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> Municipality:	e. Election Sum to Date
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
<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
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> Municipality:	e. Election Sum to Date
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 100.00
<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>					\$ 100.00
<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)					