

# 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		
SAMPSON FOR BOE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
120 TINGLEY COURT SOUTHERN PINES, NC 28387	01/12/2023		
e. Phone Number			

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	10/23/2022	12/31/2022	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 <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	0		

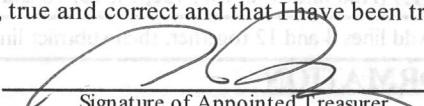
3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
TRUIST	
b. Purpose	c. Account Code
BOE CAMPAIGN	01
d. Period Begin Balance	
\$ 1,408.06	
b. Purpose	c. Account Code
d. Period Begin Balance	
\$	

## 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

ROLLANDE SAMPSON

Printed Name of Signer



01/12/2023

Date

## FOR OFFICE USE ONLY

Date Received:	1/12/2023	Employee:	<u>APB</u>	Delivery Method
Date Postmarked:	<u>JAN 12 2023</u>	Employee:	<u>RECEIVED</u>	<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:	<u>MOORE BOE</u>	Employee:	<u>JAN 12 2023</u>	<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

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
SAMPSON FOR BOE	2022 Fourth Quarter	
Start of Election Cycle: January 1, 2021		Total this Reporting Period
4) Cash on Hand at Start		\$ 388.45 \$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00 \$ 1,334.00
6) Contributions from Individuals	(CRO-1210)	\$ 358.00 \$ 4,663.00
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)		\$ 358.00 \$ 5,997.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 4,142.93 \$ 8,890.37
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)	\$ 2.78 \$ 71.89
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)	\$ 158.00 \$ 592.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,303.71 \$ 9,554.26
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (3,557.26) \$ (3,557.26)
<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)	\$ 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 \$ 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

# Contributions from Individuals

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	
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> (include city, state, & zip)		<b>b. Job Title/Profession</b> NOT EMPLOYED	<b>d. Comments</b>
LYNN ANTIL 8 MAPLES LANE PINEHURST, NC 28374 (910) 528-2191		<b>c. Employer's Name/Specific Field</b> NONE	<b>e. Election Sum to Date</b> \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	01	In-Kind	FOOD AND DRINKS - EVENT HOST
<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> (include city, state, & zip)		<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
JOHN BOULDRY 6 COHASSETT LANE PINEHURST, NC 28374		<b>c. Employer's Name/Specific Field</b> RETIRED	<b>e. Election Sum to Date</b> \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	01	Check	
<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> (include city, state, & zip)		<b>b. Job Title/Profession</b> COUNSELOR	<b>d. Comments</b>
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387		<b>c. Employer's Name/Specific Field</b> NA	<b>e. Election Sum to Date</b> \$ 203.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	01	In-Kind	WEBSITE FEE - CAMPAIGNPARTNERS.C
<input type="checkbox"/>	01	In-Kind	WEBSITE FEE - CAMPAIGNPARTNERS.C
<input type="checkbox"/>			
<b>4. Total only this Page</b> \$ 258.00			
<b>5. Total of ALL CRO-1210 Pages</b> \$ 358.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>			

# Contributions from Individuals

Pg 2 of 2

Amendment

Yes  No

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

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

SAMPSON FOR BOE

## 2. ID Number

## 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			
JOHN WEAVER 450 STONEYFIELD DR SOUTHERN PINES, NC 28387	RETIRED				
	c. Employer's Name/Specific Field				
	RETIRED				
	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		10/31/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 4. Total only this Page

\$ 100.00

## 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 358.00

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 3  Yes  No

Amendment

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

<b>1. Committee Full Name (and Fund if applicable)</b>							<b>2. ID Number</b>
SAMPSON FOR BOE							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
AMAZON 1200 12th Ave. South STE. 1200 WASHINGTON, NC 98144-2734 (206) 266-1000							
			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		
					\$ 93.47		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	Debit Card	K	11/07/2022	\$ 93.47	MATERIALS FOR DONOR		
				\$	SIGNS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
ROBBINS EXPRESS Po Box 1452 ROBBINS, NC 27325 (910) 639-4675							
			c. Level Registered (Specify)				
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 120.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	Check	A	12/06/2022	\$ 120.00	CANDIDATE AD IN		
				\$	NEWSPAPER		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387							
			c. Level Registered (Specify)				
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 2,492.90		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
01	Check	B	10/24/2022	\$ 2,492.90	DEBT PAYMENT FOR		
				\$	PRINTING EXPENSES		
<b>5. Total only this Page</b>							\$ 2,706.37
<b>6. Total of ALL CRO-1310 Pages</b>							\$ 4,142.93
<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>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Pg 2 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> SAMPSON FOR BOE		<b>2. ID Number</b>			
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>                STAPLES, ABERDEEN                290 TURNER STREET                ABERDEEN, NC 28315                (910) 692-2781             </td> <td style="width: 50%; vertical-align: top;"> <b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:  <b>d. Comments</b>  <b>e. Election Sum to Date</b>  \$ 285.96             </td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> STAPLES, ABERDEEN 290 TURNER STREET ABERDEEN, NC 28315 (910) 692-2781	<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 285.96	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> STAPLES, ABERDEEN 290 TURNER STREET ABERDEEN, NC 28315 (910) 692-2781	<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 285.96				
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> B	<b>i. Date (mm/dd/yyyy)</b> 11/06/2022	<b>j. Amount</b> \$ 50.58	<b>k. Required Remarks</b> CAMPAIGN SUPPORT
				\$	SIGNS
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> THE PILOT, LLC PO BOX 58 SOUTHERN PINES, NC 28388 (910) 692-7271			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 1,640.00		
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> A	<b>i. Date (mm/dd/yyyy)</b> 10/28/2022	<b>j. Amount</b> \$ 560.00	<b>k. Required Remarks</b> 2 - QTR PAGE
				\$	ADVERTISEMENTS
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> WALMART 250 TURNER STREET ABERDEEN, NC 28315 (910) 695-1255			<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 295.04		
<b>f. Account Code</b> 01	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 10/29/2022	<b>j. Amount</b> \$ 180.70	<b>k. Required Remarks</b> FOOD - CANDIDATE
				\$	MEET & GREET IN
<b>5. Total only this Page</b> \$ 791.28					
<b>6. Total of ALL CRO-1310 Pages</b>					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> \$ 4,142.93					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other	* Codes require detailed explanation in required remarks field (k)				

# Disbursements

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			
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 <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments		
WHISTLE STOP PRESS 175 DAVIS ROAD SOUTHERN PINES, NC 28387 (910) 692-8366		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			
		\$ 645.28			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	11/02/2022	\$ 296.46	1/4 SHEET CANDIDATE
01	Debit Card	B	11/08/2022	\$ 348.82	INFO 1/4 SHEET CANDIDATE SHEETS
5. Total only this Page				\$ 645.28	
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 <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other	* Codes require detailed explanation in required remarks field (k)				

# 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)				2. ID Number		
SAMPSON FOR BOE						
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	Electric Funds Tran	C	10/24/2022	\$ 2.78	ONLINE FEE FOR DONATIONS
4. Total only this Page				\$	2.78	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$	2.78	
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

# In-Kind Contributions

Pg 1 of 1

**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.

<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> (include city, state, & zip)		<b>b. Type of Contributor</b>	
LYNN ANTIL 8 MAPLES LANE PINEHURST, NC 28374 (910) 528-2191		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 100.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD AND DRINKS - EVENT HOST		11/01/2022	\$ 100.00
			\$
			\$
<b>3. Contributor Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 203.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
WEBSITE FEE - CAMPAIGNPARTNERS.COM		11/09/2022	\$ 29.00
WEBSITE FEE - CAMPAIGNPARTNERS.COM		12/09/2022	\$ 29.00
			\$
<b>4. Total only this Page</b>		\$ 158.00	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 158.00	

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.

### c. Beginning Balance

\$ 2,195.45

### d. Total Amount Paid

\$ 2,492.90

### e. Total Amount Incurred

\$ 297.45

### f. Remaining Balance

\$ 0.00

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

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

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

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

10/24/2022

### g3. Amount

\$ 297.45

### g4. Purpose Code

B

### g5. Required Remarks

CAMPAIGN MATERIALS

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

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

### g3. Amount

### g4. Purpose Code

### g5. Required Remarks

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

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

### g3. Amount

### g4. Purpose Code

### g5. Required Remarks

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

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

### g3. Amount

### g4. Purpose Code

### g5. Required Remarks

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

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

### g3. Amount

### g4. Purpose Code

### g5. Required Remarks

## 4. Total only this Page

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

\$ 0.00

## 5. Total of ALL CRO-1610 Pages

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

\$ 0.00

## 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.)