

MOORE COUNTY PUBLIC COPY

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		
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF	RECEIVED		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
PO BOX 115 CARTHAGE, NC 28327-0115	JUL 06 2021 07/03/2021		
	e. Phone Number (910) 690-0645		
MOORE BOE			

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	01/01/2021	06/30/2021	TAMMY MOONEY

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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		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"/> 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	<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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
1				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUND	01		
	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

Tammy Mooney
Printed Name of Signer

Tammy Mooney
Signature of Appointed Treasurer

07/03/2021

Date

FOR OFFICE USE ONLY

Date Received:	7-6-21	Employee:	<u>AM</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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.

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Amendment
 Yes No

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
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF	2021 Mid Year Semi-Annual	
Start of Election Cycle: January 1, 2019		Total this Reporting Period
4) Cash on Hand at Start		\$ 7,856.62
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 198.55
6) Contributions from Individuals	(CRO-1210)	\$ 27,078.30
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 27,776.85
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 14,023.30
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 11.20
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 2,506.85
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 16,541.35
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 19,092.12
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

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Aggregated Contributions from Individuals Page 1 of 1Amendment
 Yes 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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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	01	In-Kind	AMAZON - SQUARE THERMAL RECEIPT	03/19/2021	\$ 8.55
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		04/12/2021	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		04/12/2021	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		04/12/2021	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		04/12/2021	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		04/12/2021	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		03/10/2021	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	In-Kind	STORE GIFT CERTIFICATE \$50 FOR	04/12/2021	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 198.55	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 198.55	

CRO-1205

NC State Board of Elections

April 2007

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Contributions from Individuals

Pg 1 of 26

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					
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS ADAMS 151 CREST RD SOUTHERN PINES, NC 28387		b. Job Title/Profession RETIRED		d. Comments c. Employer's Name/Specific Field STATE OF NC			
						e. Election Sum to Date \$ 150.00	
		f. Prior <input type="checkbox"/> g. Account Code 01 h. Form of Payment Check i. In-Kind Description j. Date (mm/dd/yyyy) 03/19/2021 k. Amount \$ 150.00					
						f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	
a. Full Name, Mailing Address & Phone (include city, state, & zip) CATHY ATKINSON 2551 US HWY 1 N VASS, NC 28394		b. Job Title/Profession OWNER		d. Comments c. Employer's Name/Specific Field ATKINSON INFRASTRUCTURE			
						e. Election Sum to Date \$ 150.00	
		f. Prior <input type="checkbox"/> g. Account Code 01 h. Form of Payment Check i. In-Kind Description j. Date (mm/dd/yyyy) 04/07/2021 k. Amount \$ 150.00					
						f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	
a. Full Name, Mailing Address & Phone (include city, state, & zip) SALLY AUSTIN 20 WHITHORN CT PINEHURST, NC 28376		b. Job Title/Profession SELF		d. Comments c. Employer's Name/Specific Field SALLY AUSTIN GOLF LLC			
						e. Election Sum to Date \$ 160.00	
		f. Prior <input type="checkbox"/> g. Account Code 01 h. Form of Payment Credit Card i. In-Kind Description j. Date (mm/dd/yyyy) 04/12/2021 k. Amount \$ 160.00					
						f. Prior <input type="checkbox"/> g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	
4. Total only this Page					\$ 460.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30		

MOORE COUNTY PUBLIC COPY

Amendment
 Yes No

Contributions from Individuals

Pg 2 of 26

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
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 RETIRED		d. Comments	
			c. Employer's Name/Specific Field DOCTOR OF EDUCATION			
C DWIGHT AYERS PO BOX 246 3674 OLD CEDAR FALLS RD CEDAR FALLS, NC 27230					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"/>	01	Check		03/16/2021	\$ 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 RETIRED		d. Comments	
			c. Employer's Name/Specific Field INGERSOLL-RAND			
MILES BALDWIN 40 POMEROY DR PINEHURST, NC 28374					e. Election Sum to Date \$ 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"/>	01	Check		03/31/2021	\$ 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 RETIRED		d. Comments	
			c. Employer's Name/Specific Field 3M COMPANY			
THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374					e. Election Sum to Date \$ 1,451.49	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		03/24/2021	\$ 640.00	
<input type="checkbox"/>	01	In-Kind	BEVERAGES FOR THE SHERIFF SHOOTOUT	04/12/2021	\$ 811.49	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,101.49	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30	

MOORE COUNTY PUBLIC COPY

Contributions from Individuals

Pg 3 of 26

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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 HOMEMAKER	d. Comments	
MYONG H BIBEY 528 POND BRANCH CARTHAGE, NC 28327			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"/>	01	Check		05/25/2021	\$ 250.00
<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 RETIRED	d. Comments	
DAVID BIRKHAUSER 63 STONEYKIRK DR PINEHURST, NC 28374			c. Employer's Name/Specific Field	e. Election Sum to Date	
			EDUCATION	\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/12/2021	\$ 160.00
<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 RETIRED	d. Comments	
WILLIAM TOM BRADY 492 DOUBS CHAPEL RD CARTHAGE, NC 28327-1466			c. Employer's Name/Specific Field	e. Election Sum to Date	
			NCDOT	\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/07/2021	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 810.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

MOORE COUNTY PUBLIC COPY

Contributions from Individuals

Pg 4 of 26

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																																														
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4. Total only this Page						\$ 1,490.00																																																											
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 27,078.30																																																											

MOORE COUNTY PUBLIC COPY

Contributions from Individuals

Pg 5 of 26

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																																					
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF																																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">MICHAEL S BUCCERI 65 GLASSGLOW DR PINEHURST, NC 28374</td> <td>COURSE MANAGER</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>PINEHURST</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">\$ 300.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			MICHAEL S BUCCERI 65 GLASSGLOW DR PINEHURST, NC 28374		COURSE MANAGER						c. Employer's Name/Specific Field						PINEHURST							e. Election Sum to Date						\$ 300.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
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		PINEHURST																																							
			e. Election Sum to Date																																						
			\$ 300.00																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	Check		03/25/2021	\$ 300.00																																				
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<input type="checkbox"/>					\$																																				
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
THOMAS J BUCKLEY 25 ABBOTS FORD DR PINEHURST, NC 28374		RETIRED																																							
		c. Employer's Name/Specific Field																																							
		INVACARE CORP																																							
			e. Election Sum to Date																																						
			\$ 600.00																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
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		CENTRAL ELECTRIC MEMBERSHIP CORP																																							
			e. Election Sum to Date																																						
			\$ 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"/>	01	Check		03/19/2021	\$ 150.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
4. Total only this Page					\$ 1,050.00																																				
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,078.30																																				

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Contributions from Individuals

Pg 6 of 26

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																																					
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF																																									
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
LARRY CADDELL 2731 KELLYPLANTATION RD CARTHAGE, NC 28327		RETIRED																																							
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		SOUTHERN SOFTWARE																																							
			e. Election Sum to Date																																						
			\$ 170.00																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	Check		04/05/2021	\$ 150.00																																				
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00																																				
<input type="checkbox"/>					\$																																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">BECKY CAMERON 118 SAKONNET TRAIL PINEHURST, NC 28374</td> <td>PRE-TRIAL CLERK</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>STATE OF NC</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">\$ 150.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			BECKY CAMERON 118 SAKONNET TRAIL PINEHURST, NC 28374		PRE-TRIAL CLERK						c. Employer's Name/Specific Field						STATE OF NC							e. Election Sum to Date						\$ 150.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
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		c. Employer's Name/Specific Field																																							
		STATE OF NC																																							
			e. Election Sum to Date																																						
			\$ 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"/>	01	Check		03/19/2021	\$ 150.00																																				
<input type="checkbox"/>					\$																																				
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
MARK CAREY 625 SE SERVICE RD SOUTHERN PINES, NC 28387		OWNER																																							
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		SPARTAN BLADES																																							
			e. Election Sum to Date																																						
			\$ 598.00																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	In-Kind	KNIVES DOOR PRIZE - GOLF SHOOT OUT EVENT	03/08/2021	\$ 598.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
4. Total only this Page \$ 918.00																																									
5. Total of ALL CRO-1210 Pages \$ 27,078.30																																									
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																																									

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Contributions from Individuals

Pg 7 of 26

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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	
MARTIN D CARPENTER 6 NORTH SOUTH CT SOUTHERN PINES, NC 28387			RETIRED		
			c. Employer's Name/Specific Field		
			MILITARY		
				e. Election Sum to Date	
				\$ 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"/>	01	Check		03/16/2021	\$ 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	
DEBORAH CHUDEREWICZ 50 GREYABBEY DR PINEHURST, NC 28374			RETIRED		
			c. Employer's Name/Specific Field		
			EDUCATION		
				e. Election Sum to Date	
				\$ 640.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/23/2021	\$ 600.00
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 40.00
<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	
SAM COLLINS 107 CONCH CT EMERALD ISLE, NC 28594			RETIRED		
			c. Employer's Name/Specific Field		
			NCHP		
				e. Election Sum to Date	
				\$ 640.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 640.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,430.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,078.30

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Contributions from Individuals

Pg 8 of 26

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		
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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 OWNER		d. Comments
AARON COOPER 104 WHITECRAIGS CT PINEHURST, NC 28374			c. Employer's Name/Specific Field COOPER FORD		
			e. Election Sum to Date \$ 750.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/05/2021	\$ 750.00
<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 MANAGER		d. Comments
JON CRAVEN 229 CHICKEN PLANT RD PINEHURST, NC 28374			c. Employer's Name/Specific Field STERLING SAND/REGIONAL		
			e. Election Sum to Date \$ 640.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 640.00
<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 ATTORNEY		d. Comments
LAURA CREED 100 RIDGEVIEW RD SOUTHERN PINES, NC 28374			c. Employer's Name/Specific Field CREED & LORENZ PLLC		
			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"/>	01	Check		04/01/2021	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,890.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

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Amendment
 Yes No

Contributions from Individuals

Pg 9 of 26

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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
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		c. Employer's Name/Specific Field																																							
		MILITARY																																							
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			\$ 1,000.00																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	Check		06/25/2021	\$ 1,000.00																																				
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
LAWRENCE DEMASTUS 3 BUCKINGHAM PLACE PINEHURST, NC 28374		RETIRED																																							
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		ROADWAYS TRUCKING CO																																							
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			\$ 410.00																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	Check		04/07/2021	\$ 160.00																																				
<input type="checkbox"/>	01	Check		04/07/2021	\$ 250.00																																				
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
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		c. Employer's Name/Specific Field																																							
		INGERSOLL-RAND																																							
			e. Election Sum to Date																																						
			\$ 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"/>	01	Check		03/31/2021	\$ 150.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
4. Total only this Page \$ 1,560.00																																									
5. Total of ALL CRO-1210 Pages \$ 27,078.30																																									
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Amendment
 Yes No

Contributions from Individuals

Pg 10 of 26

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1. Committee Full Name (and Fund if applicable)				2. ID Number																																																
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF																																																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) LYNN R GILBERT 2466 SAPRA ST THOUSAND OAKS, CA 91362 </td> <td colspan="2">b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">RETIRED</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">EDUCATION</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> e. Election Sum to Date \$ 170.00 </td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> <td>03/16/2021</td> <td>\$ 150.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Cash</td> <td></td> <td>04/12/2021</td> <td>\$ 20.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) LYNN R GILBERT 2466 SAPRA ST THOUSAND OAKS, CA 91362	b. Job Title/Profession		d. Comments		RETIRED				c. Employer's Name/Specific Field				EDUCATION				e. Election Sum to Date \$ 170.00						f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	01	Check		03/16/2021	\$ 150.00	<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) LYNN R GILBERT 2466 SAPRA ST THOUSAND OAKS, CA 91362	b. Job Title/Profession		d. Comments																																																	
	RETIRED																																																			
	c. Employer's Name/Specific Field																																																			
	EDUCATION																																																			
e. Election Sum to Date \$ 170.00																																																				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																															
<input type="checkbox"/>	01	Check		03/16/2021	\$ 150.00																																															
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00																																															
<input type="checkbox"/>					\$																																															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) ALFRED A GRAHAM PO BOX 1262 399 BINGHAM STREET CARTHAGE, NC 28327-1262 </td> <td colspan="2">b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">RETIRED</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">RAIL ROAD CRX</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> e. Election Sum to Date \$ 100.00 </td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> <td>04/22/2021</td> <td>\$ 100.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) ALFRED A GRAHAM PO BOX 1262 399 BINGHAM STREET CARTHAGE, NC 28327-1262	b. Job Title/Profession		d. Comments		RETIRED				c. Employer's Name/Specific Field				RAIL ROAD CRX				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"/>	01	Check		04/22/2021	\$ 100.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALFRED A GRAHAM PO BOX 1262 399 BINGHAM STREET CARTHAGE, NC 28327-1262	b. Job Title/Profession		d. Comments																																																	
	RETIRED																																																			
	c. Employer's Name/Specific Field																																																			
	RAIL ROAD CRX																																																			
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"/>	01	Check		04/22/2021	\$ 100.00																																															
<input type="checkbox"/>					\$																																															
<input type="checkbox"/>					\$																																															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) SCOTT CHAIM GREENBLATT 1 CARTER LN PINEHURST, NC 28374 </td> <td colspan="2">b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">OWNER</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">VETERAN COORDINATOR</td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> e. Election Sum to Date \$ 250.00 </td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> <td>03/19/2021</td> <td>\$ 250.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) SCOTT CHAIM GREENBLATT 1 CARTER LN PINEHURST, NC 28374	b. Job Title/Profession		d. Comments		OWNER				c. Employer's Name/Specific Field				VETERAN COORDINATOR				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"/>	01	Check		03/19/2021	\$ 250.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) SCOTT CHAIM GREENBLATT 1 CARTER LN PINEHURST, NC 28374	b. Job Title/Profession		d. Comments																																																	
	OWNER																																																			
	c. Employer's Name/Specific Field																																																			
	VETERAN COORDINATOR																																																			
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"/>	01	Check		03/19/2021	\$ 250.00																																															
<input type="checkbox"/>					\$																																															
<input type="checkbox"/>					\$																																															
4. Total only this Page \$ 520.00																																																				
5. Total of ALL CRO-1210 Pages \$ 27,078.30																																																				
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																																																				

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Amendment
 Yes No

Contributions from Individuals

Pg 11 of 26

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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 RETIRED		d. Comments	
CAMERON R HARJUNG 45 WHITEHAVEN DR PINEHURST, NC 28374 (724) 991-3477		c. Employer's Name/Specific Field US MILITARY		e. Election Sum to Date \$ 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"/>	01	Check		03/10/2021	\$ 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 RETIRED		d. Comments	
DAVID HARPER 257 NATIONAL DR PINEHURST, NC 28374		c. Employer's Name/Specific Field NESTLE		e. Election Sum to Date \$ 170.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/05/2021	\$ 150.00
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00
<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 SALES		d. Comments	
DAVID HENSLEY 60 WHINHILL CT PINEHURST, NC 28374		c. Employer's Name/Specific Field TACTICAL GEAR DISTRIBUTION		e. Election Sum to Date \$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/21/2021	\$ 600.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 920.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

MOORE COUNTY PUBLIC COPY

Amendment
 Yes No

Contributions from Individuals

Pg 12 of 26

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			
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DOUGLAS HENSLEY 205 MCCASKILL RD E PINEHURST, NC 28374		b. Job Title/Profession SALES		d. Comments c. Employer's Name/Specific Field TACTICAL GEAR DISTRIBUTION	
		e. Election Sum to Date \$ 630.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/05/2021	\$ 610.00
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICK B HOLDER 2988 AIRPORT RD CARTHAGE, NC 28327		b. Job Title/Profession OFFICER		d. Comments c. Employer's Name/Specific Field MCSO	
		e. Election Sum to Date \$ 160.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/19/2021	\$ 160.00
<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) PHILIP HOLMES 40229 US 1 HWY ABERDEEN, NC 28315 (910) 617-0382		b. Job Title/Profession FUNERAL DIRECTOR		d. Comments c. Employer's Name/Specific Field CRUMPLER FUNERAL HOME - ABERDEEN	
		e. Election Sum to Date \$ 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"/>	01	Money Order		03/16/2021	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 940.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

MOORE COUNTY PUBLIC COPY

Amendment
 Yes No

Contributions from Individuals

Pg 13 of 26

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) THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF				2. ID Number																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN HUNTER 613 BUCKLER AVE ABERDEEN, NC 28315</td> <td>b. Job Title/Profession FORCES COMMAND</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field AVIATION FT BRAGG</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date \$ 620.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN HUNTER 613 BUCKLER AVE ABERDEEN, NC 28315		b. Job Title/Profession FORCES COMMAND	d. Comments					c. Employer's Name/Specific Field AVIATION FT BRAGG							e. Election Sum to Date \$ 620.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN HUNTER 613 BUCKLER AVE ABERDEEN, NC 28315		b. Job Title/Profession FORCES COMMAND	d. Comments																				
		c. Employer's Name/Specific Field AVIATION FT BRAGG																					
			e. Election Sum to Date \$ 620.00																				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>	01	Check		03/31/2021	\$ 600.00																		
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGARET A JAMES 13 DUNGARVAN LN PINEHURST, NC 28374</td> <td>b. Job Title/Profession RETIRED</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field EDUCATION</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date \$ 150.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGARET A JAMES 13 DUNGARVAN LN PINEHURST, NC 28374		b. Job Title/Profession RETIRED	d. Comments					c. Employer's Name/Specific Field EDUCATION							e. Election Sum to Date \$ 150.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGARET A JAMES 13 DUNGARVAN LN PINEHURST, NC 28374		b. Job Title/Profession RETIRED	d. Comments																				
		c. Employer's Name/Specific Field EDUCATION																					
			e. Election Sum to Date \$ 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"/>	01	Check		03/25/2021	\$ 150.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip) PANAGIOTIS KAKOURAS 24 BANNING DR WHISPERING PINES, NC 28327</td> <td>b. Job Title/Profession OWNER</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field PETE'S DINER</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date \$ 2,000.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) PANAGIOTIS KAKOURAS 24 BANNING DR WHISPERING PINES, NC 28327		b. Job Title/Profession OWNER	d. Comments					c. Employer's Name/Specific Field PETE'S DINER							e. Election Sum to Date \$ 2,000.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) PANAGIOTIS KAKOURAS 24 BANNING DR WHISPERING PINES, NC 28327		b. Job Title/Profession OWNER	d. Comments																				
		c. Employer's Name/Specific Field PETE'S DINER																					
			e. Election Sum to Date \$ 2,000.00																				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>	01	Check		03/10/2021	\$ 1,000.00																		
<input type="checkbox"/>	01	Money Order		04/05/2021	\$ 1,000.00																		
<input type="checkbox"/>					\$																		
4. Total only this Page \$ 2,770.00																							
5. Total of ALL CRO-1210 Pages \$ 27,078.30																							
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																							

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Contributions from Individuals

Pg 14 of 26

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) E W KEY 207 TARTAN TRL SOUTHERN PINES, NC 28387			b. Job Title/Profession	d. Comments	
			RETIRED		
c. Employer's Name/Specific Field NC JUSTICE ACADEMY			e. Election Sum to Date		
			\$ 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"/>	01	Check		03/19/2021	\$ 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) MARTY KEY 987 RING RD CARTHAGE, NC 28327			b. Job Title/Profession	d. Comments	
			RETIRED		
c. Employer's Name/Specific Field MCSO			e. Election Sum to Date		
			\$ 640.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/05/2021	\$ 640.00
<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) MAUREEN KRUEGER 135 AUTUMN RIDGE CARTHAGE, NC 28327			b. Job Title/Profession	d. Comments	
			RETIRED		
c. Employer's Name/Specific Field MOORE COUNTY DA			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"/>	01	In-Kind	GIFT CERTIFICATE: CONCEAL CARRY	04/12/2021	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 1,290.00					
5. Total of ALL CRO-1210 Pages \$ 27,078.30 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

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Contributions from Individuals

Pg 15 of 26

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	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MITCHELL O LANCASTER 135 N ILLINOIS AVE SOUTHERN PINES, NC 28387			b. Job Title/Profession	d. Comments	
			OWNER		
			c. Employer's Name/Specific Field		
			ATM USA, LLC		
			e. Election Sum to Date		
			\$ 160.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/23/2021	\$ 150.00
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 10.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGE LITTLE 111 NATIONAL DR PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			INSURANCE AGENT		
			c. Employer's Name/Specific Field		
			LITTLE INSURANCE		
			e. Election Sum to Date		
			\$ 470.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		04/05/2021	\$ 150.00
<input type="checkbox"/>	01	Check		04/05/2021	\$ 300.00
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WANDA M LITTLE 111 NATIONAL DR PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			RETIRED		
			c. Employer's Name/Specific Field		
			EDUCATION		
			e. Election Sum to Date		
			\$ 170.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/16/2021	\$ 150.00
<input type="checkbox"/>	01	Cash		04/12/2021	\$ 20.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 800.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

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Contributions from Individuals

Pg 16 of 26

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																																					
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF																																									
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			\$ 66.20																																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	In-Kind	STAPLES PURCHASE 8.5X11	02/17/2021	\$ 38.95																																				
<input type="checkbox"/>	01	In-Kind	STAPLES COPIES	04/07/2021	\$ 6.31																																				
<input type="checkbox"/>	01	In-Kind	STAPLES - TICKETS FOR DRAWING, GOLF	04/12/2021	\$ 20.94																																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">WILLIAM RICHARD MANESS 105 SEVEN LKES WEST WEST END, NC 27376</td> <td>CHEIF</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>MCSO</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">\$ 382.61</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			WILLIAM RICHARD MANESS 105 SEVEN LKES WEST WEST END, NC 27376		CHEIF						c. Employer's Name/Specific Field						MCSO							e. Election Sum to Date						\$ 382.61		
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																				
<input type="checkbox"/>	01	In-Kind	COSTCO - SNACKS FOR SHERIFF SHOOTOUT	04/12/2021	\$ 72.61																																				
<input type="checkbox"/>	01	Check		04/12/2021	\$ 160.00																																				
<input type="checkbox"/>	01	Check		04/30/2021	\$ 150.00																																				
4. Total only this Page \$ 598.81																																									
5. Total of ALL CRO-1210 Pages \$ 27,078.30																																									
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																																									

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Contributions from Individuals

Pg 17 of 26

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																	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF																					
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																
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5. Total of ALL CRO-1210 Pages \$ 27,078.30																					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																					

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Contributions from Individuals

Pg 18 of 26

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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4. Total only this Page						\$ 920.00																																																											
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 27,078.30																																																											

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Contributions from Individuals

Pg 19 of 26

Amendment
 Yes No

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1. Committee Full Name (and Fund if applicable)			2. ID Number		
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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 RETIRED		d. Comments
TAMMY MOONEY PO BOX 115 CARTHAGE, NC 28327-0115 (910) 585-0069			c. Employer's Name/Specific Field FIRST BANK		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"/>	01	Credit Card		03/10/2021	\$ 50.00
<input type="checkbox"/>	01	Credit Card		03/10/2021	\$ 50.00
<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 OWNER		d. Comments
STEPHEN P MOORE 265 COMMERCE AVE SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field MOORE'S APPLIANCE SERVICE		e. Election Sum to Date \$ 750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/23/2021	\$ 750.00
<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 SALES		d. Comments
KEVIN O'SHEA 709 DONNELLY RD. RLEIGH, NC 27316			c. Employer's Name/Specific Field ALSCO LINEN		e. Election Sum to Date \$ 160.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Debit Card		04/12/2021	\$ 160.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,010.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

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Contributions from Individuals

Pg 20 of 26

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1. Committee Full Name (and Fund if applicable) THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF				2. ID Number							
3. Contributor 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) MARTHA OWENS 1941 BETHLEHEM CHURCH RD CARTHAGE, NC 28327 </td> <td style="width: 20%; vertical-align: top;"> b. Job Title/Profession MANAGER </td> <td style="width: 40%; vertical-align: top;"> d. Comments c. Employer's Name/Specific Field JOHNNY O'S </td> </tr> <tr> <td colspan="2"></td> <td style="vertical-align: bottom;"> e. Election Sum to Date \$ 300.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) MARTHA OWENS 1941 BETHLEHEM CHURCH RD CARTHAGE, NC 28327	b. Job Title/Profession MANAGER	d. Comments c. Employer's Name/Specific Field JOHNNY O'S			e. Election Sum to Date \$ 300.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARTHA OWENS 1941 BETHLEHEM CHURCH RD CARTHAGE, NC 28327	b. Job Title/Profession MANAGER	d. Comments c. Employer's Name/Specific Field JOHNNY O'S									
		e. Election Sum to Date \$ 300.00									
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount						
<input type="checkbox"/>	01	In-Kind	TROPHIES FOR SHERIFF SHOOT OUT	04/12/2021	\$ 300.00						
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
3. Contributor 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) FRANK QUIS 240 N BETHESDA RD SOUTHERN PINES, NC 28387 </td> <td style="width: 20%; vertical-align: top;"> b. Job Title/Profession COUNTY COMMISSIONER </td> <td style="width: 40%; vertical-align: top;"> d. Comments c. Employer's Name/Specific Field MOORE COUNTY </td> </tr> <tr> <td colspan="2"></td> <td style="vertical-align: bottom;"> e. Election Sum to Date \$ 100.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANK QUIS 240 N BETHESDA RD SOUTHERN PINES, NC 28387	b. Job Title/Profession COUNTY COMMISSIONER	d. Comments c. Employer's Name/Specific Field MOORE COUNTY			e. Election Sum to Date \$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANK QUIS 240 N BETHESDA RD SOUTHERN PINES, NC 28387	b. Job Title/Profession COUNTY COMMISSIONER	d. Comments c. Employer's Name/Specific Field MOORE COUNTY									
		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"/>	01	Check		05/25/2021	\$ 100.00						
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
3. Contributor 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) MARTHA REDFEARN 907 MURIFEILD DR NEWPORT BEACH, CA 92660 (949) 933-2608 </td> <td style="width: 20%; vertical-align: top;"> b. Job Title/Profession RETIRED </td> <td style="width: 40%; vertical-align: top;"> d. Comments c. Employer's Name/Specific Field EDUCATION </td> </tr> <tr> <td colspan="2"></td> <td style="vertical-align: bottom;"> e. Election Sum to Date \$ 150.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) MARTHA REDFEARN 907 MURIFEILD DR NEWPORT BEACH, CA 92660 (949) 933-2608	b. Job Title/Profession RETIRED	d. Comments c. Employer's Name/Specific Field EDUCATION			e. Election Sum to Date \$ 150.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARTHA REDFEARN 907 MURIFEILD DR NEWPORT BEACH, CA 92660 (949) 933-2608	b. Job Title/Profession RETIRED	d. Comments c. Employer's Name/Specific Field EDUCATION									
		e. Election Sum to Date \$ 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"/>	01	Check		03/16/2021	\$ 150.00						
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
4. Total only this Page \$ 550.00											
5. Total of ALL CRO-1210 Pages \$ 27,078.30 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>											

MOORE COUNTY PUBLIC COPY

Amendment
 Yes No

Contributions from Individuals

Pg 21 of 26

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																																							
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF																																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">DOUGLAS M ROBINSON 19 MORNING MIST RD FLETCHER, NC 28732</td> <td>OFFICER</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>HENDERSON CO SO</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">\$ 150.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			DOUGLAS M ROBINSON 19 MORNING MIST RD FLETCHER, NC 28732		OFFICER						c. Employer's Name/Specific Field						HENDERSON CO SO							e. Election Sum to Date						\$ 150.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
DOUGLAS M ROBINSON 19 MORNING MIST RD FLETCHER, NC 28732		OFFICER																																							
		c. Employer's Name/Specific Field																																							
		HENDERSON CO SO																																							
			e. Election Sum to Date																																						
			\$ 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"/>	01	Check		03/19/2021	\$ 150.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">JOHN ROWERDINK 15 MCMICHAEL DR PINEHURST, NC 28374</td> <td>RETIRED</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>EXXON MOBILE</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">\$ 150.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			JOHN ROWERDINK 15 MCMICHAEL DR PINEHURST, NC 28374		RETIRED						c. Employer's Name/Specific Field						EXXON MOBILE							e. Election Sum to Date						\$ 150.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
JOHN ROWERDINK 15 MCMICHAEL DR PINEHURST, NC 28374		RETIRED																																							
		c. Employer's Name/Specific Field																																							
		EXXON MOBILE																																							
			e. Election Sum to Date																																						
			\$ 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"/>	01	Check		03/31/2021	\$ 150.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">WILLIAM E SCHOLTES 5072 SEVEN LAKES WEST WEST END, NC 27376</td> <td>RETIRED LAYWER</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>SAUL EWING LLP</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3">\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			WILLIAM E SCHOLTES 5072 SEVEN LAKES WEST WEST END, NC 27376		RETIRED LAYWER						c. Employer's Name/Specific Field						SAUL EWING LLP							e. Election Sum to Date						\$ 100.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments																																						
WILLIAM E SCHOLTES 5072 SEVEN LAKES WEST WEST END, NC 27376		RETIRED LAYWER																																							
		c. Employer's Name/Specific Field																																							
		SAUL EWING LLP																																							
			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"/>	01	Check		03/24/2021	\$ 100.00																																				
<input type="checkbox"/>					\$																																				
<input type="checkbox"/>					\$																																				
4. Total only this Page \$ 400.00																																									
5. Total of ALL CRO-1210 Pages \$ 27,078.30																																									
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																																									

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Contributions from Individuals

Pg 22 of 26

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			
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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	
		OWNER			
JOHN A SCOTT 4151 NC705 HWY ROBBINS, NC 27325		c. Employer's Name/Specific Field			
		SCOTT'S SEPTIC SERVICE			
				e. Election Sum to Date	
				\$ 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"/>	01	Check		03/24/2021	\$ 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	
		RETIRED			
GERALD F SHEPERIS 135 JUNIPER CREEK BLVD PINEHURST, NC 28374		c. Employer's Name/Specific Field			
		NESTLE WATER			
				e. Election Sum to Date	
				\$ 610.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/24/2021	\$ 150.00
<input type="checkbox"/>	01	Check		03/25/2021	\$ 450.00
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 10.00
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	
		OWNER			
STEPHEN F TALBERT 301 S SAUNDERS STREET CARTHAGE, NC 28327 (910) 690-7342		c. Employer's Name/Specific Field			
		KEITH MINI STORAGE, LLC			
				e. Election Sum to Date	
				\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/16/2021	\$ 750.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,510.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30

MOORE COUNTY PUBLIC COPY

Contributions from Individuals

Pg 23 of 26

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		
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
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		
			RETIRED			
DONNA P TANNER 10 SUGAR GUM LN PINEHURST, NC 28374			c. Employer's Name/Specific Field	e. Election Sum to Date		
			EDUCATION	\$ 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"/>	01	Check		03/16/2021	\$ 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		
			OWNER			
WILLIAM C TAYLOR 22 WHITEHAVEN DR PINEHURST, NC 28374			c. Employer's Name/Specific Field	e. Election Sum to Date		
			VETERAN COORDINATOR	\$ 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"/>	01	Check		03/19/2021	\$ 250.00	
<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		
			LAW ENFORCEMENT			
ROBERT TEMME 191 JAMES DRIVE WEST END, NC 27376			c. Employer's Name/Specific Field	e. Election Sum to Date		
			STATE UNIVERSITY OF NEW YORK - RETIRED LEO	\$ 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"/>	01	Check		03/10/2021	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 27,078.30

MOORE COUNTY PUBLIC COPY

Contributions from Individuals

Pg 24 of 26

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
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
			FINANCE			
BEAU TENCH 6552 QUIALHOLLOW RD UNIT 1 E CHARLOTTE, NC 28210			c. Employer's Name/Specific Field			
			WYNDHAM CAAPITAL MORTGAGE			
			e. Election Sum to Date			
			\$ 160.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 160.00	
<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		
			EDUCATION			
ALEX TORRES 905 KENILWORTH AVE APT 390 CHARLOTTE, NC 28204			c. Employer's Name/Specific Field			
			CHARLOTTE - MECK. SCHOOLS			
			e. Election Sum to Date			
			\$ 160.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 160.00	
<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		
			RETIRED			
ANGELA VACEK 690 MAIN STREET VASS, NC 28394			c. Employer's Name/Specific Field			
			MILITARY			
			e. Election Sum to Date			
			\$ 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"/>	01	Money Order		04/07/2021	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 470.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 27,078.30

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Amendment
 Yes No

Contributions from Individuals

Pg 25 of 26

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					
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF							
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession ASSISTANT MANAGER c. Employer's Name/Specific Field VALENTI'S		d. Comments 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"/>	01	In-Kind	4 - \$25 GIFT CARDS	04/07/2021	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED c. Employer's Name/Specific Field CONSTRUCTION		d. Comments e. Election Sum to Date \$ 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"/>	01	Check		03/31/2021	\$ 150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove							
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED c. Employer's Name/Specific Field METAL CONTROL MGR FOR RECYCLE DIVISION		d. Comments e. Election Sum to Date \$ 160.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		04/07/2021	\$ 150.00		
<input type="checkbox"/>	01	Credit Card		04/12/2021	\$ 10.00		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 410.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 27,078.30		

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Contributions from Individuals

Pg 26 of 26

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			
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF					
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 RETIRED		d. Comments	
GEORGE WATTERWORTH 14 MCMICHAEL DR PINEHURST, NC 28374		c. Employer's Name/Specific Field INGERSOLL-RAND		e. Election Sum to Date \$ 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"/>	01	Check		03/31/2021	\$ 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 RETIRED		d. Comments	
STEPHEN M WOODWARD 180 LINDEN RD PINEHURST, NC 28374		c. Employer's Name/Specific Field BGOOD, LLC		e. Election Sum to Date \$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		03/19/2021	\$ 600.00
<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 RADIO BROADCASTER		d. Comments	
JOHN ZUMWALT JR 130 OAKHURST VISTA WEST END, NC 27376		c. Employer's Name/Specific Field RADIO STATION TALK 990 WEBB		e. Election Sum to Date \$ 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"/>	01	Check		04/07/2021	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 900.00					
5. Total of ALL CRO-1210 Pages \$ 27,078.30					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

MOORE COUNTY PUBLIC COPY

Amendment
 Yes No

Contributions from Political Party Committees Pg 1 of 1

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)		2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
MOORE REPUBLICAN WOMEN POST OFFICE BOX 3654 1600 MORGANTON RD PINEHURST, NC 28374		c. Election Sum to Date	
		\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)
01	Check		03/10/2021
			\$
			\$
4. Total only this Page		\$ 500.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>		\$ 500.00	

CRO-1220

NC State Board of Elections

April 2007

MOORE COUNTY PUBLIC COPY

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)						2. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
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	
DAVID BISHOP 385 PINEHURST AVE CARTHAGE, NC 28327			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:		\$ 587.43	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
01	Check	F	01/25/2021	\$ 587.43	COMPUTER WALMART RECEIPT	
				\$		
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	
CCNC 1600 MORGANTON RD PINEHURST, NC 28374			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:		\$ 8,245.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
01	Check	C	04/12/2021	\$ 8,245.00	GOLF SHOOTOUT	
				\$		
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	
PANAGIOTIS KAKOURAS 24 BANNING DR WHISPERING PINES, NC 28327			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:		\$ 1,000.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
01	Draft	O	03/15/2021	\$ 1,000.00	NSF CHECK #6000 CONTRIBUTION	
				\$		
5. Total only this Page						\$ 9,832.43
6. Total of ALL CRO-1310 Pages						\$ 14,023.30
<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						
<i>* Codes require detailed explanation in required remarks field (k)</i>						

MOORE COUNTY PUBLIC COPY

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)		2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF			
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
TAMMY MOONEY PO BOX 115 CARTHAGE, NC 28327-0115 (910) 585-0069		d. Comments e. Election Sum to Date \$ 255.94	
f. Account Code <input type="checkbox"/> Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
01	Check	F	03/20/2021 \$ 255.94 \$ 255.94 \$ 255.94
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
MOORE COUNTY LEO 6921 US HWY 15/501 CARTHAGE, NC 28327		d. Comments e. Election Sum to Date \$ 500.00	
f. Account Code <input type="checkbox"/> Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
01	Check	C	06/01/2021 \$ 500.00 \$ 500.00 \$ 500.00
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
ROYAL THREADS, LLC PO BOX 4196 PINEHURST, NC 28374		d. Comments e. Election Sum to Date \$ 1,712.00	
f. Account Code <input type="checkbox"/> Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
01	Debit Card	B	02/26/2021 \$ 856.00 \$ 856.00 \$ 856.00
01	Debit Card	B	03/18/2021 \$ 856.00 \$ 856.00 \$ 856.00
5. Total only this Page \$ 2,467.94			
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>			
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			
<i>* Codes require detailed explanation in required remarks field (k)</i>			

MOORE COUNTY PUBLIC COPY

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)						2. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
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	
SQUARE UP 1455 MARKET STREET SUITE 600 SAN FRANCISCO, CA 94103 (855) 700-6000			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	
					\$ 84.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Draft	F	04/12/2021	\$ 79.86	TRANSMITTAL FEE	
				\$		
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	
SQUARESPACE, INC 225 VARICK STREET, 12 FLOOR NEW YORK, NY 10014			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	
					\$ 144.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	A	03/08/2021	\$ 144.00	WEBSITE / SQUARESPACE	
				\$		
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 VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PO BOX 2139 PINEHURST, NC 28374			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	
					\$ 616.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	04/27/2021	\$ 616.32	GOLF SHOOTOUT SIGNAGE INVOICE	
				\$		
5. Total only this Page						\$ 840.18
6. Total of ALL CRO-1310 Pages						\$ 14,023.30
<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>						\$ 14,023.30
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						
<i>* Codes require detailed explanation in required remarks field (k)</i>						

MOORE COUNTY PUBLIC COPY

Disbursements

Pg 4 of 4 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)						2. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF						
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 <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WOOTEN GRAPHICS, INC PO BOX 819 WELCOME, NC 27374 (336) 731-4650			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:
					\$ 882.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	B	04/09/2021	\$ 214.00	SIGNS FOR SHOOTOUT	
01	Debit Card	B	04/09/2021	\$ 668.75	CAMPAIGN YARD SIGNS FOR GOLF SHOOTOUT	
5. Total only this Page						\$ 882.75
6. Total of ALL CRO-1310 Pages						\$ 14,023.30
(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)						

MOORE COUNTY PUBLIC COPY**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) THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF				2. ID Number		
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	01	Draft	J	03/15/2021	\$ 7.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	F	04/11/2021	\$ 4.20	TRANSMITTAL FEE
4. Total only this Page				\$	11.20	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$	11.20	
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

MOORE COUNTY PUBLIC COPY

In-Kind Contributions

Pg 1 of 3

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	
AMAZON - SQUARE THERMAL RECEIPT PAPER		03/19/2021	
		\$ 8.55	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	
STORE GIFT CERTIFICATE \$50 FOR GOLF SHOOTOUT		04/12/2021	
		\$ 50.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
e. Description		f. Date (mm/dd/yyyy)	
BEVERAGES FOR THE SHERIFF SHOOTOUT 4/12/21		04/12/2021	
		\$ 811.49	
		\$	
		\$	
4. Total only this Page \$ 870.04			
5. Total of ALL CRO-1510 Pages \$ 2,506.85 (This line must be on line 17 of Detailed Summary Page CRO-1100)			

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In-Kind Contributions

Pg 2 of 3

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 598.00
MARK CAREY 625 SE SERVICE RD SOUTHERN PINES, NC 28387			
e. Description KNIVES DOOR PRIZE - GOLF SHOOT OUT EVENT		f. Date (mm/dd/yyyy) 03/08/2021	g. Fair Market Amount \$ 598.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 500.00
MAUREEN KRUEGER 135 AUTUMN RIDGE CARTHAGE, NC 28327			
e. Description GIFT CERTIFICATE: CONCEAL CARRY CLASSES FOR 2 / GOLF SHOOTOUT		f. Date (mm/dd/yyyy) 04/12/2021	g. Fair Market Amount \$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 66.20
TODD MANESS 150 HONEY BEE LN VASS, NC 28394			
e. Description STAPLES PURCHASE 8.5X11		f. Date (mm/dd/yyyy) 02/17/2021	g. Fair Market Amount \$ 38.95
STAPLES COPIES		04/07/2021	\$ 6.31
STAPLES - TICKETS FOR DRAWING, GOLF SHOOTOUT		04/12/2021	\$ 20.94
4. Total only this Page		\$ 1,164.20	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 2,506.85	

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In-Kind Contributions

Pg 3 of 3

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date
		\$ 382.61
e. Description COSTCO - SNACKS FOR SHERIFF SHOOTOUT 4/12/2021		f. Date (mm/dd/yyyy) 04/12/2021 g. Fair Market Amount \$ 72.61
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date
		\$ 300.00
e. Description TROPHIES FOR SHERIFF SHOOT OUT		f. Date (mm/dd/yyyy) 04/12/2021 g. Fair Market Amount \$ 300.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date
		\$ 100.00
e. Description 4 - \$25 GIFT CARDS		f. Date (mm/dd/yyyy) 04/07/2021 g. Fair Market Amount \$ 100.00
		\$
		\$
4. Total only this Page \$ 472.61		
5. Total of ALL CRO-1510 Pages \$ 2,506.85 <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		