

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

Committee to Elect Chris Morgan

c. ID Number

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

Chris Morgan
 818 Mt. Carmel Rd
 Carthage, NC 28327

Brenda H. Kimball
 525 Scott Rd
 Cameron, NC 28326

d. Date Filed

7-12-2022

e. Phone Number

910-391-2480
 910-215-2835

2. Report Year

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

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

5. Treasurer Full Name

2022

05/01/2022

06/30/2022

Brenda H. Kimball

6. Type of Committee (Check One)

Candidate Campaign Party
 PAC Referendum
 Independent Expenditure Joint Fundraiser
 Legal Expense Fund

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
	<input type="checkbox"/> Special	

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

Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report

0

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Bank

11. Account Information

a. Financial Institution Full Name

b. Purpose

All Campaign Expenses

c. Account Code

1

b. Purpose

c. Account Code

d. Period Begin Balance

\$1,002.27

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Brenda H. Kimball

Printed Name of Signer

Brenda H. Kimball

Signature of Appointed Treasurer

7-11-2022

Date

FOR OFFICE USE ONLY

Date Received:

7/12/2022
 RECEIVED

Employee:

APB

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

JUL 12 2022

Employee:

Date Data Entered:

Employee:

Signer has not received mandatory training

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

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Chris Morgan	Final	
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1,002.27	\$ 1,002.27
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 800.00	\$ 800.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 100.00	\$ 100.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 900.00	\$ 900.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,344.74	\$ 1,344.74
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 557.53	\$ 557.53
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,902.27	\$ 1,902.27
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ -0-	\$ -0-
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Pg 1 of 1 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		
Committee to Elect Chris morgan				
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 Housewife	d. Comments	
Judith L. Borden 70 Forest Ln Pinehurst, NC 28374 910-783-6570		c. Employer's Name/Specific Field Retired	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)
<input type="checkbox"/>	1	Check		05/17/2022
<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	
Frank Marsh Smith P. O. Box 107L Southern Pines, N.C. 28388 910-645-0800		c. Employer's Name/Specific Field Law Office of marsh Smith	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)
<input type="checkbox"/>	1	check		05/13/2022
<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	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
4. Total only this Page		\$ 800.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		\$ 800.00		

Disbursements

Amendment
 Pg 1 of 2 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number				
Committee to Elect Chris Morgan						
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			
Omar Lugo 2008 S Mebane St Unit 729 F Burlington, NC 27215						
		c. Level Registered (Specify)				
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		e. Election Sum to Date	\$ 100.00			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1		Check	0	04/15/2022	\$ 100.00	Interpreter
					\$	
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			
Christmas Tree Shop 1210-B Bridford Pkwy East Greensboro, NC 27407 336-856-9937						
		c. Level Registered (Specify)				
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		e. Election Sum to Date	\$ 46.79			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1		Debit Card	0	05/16/2022	\$ 46.79	Supplies for Watch Party
					\$	
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			
Sam's Club 4418 W. Wendover Ave Greensboro, NC 27407 336-852-6212						
		c. Level Registered (Specify)				
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		e. Election Sum to Date	\$ 322.95			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1		Debit Card	0	05/16/2022	\$ 322.95	Supplies for Watch Party
					\$	
5. Total only this Page						\$ 469.74
6. Total of ALL CRO-1310 Pages						\$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 2 **Amendment** Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Chris Morgan					
3. Type of Disbursement		(Please use separate CRO-1310 forms for each type of Disbursement.)			
<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	
Town of Carthage 4396 Hwy 15-501 Carthage, NC 28327 910-947-2331					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:					
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date				\$ 300.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1		Check	0	04/16/2022	\$ 300.00
					\$
k. Required Remarks		Building Rental for Watch Party			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
The Pilot 145 W. Pennsylvania Ave Southern Pines, NC 28388 910-692-7271					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:					
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date				\$ 575.00	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1		Debit Card	A	05/13/2022	\$ 575.00
					\$
k. Required Remarks		Political Ad			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County:					
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date				\$	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
k. Required Remarks					
5. Total only this Page		\$ 875.00			
6. Total of ALL CRO-1310 Pages		\$ 1,344.74			
(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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements To the Committee

Pg 1 of 1 Yes No

Amendment

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Committee to Elect Chris Morgan				
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		e. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
Town of Carthage 4396 Hwy 15-501 Carthage, NC 28327 910-947-2331		h. Original Expenditure Date 04/16/2022		
b. Job Title/Profession		c. Employer's Name/Specific Field Deputy CSC f. Purpose moore Co CSC Building Deposit Refund g. Comments \$ 200.00		
k. Account Code		i. Original Expenditure Amt 1 l. Form of Payment Check m. In-Kind Description n. Date (mm/dd/yyyy) 06/21/2022 o. Amount \$ 100.00		
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		f. Purpose g. Comments h. Original Expenditure Date \$ 200.00		
k. Account Code		i. Original Expenditure Amt \$ 100.00		
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		f. Purpose g. Comments h. Original Expenditure Date \$ 200.00		
k. Account Code		i. Original Expenditure Amt \$ 100.00		
4. Total only this Page		\$ 100.00		
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)		\$ 100.00		

Refunds/Reimbursements From the Committee

Pg 1 of 1

Yes No

Amendment

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)

Committee to Elect Chris Morgan

2. ID Number

3. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Chris Morgan
818 Mt. Carmel Rd
Carthage, NC 28327
910-391-2480

d. Type of Committee
 Candidate PAC
 Referendum Party

h. Original Receipt Date

12/06/2021

e. Level Registered

Federal County:
 State Municipality:

i. Original Receipt Amount

\$ 1,000.00

f. Purpose Code

L

j. Election Sum to Date

\$

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

Deputy CSC

Moore Co CSC

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount

Check

06/30/2022

\$ 557.53

3. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

d. Type of Committee
 Candidate PAC
 Referendum Party

h. Original Receipt Date

e. Level Registered

Federal County:
 State Municipality:

i. Original Receipt Amount

\$

f. Purpose Code

L

j. Election Sum to Date

\$

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount

\$

3. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

d. Type of Committee
 Candidate PAC
 Referendum Party

h. Original Receipt Date

e. Level Registered

Federal County:
 State Municipality:

i. Original Receipt Amount

\$

f. Purpose Code

L

j. Election Sum to Date

\$

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount

\$

4. Total only this Page

\$ 557.53

5. Total of ALL CRO-1320 Pages

\$ 557.53

(This line must be on line 16 of Detailed Summary Page CRO-1100)

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind

O* Other

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