

# 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  | RECEIVED     |  |  |
| SAMPSON FOR BOE                                       | c. ID Number |  |  |
| b. Mailing Address (include City, State and Zip Code) | MAY 10 2022  |  |  |
| 120 TINGLEY COURT<br>SOUTHERN PINES, NC 28387         | 05/10/2022   |  |  |
|   | MOORE BOE    |  |  |

|                |                                 |                               |                        |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2022           | 01/01/2022                      | 04/30/2022                    | ROLLANDE SAMPSON       |

|   |   |   |  |
|---|---|---|--|
| 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<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund        | Municipal   | State/County  | Referendum   |
|   | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one)  | 10. Special Report Name   |   |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other: |   |   |  |

|                                      |   |
|--------------------------------------|---|
| 8. Number of Fundraisers this Report | 0 |
|--------------------------------------|---|

|                                    |                                    |
|------------------------------------|------------------------------------|
| 3. Account Information             | 3. Account Information             |
| a. Financial Institution Full Name | a. Financial Institution Full Name |
| TRUIST                             |                                    |
| b. Purpose                         | c. Account Code                    |
| BOE CAMPAIGN                       | 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

Printed Name of Signer

Signature of Appointed Treasurer

05/10/2022

Date

## FOR OFFICE USE ONLY

|                    |           |           |     |   |
|--------------------|-----------|-----------|-----|---|
| Date Received:     | 5/10/2022 | Employee: | APB | Delivery Method   |
| Date Postmarked:   |           | Employee: |     | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/><br><input checked="" 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.

## Detailed Summary

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

Amendment  
 Yes  No

|  |                    |                             |
|--|--------------------|-----------------------------|
| 1. Committee Full Name (and Fund if applicable)                              | 2. Type of Report  | 3. ID Number                |
| SAMPSON FOR BOE  | 2022 First Quarter |                             |
| Start of Election Cycle: January 1, 2021                                     |                    | Total this Reporting Period |
| 4) Cash on Hand at Start   |                    | \$ 0.00 \$ 0.00             |
| <b>RECEIPTS</b>  |                    |                             |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)         | \$ 510.00 \$ 510.00         |
| 6) Contributions from Individuals  | (CRO-1210)         | \$ 1,938.00 \$ 1,938.00     |
| 7) Contributions from Political Party Committees                             | (CRO-1220)         | \$ 0.00 \$ 0.00             |
| 8) Contributions from Other Political Committees                             | (CRO-1230)         | \$ 0.00 \$ 0.00             |
| 9) Loan Proceeds   | (CRO-1410)         | \$ 0.00 \$ 0.00             |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240)         | \$ 0.00 \$ 0.00             |
| 11) Other Receipt Sources  |                    |                             |
| 11a) Interest on Bank Accounts   | (CRO-1250)         | \$ 0.00 \$ 0.00             |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)         | \$ 0.00 \$ 0.00             |
| 11c) Outside Sources of Income   | (CRO-1250)         | \$ 0.00 \$ 0.00             |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)         | \$ 0.00 \$ 0.00             |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)         | \$ 0.00 \$ 0.00             |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |                    | \$ 2,448.00 \$ 2,448.00     |
| <b>EXPENDITURES</b>  |                    |                             |
| 13) Disbursements  |                    |                             |
| 13a) Operating Expenditures  | (CRO-1310)         | \$ 419.91 \$ 419.91         |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)         | \$ 0.00 \$ 0.00             |
| 13c) Coordinated Party Expenditures  | (CRO-1310)         | \$ 0.00 \$ 0.00             |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)         | \$ 69.11 \$ 69.11           |
| 15) Loan Repayments  | (CRO-1420)         | \$ 0.00 \$ 0.00             |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)         | \$ 0.00 \$ 0.00             |
| 17) In-Kind Contributions  | (CRO-1510)         | \$ 63.00 \$ 63.00           |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                    | \$ 552.02 \$ 552.02         |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                    | \$ 1,895.98 \$ 1,895.98     |
| <b>ADDITIONAL INFORMATION</b>  |                    |                             |
| 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)         | \$ 1,751.32                 |
| 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 \$ 0.00             |
| 26) Forgiven Loans   | (CRO-1440)         | \$ 0.00 \$ 0.00             |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)         | \$ 0.00 \$ 0.00             |
| 28) Contributions to be Refunded   | (CRO-1215)         | \$ 0.00 \$ 0.00             |

# Disclosure Report Cover

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.

Amendment  
 Yes  No

|   |   |   |  |  |
|---|---|---|--|--|
| <b>1. Committee Information</b>   |   |   |  |  |
| a. Full Name<br>SAMPSON FOR BOE   |   |   | c. ID Number                               |  |
| b. Mailing Address (include City, State and Zip Code)<br>120 TINGLEY COURT<br>SOUTHERN PINES, NC 28387  |   |   | d. Date Filed<br>05/10/2022                |  |
| <b>2. Report Year</b>   |   |   |  |  |
| 2022  | 3. Period Start Date (mm/dd/yy)<br>01/01/2022 | 4. Period End Date (mm/dd/yy)<br>04/30/2022   | 5. Treasurer Full Name<br>ROLLANDE SAMPSON |  |
| <b>6. Type of Committee (Check One)</b>   |   |   |  |  |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   |   |  |  |
| <b>7. Type of Fund (if applicable, check one)</b>   |   |   |  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |   |   |  |  |
| <b>8. Number of Fundraisers this Report</b><br>0  |   |   |  |  |
| <b>9. Type of Report (check only one type of report from one category)</b>  |   |   |  |  |
| Municipal   |   | State/County  |  | Referendum   |
| <input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |   | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |  | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| <b>10. Special Report Name</b>  |   |   |  |  |
| <b>3. Account Information</b>   |   |   |  |  |
| a. Financial Institution Full Name<br>TRUIST  |   |   | a. Financial Institution Full Name         |  |
| b. Purpose<br>BOE CAMPAIGN  |   | c. Account Code<br>01   |  | b. Purpose   |
| d. Period Begin Balance   |   |   |  | d. Period Begin Balance  |
| \$  |   |   |  | \$   |
| <b>CERTIFICATION</b>  |   |   |  |  |
| 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                                     |   |   |  |  |
| Printed Name of Signer  |   |   | Signature of Appointed Treasurer           |  |
|   |   |   | 05/10/2022                                 |  |
| Date  |   |   |  |  |
| <b>FOR OFFICE USE ONLY</b>  |   |   |  |  |
| Date Received:  |   | Employee:   |  | Delivery Method  |
|   |   |   |  | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed   |
| Date Postmarked:  |   | Employee:   |  | <input type="checkbox"/> Signer has not received mandatory training  |
| Date Scanned:   |   | Employee:   |  |  |
| Date Data Entered:  |   | Employee:   |  |  |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br><b>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</b>  |   |   |  |  |

## Detailed Summary

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

Amendment

Yes  No

|  |                    |                                    |                                  |
|--|--------------------|------------------------------------|----------------------------------|
| 1. Committee Full Name (and Fund if applicable)                              | 2. Type of Report  | 3. ID Number                       |                                  |
| SAMPSON FOR BOE  | 2022 First Quarter |                                    |                                  |
| <b>Start of Election Cycle: January 1, 2021</b>                              |                    | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start   |                    | \$ 0.00                            | \$ 0.00                          |
| <b>RECEIPTS</b>  |                    |                                    |                                  |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)         | \$ 510.00                          | \$ 510.00                        |
| 6) Contributions from Individuals  | (CRO-1210)         | \$ 1,938.00                        | \$ 1,938.00                      |
| 7) Contributions from Political Party Committees                             | (CRO-1220)         | \$ 0.00                            | \$ 0.00                          |
| 8) Contributions from Other Political Committees                             | (CRO-1230)         | \$ 0.00                            | \$ 0.00                          |
| 9) Loan Proceeds   | (CRO-1410)         | \$ 0.00                            | \$ 0.00                          |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240)         | \$ 0.00                            | \$ 0.00                          |
| 11) Other Receipt Sources  |                    |                                    |                                  |
| 11a) Interest on Bank Accounts   | (CRO-1250)         | \$ 0.00                            | \$ 0.00                          |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)         | \$ 0.00                            | \$ 0.00                          |
| 11c) Outside Sources of Income   | (CRO-1250)         | \$ 0.00                            | \$ 0.00                          |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)         | \$ 0.00                            | \$ 0.00                          |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)         | \$ 0.00                            | \$ 0.00                          |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |                    | \$ 2,448.00                        | \$ 2,448.00                      |
| <b>EXPENDITURES</b>  |                    |                                    |                                  |
| 13) Disbursements  |                    |                                    |                                  |
| 13a) Operating Expenditures  | (CRO-1310)         | \$ 419.91                          | \$ 419.91                        |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)         | \$ 0.00                            | \$ 0.00                          |
| 13c) Coordinated Party Expenditures  | (CRO-1310)         | \$ 0.00                            | \$ 0.00                          |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)         | \$ 69.11                           | \$ 69.11                         |
| 15) Loan Repayments  | (CRO-1420)         | \$ 0.00                            | \$ 0.00                          |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)         | \$ 0.00                            | \$ 0.00                          |
| 17) In-Kind Contributions  | (CRO-1510)         | \$ 63.00                           | \$ 63.00                         |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                    | \$ 552.02                          | \$ 552.02                        |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                    | \$ 1,895.98                        | \$ 1,895.98                      |
| <b>ADDITIONAL INFORMATION</b>  |                    |                                    |                                  |
| 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)         | \$ 1,751.32                        |                                  |
| 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                            | \$ 0.00                          |
| 26) Forgiven Loans   | (CRO-1440)         | \$ 0.00                            | \$ 0.00                          |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)         | \$ 0.00                            | \$ 0.00                          |
| 28) Contributions to be Refunded   | (CRO-1215)         | \$ 0.00                            | \$ 0.00                          |

# Aggregated Contributions from Individuals

Page 1 of 1

Amendment  
 Yes  No

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

| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           | <b>2. ID Number</b>           |                             |                  |
|---|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| SAMPSON FOR BOE   |                        |                           |                               |                             |                  |
| <b>3. Contributor Information</b>   |                        |                           |                               |                             |                  |
| <b>a. Amend</b>   | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b> |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/19/2022                  | \$ 10.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/12/2022                  | \$ 25.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/22/2022                  | \$ 25.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/24/2022                  | \$ 25.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Check                     |                               | 04/10/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/27/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/19/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Check                     |                               | 04/10/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/19/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/21/2022                  | \$ 25.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Check                     |                               | 04/10/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/10/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <input type="checkbox"/> Add  | 01                     | Credit Card               |                               | 04/18/2022                  | \$ 50.00         |
| <input type="checkbox"/> Remove   |                        |                           |                               |                             |                  |
| <b>4. Total only this Page</b>  |                        |                           |                               |                             | \$ 510.00        |
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             | \$ 510.00        |

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 4

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   |   |             |
| SAMPSON FOR BOE   |                 |                    |  |   |             |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                 |                    |  |   |             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                 |                    | <b>b. Job Title/Profession</b><br>NOT EMPLOYED                       | <b>d. Comments</b>                          |             |
| LYNN ANTIL<br>8 MAPLES LANE<br>PINEHURST, NC 28374<br>(910) 528-2191  |                 |                    | <b>c. Employer's Name/Specific Field</b><br>NONE                     | <b>e. Election Sum to Date</b><br>\$ 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              | Credit Card        |  | 04/13/2022                                  | \$ 500.00   |
| <input type="checkbox"/>  |                 |                    |  |   | \$          |
| <input type="checkbox"/>  |                 |                    |  |   | \$          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                 |                    |  |   |             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                 |                    | <b>b. Job Title/Profession</b><br>MARKETING WRITER                   | <b>d. Comments</b>                          |             |
| MAGGIE BONECUTTER<br>840 BURNING TREE ROAD<br>PINEHURST, NC 28374<br>(704) 779-1095                             |                 |                    | <b>c. Employer's Name/Specific Field</b><br>SELF-EMPLOYED            | <b>e. Election Sum to Date</b><br>\$ 75.00  |             |
|   |                 |                    |  |   |             |
| 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        |  | 03/31/2022                                  | \$ 25.00    |
| <input type="checkbox"/>  | 01              | Credit Card        |  | 04/11/2022                                  | \$ 50.00    |
| <input type="checkbox"/>  |                 |                    |  |   | \$          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                 |                    |  |   |             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                 |                    | <b>b. Job Title/Profession</b><br>PEDIATRICIAN                       | <b>d. Comments</b>                          |             |
| CHRISTOPH DIASIO<br>10 SPUR ROAD<br>PINEHURST, NC 28374<br>(910) 295-2940                                       |                 |                    | <b>c. Employer's Name/Specific Field</b><br>SANDHILLS PEDIATRICS INC | <b>e. Election Sum to Date</b><br>\$ 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              | Credit Card        |  | 04/25/2022                                  | \$ 250.00   |
| <input type="checkbox"/>  |                 |                    |  |   | \$          |
| <input type="checkbox"/>  |                 |                    |  |   | \$          |
| <b>4. Total only this Page</b>  |                 |                    |  |   | \$ 825.00   |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                 |                    |  |   | \$ 1,938.00 |

# Contributions from Individuals

Pg 2 of 4

Yes  No

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

|  |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
|--|------------------------|---|---|--|--|---|---|--|--|---|---|-----------------|------------------------|---------------------------|-------------------------------|--------------------------|----|-------------|--|--------------------------|--|--|--|--------------------------|--|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>SAMPSON FOR BOE  |                        | <b>2. ID Number</b>   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"><b>a. Full Name, Mailing Address &amp; Phone</b><br/>(include city, state, &amp; zip)</td> <td><b>b. Job Title/Profession</b><br/>RETIRED</td> <td><b>d. Comments</b></td> </tr> <tr> <td colspan="2">JOHN FARRELL<br/>21 GREY ABBEY DRIVE<br/>PINEHURST, NC 28374<br/>(910) 992-2370</td> <td><b>c. Employer's Name/Specific Field</b><br/>RETIRED</td> <td><b>e. Election Sum to Date</b><br/>\$ 100.00</td> </tr> <tr> <td><b>f. Prior</b></td> <td><b>g. Account Code</b></td> <td><b>h. Form of Payment</b></td> <td><b>i. In-Kind Description</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Credit Card</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>   |                        |   |   | <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip) |  | <b>b. Job Title/Profession</b><br>RETIRED                   | <b>d. Comments</b>                      | JOHN FARRELL<br>21 GREY ABBEY DRIVE<br>PINEHURST, NC 28374<br>(910) 992-2370   |  | <b>c. Employer's Name/Specific Field</b><br>RETIRED                               | <b>e. Election Sum to Date</b><br>\$ 100.00 | <b>f. Prior</b> | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <input type="checkbox"/> | 01 | Credit Card |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                        | <b>b. Job Title/Profession</b><br>RETIRED   | <b>d. Comments</b>                          |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| JOHN FARRELL<br>21 GREY ABBEY DRIVE<br>PINEHURST, NC 28374<br>(910) 992-2370   |                        | <b>c. Employer's Name/Specific Field</b><br>RETIRED                               | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>   | <b>i. In-Kind Description</b>               |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   | 01                     | Credit Card   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"><b>a. Full Name, Mailing Address &amp; Phone</b><br/>(include city, state, &amp; zip)</td> <td><b>b. Job Title/Profession</b><br/>CLIENT CLAIMS COORDINATOR</td> <td><b>d. Comments</b><br/>4/10 Meet &amp; Greet</td> </tr> <tr> <td colspan="2">TAMMY GREENBLATT<br/>100 BROOKHAVEN RD<br/>PINEHURST, NC 28374<br/>(833) 577-8387</td> <td><b>c. Employer's Name/Specific Field</b><br/>Veterans Guardian VA Claim Consulting</td> <td><b>e. Election Sum to Date</b><br/>\$ 500.00</td> </tr> <tr> <td><b>f. Prior</b></td> <td><b>g. Account Code</b></td> <td><b>h. Form of Payment</b></td> <td><b>i. In-Kind Description</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Check</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table> |                        |   |   | <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip) |  | <b>b. Job Title/Profession</b><br>CLIENT CLAIMS COORDINATOR | <b>d. Comments</b><br>4/10 Meet & Greet | TAMMY GREENBLATT<br>100 BROOKHAVEN RD<br>PINEHURST, NC 28374<br>(833) 577-8387 |  | <b>c. Employer's Name/Specific Field</b><br>Veterans Guardian VA Claim Consulting | <b>e. Election Sum to Date</b><br>\$ 500.00 | <b>f. Prior</b> | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <input type="checkbox"/> | 01 | Check       |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                        | <b>b. Job Title/Profession</b><br>CLIENT CLAIMS COORDINATOR                       | <b>d. Comments</b><br>4/10 Meet & Greet     |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| TAMMY GREENBLATT<br>100 BROOKHAVEN RD<br>PINEHURST, NC 28374<br>(833) 577-8387   |                        | <b>c. Employer's Name/Specific Field</b><br>Veterans Guardian VA Claim Consulting | <b>e. Election Sum to Date</b><br>\$ 500.00 |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>   | <b>i. In-Kind Description</b>               |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   | 01                     | Check   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"><b>a. Full Name, Mailing Address &amp; Phone</b><br/>(include city, state, &amp; zip)</td> <td><b>b. Job Title/Profession</b><br/>RETIRED</td> <td><b>d. Comments</b></td> </tr> <tr> <td colspan="2">KARIN KENT<br/>25 DOVE RD<br/>PINEHURST, NC 28374<br/>(910) 639-2284</td> <td><b>c. Employer's Name/Specific Field</b><br/>RETIRED</td> <td><b>e. Election Sum to Date</b><br/>\$ 100.00</td> </tr> <tr> <td><b>f. Prior</b></td> <td><b>g. Account Code</b></td> <td><b>h. Form of Payment</b></td> <td><b>i. In-Kind Description</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>01</td> <td>Credit Card</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>  |                        |   |   | <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip) |  | <b>b. Job Title/Profession</b><br>RETIRED                   | <b>d. Comments</b>                      | KARIN KENT<br>25 DOVE RD<br>PINEHURST, NC 28374<br>(910) 639-2284              |  | <b>c. Employer's Name/Specific Field</b><br>RETIRED                               | <b>e. Election Sum to Date</b><br>\$ 100.00 | <b>f. Prior</b> | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <input type="checkbox"/> | 01 | Credit Card |  | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> |  |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                        | <b>b. Job Title/Profession</b><br>RETIRED   | <b>d. Comments</b>                          |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| KARIN KENT<br>25 DOVE RD<br>PINEHURST, NC 28374<br>(910) 639-2284  |                        | <b>c. Employer's Name/Specific Field</b><br>RETIRED                               | <b>e. Election Sum to Date</b><br>\$ 100.00 |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>   | <b>i. In-Kind Description</b>               |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   | 01                     | Credit Card   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <input type="checkbox"/>   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>4. Total only this Page</b> \$ 700.00   |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |
| <b>5. Total of ALL CRO-1210 Pages</b> \$ 1,938.00<br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>  |                        |   |   |  |  |   |   |  |  |   |   |                 |                        |                           |                               |                          |    |             |  |                          |  |  |  |                          |  |  |  |

# Contributions from Individuals

Pg 3 of 4

Amendment

Yes  No

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

|  |                        |   |   |                             |                  |
|--|------------------------|---|---|-----------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>SAMPSON FOR BOE  |                        | <b>2. ID Number</b>   |   |                             |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |   |   |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>RENEE PORTFILIO<br>470 SAINT ANDREWS DRIVE<br>PINEHURST, NC 28374<br>(910) 585-1489    |                        | <b>b. Job Title/Profession</b><br><br>SCHOOL COUNSELOR                            | <b>d. Comments</b>                              |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>BARBARA ROTHBEIND<br>210 LAKE FOREST DRIVE SW<br>PINEHURST, NC 28374<br>(910) 603-0600 |                        | <b>c. Employer's Name/Specific Field</b><br><br>MOORE COUNTY SCHOOLS              | <b>e. Election Sum to Date</b><br><br>\$ 100.00 |                             |                  |
|  |                        |   |   |                             |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>   | <b>i. In-Kind Description</b>                   |                             |                  |
| <input type="checkbox"/>   | 01                     | Credit Card   |   |                             |                  |
| <input type="checkbox"/>   |                        |   |   |                             |                  |
| <input type="checkbox"/>   |                        |   |   |                             |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>   | <b>i. In-Kind Description</b>                   | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b> |
| <input type="checkbox"/>   | 01                     | Credit Card   |   | 04/21/2022                  | \$ 100.00        |
| <input type="checkbox"/>   |                        |   |   |                             | \$               |
| <input type="checkbox"/>   |                        |   |   |                             | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |   |   |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>CLARE RUGGLES<br>55 OAKMONT CIRCLE<br>PINEHURST, NC 28374<br>(910) 603-0326            |                        | <b>b. Job Title/Profession</b><br><br>EXECUTIVE DIRECTOR                          | <b>d. Comments</b>                              |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>CLARE RUGGLES<br>55 OAKMONT CIRCLE<br>PINEHURST, NC 28374<br>(910) 603-0326            |                        | <b>c. Employer's Name/Specific Field</b><br><br>NORTHERN MOORE<br>RESOURCE CENTER | <b>e. Election Sum to Date</b><br><br>\$ 100.00 |                             |                  |
|  |                        |   |   |                             |                  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b>   | <b>i. In-Kind Description</b>                   | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b> |
| <input type="checkbox"/>   | 01                     | Credit Card   |   | 04/11/2022                  | \$ 100.00        |
| <input type="checkbox"/>   |                        |   |   |                             | \$               |
| <input type="checkbox"/>   |                        |   |   |                             | \$               |
| <b>4. Total only this Page</b>   |                        |   |   |                             | \$ 300.00        |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)   |                        |   |   |                             | \$ 1,938.00      |

# Contributions from Individuals

Pg 4 of 4

Amendment  
 Yes  No

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

|   |                        |  |   |                             |                  |
|---|------------------------|--|---|-----------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        | <b>2. ID Number</b>  |   |                             |                  |
| SAMPSON FOR BOE   |                        |  |   |                             |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                              |                        |  |   |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        | <b>b. Job Title/Profession</b><br>MILITART LIAISON               | <b>d. Comments</b>                          |                             |                  |
| ROLLANDE SAMPSON<br>120 TINGLEY COURT<br>SOUTHERN PINES, NC 28387   |                        | <b>c. Employer's Name/Specific Field</b><br>MOORE COUNTY SCHOOLS | <b>e. Election Sum to Date</b><br>\$ 113.00 |                             |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b>  | <b>i. In-Kind Description</b>               | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b> |
| <input type="checkbox"/>  | 01                     | In-Kind  | WEBSITE FEE - CAMPAIGNPARTNERS.C            | 03/10/2022                  | \$ 5.00          |
| <input type="checkbox"/>  | 01                     | In-Kind  | WEBSITE FEE - CAMPAIGNPARTNERS.C            | 03/10/2022                  | \$ 29.00         |
| <input type="checkbox"/>  | 01                     | Credit Card  |   | 03/30/2022                  | \$ 50.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                              |                        |  |   |                             |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        | <b>b. Job Title/Profession</b><br>MILITART LIAISON               | <b>d. Comments</b>                          |                             |                  |
| ROLLANDE SAMPSON<br>120 TINGLEY COURT<br>SOUTHERN PINES, NC 28387   |                        | <b>c. Employer's Name/Specific Field</b><br>MOORE COUNTY SCHOOLS | <b>e. Election Sum to Date</b><br>\$ 113.00 |                             |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b>  | <b>i. In-Kind Description</b>               | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b> |
| <input type="checkbox"/>  | 01                     | In-Kind  | WEBSITE FEE - CAMPAIGNPARTNERS.C            | 04/09/2022                  | \$ 29.00         |
| <input type="checkbox"/>  |                        |  |   |                             | \$               |
| <input type="checkbox"/>  |                        |  |   |                             | \$               |
| <b>4. Total only this Page</b> \$ 113.00  |                        |  |   |                             |                  |
| <b>5. Total of ALL CRO-1210 Pages</b> \$ 1,938.00<br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |  |   |                             |                  |

CRO-1210 NC State Board of Elections April 2007

# Disbursements

Pg 1 of 1  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   |  |
| SAMPSON FOR BOE  |                     |  |  |
| 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   |                     |  |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                     |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                     | b. Coordinated Committee Name<br><br>c. Level Registered (Specify)   |  |
| MUIRFIELD BROADCASTING<br>200 SHORT ROAD<br>SOUTHERN PINES, NC 28387<br>(910) 695-0044   |                     | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |  |
|  |                     | d. Comments<br><br>e. Election Sum to Date<br>\$ 366.35  |  |
| f. Account Code <input type="checkbox"/> g. 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          | A  | 04/14/2022<br><br>\$ 366.35<br>STAR 102.5 RADIO<br><br>\$<br>ADVERTISING     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                     |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                     | b. Coordinated Committee Name<br><br>c. Level Registered (Specify)   |  |
| STRIPE<br>185 Berry St #550<br>SAN FRANCISCO, CA 94107   |                     | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |  |
|  |                     | d. Comments<br><br>e. Election Sum to Date<br>\$ 53.56   |  |
| f. Account Code <input type="checkbox"/> g. 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   | Electric Funds Tran | O  | 04/30/2022<br><br>\$ 53.56<br>STRIPE TRANSFER FEE<br><br>\$<br><br>\$ 419.91 |
| <b>5. Total only this Page</b> <input type="checkbox"/> \$ 419.91  |                     |  |  |
| <b>6. Total of ALL CRO-1310 Pages</b> <input type="checkbox"/> \$ 419.91   |                     |  |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                     |  |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                     |  |  |
| A* - Media   | B* - Printing       | C* - Fundraising   | D - To Another Candidate   |
| E - Salaries   | F* - Equipment      | G - Political Party  | H* - Holding Public Office Expenses  |
| I - Postage  | J - Penalties       | K* - Office Expenses   | Q* - Donation to Legal Expense Fund  |
| O* Other<br>* Codes require detailed explanation in required remarks field (k)   |                     |  |  |

# Aggregated Non-Media Expenditures

Page 1 of 1Amendment  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

|   |                        |                           |                        |   |                  |                            |
|---|------------------------|---------------------------|------------------------|---|------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>SAMPSON FOR BOE                                 |                        |                           |                        | <b>2. ID Number</b>                         |                  |                            |
| <b>3. Payee Information</b>   |                        |                           |                        |   |                  |                            |
| <b>a. Amend</b>   | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. Purpose Code</b> | <b>e. Date (mm/dd/yyyy)</b>                 | <b>f. Amount</b> | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add  | 01                     | Electric Funds Tran       | O                      | 03/22/2022                                  | \$ 33.11         | CHECKS                     |
| <input type="checkbox"/> Remove   |                        |                           |                        |   |                  |                            |
| <input type="checkbox"/> Add  | 01                     | Electric Funds Tran       | O                      | 04/14/2022                                  | \$ 36.00         | BANK FEE                   |
| <input type="checkbox"/> Remove   |                        |                           |                        |   |                  |                            |
| <b>4. Total only this Page</b>  |                        |                           |                        | \$ 69.11                                    |                  |                            |
| <b>5. Total of ALL CRO-1315 Pages</b><br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                        |                           |                        | \$ 69.11                                    |                  |                            |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>                                     |                        |                           |                        |   |                  |                            |
| <b>B* - Printing</b>  |                        | <b>C* - Fundraising</b>   |                        | <b>D - To Another Candidate</b>             |                  |                            |
| <b>E - Salaries</b>   |                        | <b>F* - Equipment</b>     |                        | <b>H* - Holding Public Office Expenses</b>  |                  |                            |
| <b>I - Postage</b>  |                        | <b>J - Penalties</b>      |                        | <b>K* - Office Expenses</b>                 |                  |                            |
| <b>O* - Other</b>   |                        |                           |                        | <b>Q* - Donations to Legal Expense Fund</b> |                  |                            |

\* Codes require detailed explanation in required remarks field (g)

CRO-1315

NC State Board of Elections

December 2009

# In-Kind Contributions

Amendment

 Yes  No

Pg 1 of 1

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.

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  | <b>2. ID Number</b>  |                              |
| SAMPSON FOR BOE   |  |  |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</b>                                     |  | <b>b. Type of Contributor</b>  | <b>c. Comments</b>           |
| ROLLANDE SAMPSON<br>120 TINGLEY COURT<br>SOUTHERN PINES, NC 28387   |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
| <b>d. Election Sum to Date</b>  |  |  |                              |
| \$ 113.00   |  |  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| WEBSITE FEE - CAMPAIGNPARTNERS.COM  |  | 03/10/2022   | \$ 5.00                      |
| WEBSITE FEE - CAMPAIGNPARTNERS.COM  |  | 03/10/2022   | \$ 29.00                     |
| WEBSITE FEE - CAMPAIGNPARTNERS.COM  |  | 04/09/2022   | \$ 29.00                     |
| <b>4. Total only this Page</b> \$ 63.00   |  |  |                              |
| <b>5. Total of ALL CRO-1510 Pages</b> \$ 63.00<br><i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> |  |  |                              |

CRO-1510

NC State Board of Elections

December 2007

# Debts and Obligations Owed By the Committee

Pg 1 of 1

Yes  No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

## 1. Committee Full Name (and Fund if applicable)

SAMPSON FOR BOE

## 2. ID Number

## 3. Creditor Information

Add  Remove

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

ROLLANDE SAMPSON  
120 TINGLEY COURT  
SOUTHERN PINES, NC 28387

**Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.**

### b. Description of Creditor

PRINTING & OFFICE EXPENSES

### c. Beginning Balance

\$ 0.00

### d. Total Amount Paid

\$ 0.00

### e. Total Amount Incurred

\$ 1,751.32

### f. Remaining Balance

\$ 1,751.32

## g. Incurred Debts (what the committee received this period)

### g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

STAPLES  
290 TURNER STREET  
ABERDEEN, NC 28315  
(910) 692-2781

### g2. Date (mm/dd/yyyy)

03/18/2022

### g3. Amount

\$ 42.79

### g4. Purpose Code

B

### g5. Required Remarks

BUSINESS CARDS

### g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

STAPLES  
290 TURNER STREET  
28315  
(910) 692-2781

### g2. Date (mm/dd/yyyy)

03/25/2022

### g3. Amount

\$ 128.38

### g4. Purpose Code

B

### g5. Required Remarks

BUSINESS CARDS/POSTCARDS

### g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

VISTAPRINT NORTH AMERICA  
95 Hayden Ave  
02421  
(781) 676-7310

### g2. Date (mm/dd/yyyy)

03/25/2022

### g3. Amount

\$ 929.25

### g4. Purpose Code

B

### g5. Required Remarks

CAMPAIGN YARD SIGNS & TSHIRTS

### g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

VISTAPRINT NORTH AMERICA  
95 Hayden Ave  
02421  
(781) 676-7310

### g2. Date (mm/dd/yyyy)

04/09/2022

### g3. Amount

\$ 650.90

### g4. Purpose Code

B

### g5. Required Remarks

CAMPAIGN YARD SIGNS

### g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

95 Hayden Ave  
02421  
(910) 692-2781

### g2. Date (mm/dd/yyyy)

\$

### g4. Purpose Code

### g5. Required Remarks

## 4. Total only this Page

(This should be the sum of all items 'g3.' from this page)

\$ 1,751.32

## 5. Total of ALL CRO-1610 Pages

(This line must be on line 22 of Detailed Summary Page CRO-1100)

\$ 1,751.32

## 6. Purpose Codes (List detailed expenditure code in (g4.))

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

O\* - Other

\* Codes require detailed explanation in required remarks field (g5.)