

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

RECEIVED

| | | | |
|---|---------------------------|--|--|
| a. Full Name | c. ID Number | | |
| Ritter for Commissioner | | | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed | | |
| 1168 Dover Church Road Seagrove, NC 27341 | OCT 28 2022 10/28/2022 | | |
| | e. Phone Number | | |
| | 910-690-1037 | | |

MOORE BOE

| 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 | John Lucian Ritter |

| | | | | |
|---|--|---|---|---|
| 6. Type of Committee (Check One) | 9. Type of Report (check only one type of report from one category) | | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | 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 checked="" 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 | | | | |
| 0 | | | | |

| | | | |
|---|-------------------------|------------------------------------|-------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| First Bank | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| For Campaign contributions and expenses | 001 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,060.78 | | \$ |

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 L. Ritter

Printed Name of Signer

Signature of Appointed Treasurer

10/28/2022

Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|------------|-----------|-----------------------|---|
| Date Received: | 10/28/2022 | Employee: | <i>John L. Ritter</i> | 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.

Detailed Summary

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 |
|--|------------------------------------|----------------------------------|
| Ritter for Commissioner | 3 rd Quarter | |
| Start of Election Cycle: January 1, 2022 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 1,060.78 | \$ 0.00 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 0.00 \$ 2,407.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 500.00 \$ 500.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 80.25 \$ 1,080.25 |
| 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) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 580.25 | \$ 3,987.25 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 267.96 \$ 2,507.18 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ \$ |
| 15) Loan Repayments | (CRO-1420) | \$ \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 \$ 107.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 267.96 | \$ 2,614.18 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1,373.07 | \$ 1,373.07 |
| ADDITIONAL INFORMATION | | |
| 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) | \$ \$ |

Contributions from Political Party Committees

Pg. 1 of 1 Yes No

Use this form to report contributions from a political party

| | | | | |
|---|---------------------------|-------------------------------|---|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Ritter for Commissioner | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Moore County Republican Party P.O. Box 4414 Pinehurst, NC 28374 | | | b. Comments c. Election Sum to Date \$ 500.00 | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount |
| 001 | Check | | 07/18/2022 | \$ 500.00 |
| | | | | \$ |
| | | | | \$ |
| 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 |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 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 | | | \$ 500.00 | |
| 5. Total of ALL CRO-1220 Pages | | | \$ 500.00 | |
| (This line must be on line 7 of Detailed Summary Page CRO-1100) | | | | |

Contributions from Other Political Committees

Pg 1 of 1 Yes No

Amendment

Use this form to report contributions from other candidate, referendum or PAC committees

| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
|---|--------------------|--|----------------------|-------------------------|--|
| Ritter for Commissioner | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | d. Comments | |
| Ritter for Register 1168 Dover Church Road Seagrove, NC 27341 | | 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 | |
| | | | | \$ 80.25 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 001 | Check | | 09/26/2022 | \$ 80.25 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | 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. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | 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. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 80.25 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 80.25 | |

Disbursements

Pg 1 of 1Rit

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 | |
| Ritter for 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) Vans Advertising 2954 Elder Lane Burlington, NC 27215 1-336-226-7400 | | | 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 |
| | | | | | | \$ 1,177.18 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 001 | Check | B | 07/08/2022 | \$257.96 | Hand cards to pass out | |
| | | | | \$ | | |
| 4. Payee Information | | <input type="checkbox"/> Add | | <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) First Bank 4295 NC Hwy. 211 West End, NC 27376 910-673-9211 | | | 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 |
| | | | | | | \$ 30.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 001 | Bank draft | O | 07/29/2022 | \$10.00 | Bank Fees | |
| | | | | \$ | | |
| 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 | | | | | \$ 267.96 | |
| 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> | | | | | \$ 267.96 | |
| 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) | | | | | | |