

# Disclosure Report Cover

MOORE COUNTY  
PUBLIC COPY

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.

|   |               |  |                                    |                           |
|---|---------------|--|------------------------------------|---------------------------|
| <b>1. Committee Information</b>   |               |  |                                    |                           |
| <b>a. Full Name</b><br>MORGAN PINEHURST COUNCIL   |               |  | <b>c. ID Number</b>                |                           |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>28 KILBRIDE DRIVE<br>PINEHURST, NC 28374  |               |  | <b>d. Date Filed</b><br>01/01/2022 |                           |
|   |               |  | <b>e. Phone Number</b>             |                           |
| <b>2. Report Year</b> <b>3. Period Start Date (mm/dd/yy)</b> <b>4. Period End Date (mm/dd/yy)</b> <b>5. Treasurer Full Name</b>   |               |  |                                    |                           |
| 2021  |               | 10/19/2021   | 12/31/2021                         | LYDIA BOESCH*             |
| <b>6. Type of Committee (Check One)</b>   |               | <b>9. Type of Report (check only one type of report from one category)</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>Municipal</b> <b>State/County</b> <b>Referendum</b><br><input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Final<br><input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Annual<br><input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Special<br><input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Year End <input type="checkbox"/> Mid Year<br><input checked="" type="checkbox"/> Final <input type="checkbox"/> Year End<br><input type="checkbox"/> Special <input type="checkbox"/> Final<br><input type="checkbox"/> <input type="checkbox"/> Special |                                    |                           |
| <b>7. Type of Fund (if applicable, check one)</b>   |               | <b>10. Special Report Name</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>   |               |  |                                    |                           |
| 0   |               |  |                                    |                           |
| <b>3. Account Information</b>   |               | <b>3. Account Information</b>  |                                    |                           |
| <b>a. Financial Institution Full Name</b><br>BB&T   |               | <b>a. Financial Institution Full Name</b>  |                                    |                           |
| <b>b. Purpose</b><br>TO DEPOSIT CAMPAIGN<br>CONTRIBUTIONS AND<br>PAY CAMPAIGN<br>EXPENSES   |               | <b>b. Purpose</b>  |                                    |                           |
| <b>c. Account Code</b><br>1A  |               | <b>c. Account Code</b>   |                                    |                           |
| <b>d. Period Begin Balance</b><br>\$ 3,167.41   |               | <b>d. Period Begin Balance</b><br>\$   |                                    |                           |
| <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 |               |  |                                    |                           |
| <u>LYDIA BOESCH</u><br>Printed Name of Signer   |               | <u>Lydia Boesch</u><br>Signature of Appointed Treasurer  |                                    | <u>01/01/2022</u><br>Date |
| <b>FOR OFFICE USE ONLY</b>  |               |  |                                    |                           |
| Date Received:  | <u>1-6-22</u> | Employee   | <u>[Signature]</u>                 |                           |
| Date Postmarked:  | <u>1-4-22</u> | Employee   |                                    |                           |
| Date Scanned:   |               | Employee   |                                    |                           |
| Date Data Entered:  |               | Employee   |                                    |                           |
|   |               | <b>Delivery Method</b><br><input checked="" type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |                                    |                           |
| <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>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.   |               |  |                                    |                           |



# MOORE COUNTY PUBLIC COPY

Amendment  
☐ Yes ☒ No

## Detailed Summary

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

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>MORGAN PINEHURST COUNCIL |  | <b>2. Type of Report</b><br>2021 Final |  | <b>3. ID Number</b>              |  |
| <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   |  | \$ 3,167.41                            |  | \$ 0.00                          |  |
| <b>RECEIPTS</b>  |  |  |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                            |  | \$ 50.00                               |  | \$ 55.00                         |  |
| 6) Contributions from Individuals (CRO-1210)                                       |  | \$ 5,371.96                            |  | \$ 21,165.96                     |  |
| 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)  |  | \$ 0.14                                |  | \$ 0.14                          |  |
| 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)       |  | \$ 5,422.10                            |  | \$ 21,221.10                     |  |
| <b>EXPENDITURES</b>  |  |  |  |                                  |  |
| 13) Disbursements  |  |  |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)   |  | \$ 5,172.42                            |  | \$ 6,598.87                      |  |
| 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)                                   |  | \$ 20.13                               |  | \$ 20.13                         |  |
| 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)   |  | \$ 3,396.96                            |  | \$ 14,602.10                     |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)                |  | \$ 8,589.51                            |  | \$ 21,221.10                     |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)       |  | \$ 0.00                                |  | \$ 0.00                          |  |
| <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                          |  |

## MOORE COUNTY

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Aggregated Contributions from Individuals Page 1 of 1

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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> |  |
| MORGAN PINEHURST COUNCIL   |                        |                           |                               |                             |                     |  |
| <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   | 1A                     | Check                     |                               | 10/26/2021                  | \$ 50.00            |  |
| <input type="checkbox"/> Remove  |                        |                           |                               |                             |                     |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |                             | \$ 50.00            |  |
| <b>5. Total of ALL CRO-1205 Pages</b>                                  |                        |                           |                               |                             | \$ 50.00            |  |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             |                     |  |

CRO-1205

NC State Board of Elections

April 2007



**Contributions from Individuals**

Pg 1 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> |
| MORGAN PINEHURST COUNCIL   |                        |                           |                               |  |                    |                     |
| <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>           | <b>d. Comments</b> |                     |
| JAMES CONNELL<br>15 PINEWILD DR<br>PINEHURST, NC 28374   |                        |                           |                               | CONSULTANT                               |                    |                     |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                    |                     |
|  |                        |                           |                               | SELF-EMPLOYED                            |                    |                     |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                    |                     |
|  |                        |                           |                               | \$ 250.00                                |                    |                     |
| <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"/>   | 1A                     | Check                     |                               | 10/25/2021                               | \$ 250.00          |                     |
| <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>           | <b>d. Comments</b> |                     |
| DAN W DALY<br>3 GADSTEN COURT<br>PINEHURST, NC 28374   |                        |                           |                               | ADMINISTRATIVE<br>MANAGER                |                    |                     |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                    |                     |
|  |                        |                           |                               | SUPERIOR CRANES, INC.                    |                    |                     |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                    |                     |
|  |                        |                           |                               | \$ 500.00                                |                    |                     |
| <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"/>   | 1A                     | Check                     |                               | 11/02/2021                               | \$ 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>           | <b>d. Comments</b> |                     |
| HAL C HERRING JR<br>30 KILBRIDE DRIVE<br>PINEHURST, NC 28374   |                        |                           |                               | OPTOMETRY                                |                    |                     |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                    |                     |
|  |                        |                           |                               | SELF                                     |                    |                     |
|  |                        |                           |                               | <b>e. Election Sum to Date</b>           |                    |                     |
|  |                        |                           |                               | \$ 250.00                                |                    |                     |
| <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"/>   | 1A                     | Check                     |                               | 10/25/2021                               | \$ 250.00          |                     |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                 |                     |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                 |                     |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                    | \$ 1,000.00         |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |  |                    | \$ 5,371.96         |

# MOORE COUNTY PUBLIC COPY

## Contributions from Individuals

Pg 2 of 4

|   |
|---|
| Amendment   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>            |  |
| MORGAN PINEHURST COUNCIL  |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| GARY KRASICKY<br>77 ABBOTTSFORD DRIVE<br>PINEHURST, NC 28374  |                        |                           | RETIRED RADIOLOGIST                      |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | DIAGNOSTIC RADIOLOGY                     |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 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"/>  | 1A                     | Cash                      |  | 10/23/2021                  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| JAMES LEXO<br>15 BEL AIR DRIVE<br>PINEHURST, NC 28374   |                        |                           | CONSULTANT                               |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | CORPORATE STRATEGIC SERVICES             |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 250.52                      |  |
| <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"/>  | 1A                     | In-Kind                   | COSTS OF MEET & GREET                    | 10/28/2021                  | \$ 250.52                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| MARTY MCKENZIE<br>PO BOX 1553<br>PINEHURST, NC 28370  |                        |                           | REAL ESTATE DEVELOPMENT                  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | SELF                                     |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 300.00                      |  |
| <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"/>  | 1A                     | Check                     |  | 10/23/2021                  | \$ 300.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 650.52                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                          |                        |                           |  |                             | \$ 5,371.96                    |  |



# MOORE COUNTY PUBLIC COPY

## Contributions from Individuals

Pg 3 of 4

|   |
|---|
| Amendment   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>            |  |
| MORGAN PINEHURST COUNCIL  |                        |                           |                                     |  |                  |                                |  |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> |                        |                           |                                     |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                                     | <b>b. Job Title/Profession</b>   |                  | <b>d. Comments</b>             |  |
| JEFFREY S MORGAN<br>28 KILBRIDE DRIVE<br>PINEHURST, NC 28374  |                        |                           |                                     | CHIEF OF STAFF,<br>FAYETTEVILLE VA;<br><b>c. Employer's Name/Specific Field</b><br>VETERANS HEALTH<br>ADMINISTRATION |                  |                                |  |
|   |                        |                           |                                     |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                                     |  |                  | \$ 7,394.16                    |  |
| <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"/>  | 1A                     | In-Kind                   | CAMPAIGN ADS                        | 12/19/2021   | \$ 2,875.00      |                                |  |
| <input type="checkbox"/>  |                        |                           |                                     |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                                     |  | \$               |                                |  |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> |                        |                           |                                     |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                                     | <b>b. Job Title/Profession</b>   |                  | <b>d. Comments</b>             |  |
| LAURA C MORGAN<br>28 KILBRIDE<br>PINEHURST, NC 28374  |                        |                           |                                     | SOLOLIST/SINGER<br><br><b>c. Employer's Name/Specific Field</b><br>SELF-EMPLOYED                                     |                  |                                |  |
|   |                        |                           |                                     |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                                     |  |                  | \$ 6,581.43                    |  |
| <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"/>  | 1A                     | Credit Card               |                                     | 10/19/2021   | \$ 25.00         |                                |  |
| <input type="checkbox"/>  | 1A                     | In-Kind                   | BALANCE DUE FOR<br>DIRECT MAIL DROP | 10/26/2021   | \$ 271.44        |                                |  |
| <input type="checkbox"/>  |                        |                           |                                     |  | \$               |                                |  |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> |                        |                           |                                     |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                                     | <b>b. Job Title/Profession</b>   |                  | <b>d. Comments</b>             |  |
| MARY PLUNKETT<br>100 MAGNOLIA AVE<br>PINEHURST, NC 28374  |                        |                           |                                     | PHYSICIAN<br><br><b>c. Employer's Name/Specific Field</b><br>FIRSTHEALTH OF THE<br>CAROLINAS                         |                  |                                |  |
|   |                        |                           |                                     |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                                     |  |                  | \$ 250.00                      |  |
| <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"/>  | 1A                     | Credit Card               |                                     | 10/19/2021   | \$ 250.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                                     |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                                     |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                                     |  |                  | \$ 3,421.44                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                          |                        |                           |                                     |  |                  | \$ 5,371.96                    |  |

# MOORE COUNTY PUBLIC COPY

## Contributions from Individuals

Pg 4 of 4

|   |
|---|
| Amendment   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>MORGAN PINEHURST COUNCIL  |                        |                           |                               |   | <b>2. ID Number</b> |                    |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>                 |                        |                           |                               |   |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>JACQUELINE ROSS<br>29 STRATHAVEN DRIVE<br>PINEHURST, NC 28374 |                        |                           |                               | <b>b. Job Title/Profession</b><br>REAL ESTATE SALES   |                     | <b>d. Comments</b> |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>SELF      |                     |                    |
|   |                        |                           |                               | <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> | <b>j. Date (mm/dd/yyyy)</b>                           | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>  | 1A                     | Check                     |                               | 10/24/2021  | \$ 100.00           |                    |
| <input type="checkbox"/>  |                        |                           |                               |   | \$                  |                    |
| <input type="checkbox"/>  |                        |                           |                               |   | \$                  |                    |
| <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>                 |                        |                           |                               |   |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>KATHRYN TALTON<br>18 PERTH PLACE<br>PINEHURST, NC 28374       |                        |                           |                               | <b>b. Job Title/Profession</b><br>HOMEMAKER           |                     | <b>d. Comments</b> |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>HOMEMAKER |                     |                    |
|   |                        |                           |                               | <b>e. Election Sum to Date</b><br>\$ 200.00           |                     |                    |
| <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"/>  | 1A                     | Credit Card               |                               | 10/20/2021  | \$ 200.00           |                    |
| <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)  |                        |                           |                               |   | \$ 5,371.96         |                    |

Amendment

☐ Yes ☒ No

## Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

|  |                                    |                               |   |                             |                    |
|--|------------------------------------|-------------------------------|---|-----------------------------|--------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>MORGAN PINEHURST COUNCIL   |                                    |                               |   | <b>2. ID Number</b>         |                    |
| <b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i><br><input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income  |                                    |                               |   |                             |                    |
| <b>4. 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>PAYPAL<br>2211 N FIRST STREET<br>SAN JOSE, CA 95131  |                                    |                               | <b>b. Not-for-Profit Federal ID #</b>     |                             | <b>d. Comments</b> |
|  |                                    |                               | <b>c. Outside Source Explanation</b>      |                             |                    |
|  |                                    |                               | <b>e. Election Sum to Date</b><br>\$ 0.14 |                             |                    |
| <b>f. Account Code</b><br>1A   | <b>g. Form of Payment</b><br>Draft | <b>h. In-Kind Description</b> | <b>i. Date (mm/dd/yyyy)</b><br>10/22/2021 | <b>j. Amount</b><br>\$ 0.14 |                    |
|  |                                    |                               |   | \$                          |                    |
| <b>5. Total only this Page</b>   |                                    |                               |   | \$ 0.14                     |                    |
| <b>6. Total of ALL CRO-1250 Pages</b><br><i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i><br><i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i><br><i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> |                                    |                               |   | \$ 0.14                     |                    |

CRO-1250

NC State Board of Elections

December 2007



Amendment

☐ Yes ☒ No

## Aggregated Non-Media Expenditures

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

|   |                        |                           |                        |                                      |                     |                            |
|---|------------------------|---------------------------|------------------------|--------------------------------------|---------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                  |                        |                           |                        |                                      | <b>2. ID Number</b> |                            |
| MORGAN PINEHURST COUNCIL  |                        |                           |                        |                                      |                     |                            |
| <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<br><input type="checkbox"/> Remove         | 1A                     | Draft                     | O                      | 10/21/2021                           | \$ 3.00             | BANK SERVICE CHARGE        |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove         | 1A                     | Draft                     | O                      | 11/22/2021                           | \$ 3.00             | BANK SERVICE CHARGE        |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove         | 1A                     | Draft                     | O                      | 10/21/2021                           | \$ 13.99            | PAYPAL FEE                 |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove         | 1A                     | Draft                     | O                      | 10/22/2021                           | \$ 0.14             | VERIFYBANK CHARGE          |
| <b>4. Total only this Page</b>  |                        |                           |                        |                                      | \$                  | 20.13                      |
| <b>5. Total of ALL CRO-1315 Pages</b>                                   |                        |                           |                        |                                      | \$                  | 20.13                      |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> |                        |                           |                        |                                      |                     |                            |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>   |                        |                           |                        |                                      |                     |                            |
| B* - Printing   |                        | C* - Fundraising          |                        | D - To Another Candidate             |                     |                            |
| E - Salaries  |                        | F* - Equipment            |                        | G - Political Party                  |                     |                            |
| I - Postage   |                        | J - Penalties             |                        | K* - Office Expenses                 |                     |                            |
| O* - Other  |                        |                           |                        | H* - Holding Public Office Expenses  |                     |                            |
|   |                        |                           |                        | Q* - Donations to Legal Expense Fund |                     |                            |
| * Codes require detailed explanation in required remarks field (g)      |                        |                           |                        |                                      |                     |                            |

# MOORE COUNTY PUBLIC COPY

Amendment  
☐ Yes ☒ No

## Disbursements

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

|  |                           |                        |                             |  |                            |                                     |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |                             |  | <b>2. ID Number</b>        |                                     |
| MORGAN PINEHURST COUNCIL   |                           |                        |                             |  |                            |                                     |
| <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   |                           |                        |                             |  |                            |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                             | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| FIRST FLIGHT AGENCY<br>PO BOX 58<br>SOUTHERN PINES, NC 28388   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|  |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |                        |                             |  |                            | <b>e. Election Sum to Date</b>      |
|  |                           |                        |                             |  |                            | \$ 2,583.98                         |
| <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> |                                     |
| 1A   | Check                     | O                      | 11/04/2021                  | \$ 1,927.73  | T-SHIRTS                   |                                     |
|  |                           |                        |                             | \$   |                            |                                     |
| <b>4. Payee 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. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| MARKETPLACE RESTAURANT<br>246 OLMSTED BLVD<br>PINEHURST, NC 28374  |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|  |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |                        |                             |  |                            | <b>e. Election Sum to Date</b>      |
|  |                           |                        |                             |  |                            | \$ 128.00                           |
| <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> |                                     |
| 1A   | Check                     | O                      | 11/02/2021                  | \$ 128.00  | LUNCHES FOR POLL           |                                     |
|  |                           |                        |                             | \$   | WORKERS                    |                                     |
| <b>4. Payee 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. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>                  |
| JEFFREY S MORGAN<br>28 KILBRIDE DRIVE<br>PINEHURST, NC 28374   |                           |                        |                             | <b>c. Level Registered (Specify)</b>   |                            |                                     |
|  |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |
|  |                           |                        |                             |  |                            | <b>e. Election Sum to Date</b>      |
|  |                           |                        |                             |  |                            | \$ 3,116.69                         |
| <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> |                                     |
| 1A   | Check                     | O                      | 11/24/2021                  | \$ 3,116.69  | PARTIAL                    |                                     |
|  |                           |                        |                             | \$   | REIMBURSEMENT OF           |                                     |
| <b>5. Total only this Page</b>   |                           |                        |                             |  | \$ 5,172.42                |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |                             |  |                            |                                     |
| (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)   |                           |                        |                             |  | \$ 5,172.42                |                                     |
| <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)   |                           |                        |                             |  |                            |                                     |



# **In-Kind Contributions**

Pg 1 of 1

|                              |  |
|------------------------------|--|
| <b>Amendment</b>             |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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>  |                              |
| MORGAN PINEHURST COUNCIL  |  |  |                              |
| <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. Type of Contributor</b>  |                              |
| JAMES LEXO<br>15 BEL AIR DRIVE<br>PINEHURST, NC 28374   |  | <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>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 250.52  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| COSTS OF MEET & GREET   |  | 10/28/2021   | \$ 250.52                    |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <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. Type of Contributor</b>  |                              |
| JEFFREY S MORGAN<br>28 KILBRIDE DRIVE<br>PINEHURST, NC 28374  |  | <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>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 7,394.16  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| CAMPAIGN ADS  |  | 12/19/2021   | \$ 2,875.00                  |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <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. Type of Contributor</b>  |                              |
| LAURA C MORGAN<br>28 KILBRIDE<br>PINEHURST, NC 28374  |  | <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>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 6,581.43  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| BALANCE DUE FOR DIRECT MAIL DROP  |  | 10/26/2021   | \$ 271.44                    |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>4. Total only this Page</b>  |  | \$ 3,396.96  |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 3,396.96  |                              |