

Disclosure Report Cover

MOORE COUNTY

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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

Emily Beth Stack

c. ID Number

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

400 Spring Lake Drive
Pinehurst, NC 28374

d. Date Filed

1/28/2022

e. Phone Number

919 770 3653

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	10/19/21	12/31/2021	Emily Beth Stack

6. Type of Committee (Check One)

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

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

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

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

Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report**10. Special Report Name****11. Account Information**

a. Financial Institution Full Name

Fidelity Bank NC

11. Account Information

a. Financial Institution Full Name

All campaign
Expenses

c. Account Code

1

b. Purpose

d. Period Begin Balance

\$ 6964.35

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 of Elections.

Emily Stack

Printed Name of Signer

APB

Signature of Appointed Treasurer

1/28/2022

Date

FOR OFFICE USE ONLY

Date Received:

1/28/2022

Employee:

APB

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked:

Employee:

Signer has not received
mandatory training

Date Scanned:

Employee:

Date Data Entered:

Employee:

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.

RECEIVED

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

Detailed Summary**MOORE COUNTY
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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
Stack for Pinehurst Council	Final	
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$109,704.35	\$
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \$
6) Contributions from Individuals	(CRO-1210)	\$ 104,260 \$ 83,03.97
7) Contributions from Political Party Committees	(CRO-1220)	\$ \$
8) Contributions from Other Political Committees	(CRO-1230)	\$ \$
9) Loan Proceeds	(CRO-1410)	\$ \$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ \$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ \$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ \$
11c) Outside Sources of Income	(CRO-1250)	\$ \$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ \$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ \$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 104,260	\$ 83,03.97
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ \$ 6933.43
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ \$ 500.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ \$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ \$
15) Loan Repayments	(CRO-1420)	\$ \$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ \$ 630.54
17) In-Kind Contributions	(CRO-1510)	\$ \$ 500.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 7083.41	\$ 83,03.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$
25) Administrative Support	(CRO-1710)	\$
26) Forgiven Loans	(CRO-1440)	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$
28) Contributions to be Refunded	(CRO-1215)	\$

MOORE COUNTY

Contributions from Individuals

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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

Stack for Pinehurst Council

3. Contributor Information

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

Philip Bell
 911 Fairway Drive NE
 Vienna, VA 22180
 201 682-4934

b. Job Title/Profession

Chair man

c. Employer's Name/Specific Field

Erie Lackawanna
Railroad Corp.

d. Comments

e. Election Sum to Date

\$ 104.26

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Electronic Credit card		11/03/2021	\$ 104.26
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

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

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

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

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 104.26

5. Total of ALL CRO-1210 Pages

\$ 104.26

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

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Amendment
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Yes No

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Stack for Pinelhurst Council					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Filly & Colts 26 Sandpiper Dr. Whispering Pines NC 28327 910 688 7125					
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		\$ 130.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	11/15/2021	\$ 130	Food for volunteer
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Subway 328 Subway Milford, CT 06461 203 877 4281					
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		\$ 164.39			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	3	10/25/2021	\$ 25.29	Food for volunteers
1	Debit	0	10/25/2021	\$ 39.10	(C)
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
The Differentiators, LLC PO Box 17623 Raleigh, NC 27619 405 371 1451					
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		\$ 5591.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	3	10/22/2021	\$ 5,591	mailing
				\$	
5. Total only this Page		\$ 5785.39			
6. Total of ALL CRO-1310 Pages		\$ 5811.48			
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)		\$ 5811.48			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

MOORE COUNTY
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Amendment
 Yes No

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
<i>Small for Pinehurst Council</i>			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<i>Facebook 1 Hacker Way, Menlo Park CA. 94025</i>		d. Comments e. Election Sum to Date <i>\$ 71.89</i>	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove		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	
1 <input type="checkbox"/> Electronic		A <input type="checkbox"/> 10/26/2021 <input type="checkbox"/> \$ 21.83 <input type="checkbox"/> Advertising <input type="checkbox"/> <input type="checkbox"/>	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove		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	
1 <input type="checkbox"/> Electronic		C <input type="checkbox"/> 11/03/2021 <input type="checkbox"/> \$ 4.26 <input type="checkbox"/> Fee for electronic contribution <input type="checkbox"/> <input type="checkbox"/>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<i>Win Red 1770 Wilson Blvd Ste 530 Arlington, VA 22201</i>		d. Comments e. Election Sum to Date <i>\$ 82.98</i>	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove		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	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove		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	
5. Total only this Page		<i>\$ 71.89</i>	
6. Total of ALL CRO-1310 Pages		<i>\$ 154.87</i>	
<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>		<i>\$ 154.87</i>	
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
<i>* Codes require detailed explanation in required remarks field (k)</i>			

Disbursements

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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			
<i>Stack for Pinehurst Council</i>					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<i>Baxter for Congress PO Box 1741 Seabrook, NH 03871 603 570 0919</i>					
c. Level Registered (Specify)					
<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date		<i>\$ 300.00</i>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electronic	D	12/08/2021	\$ 300	<i>Candidate donation</i>
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<i>North Carolina Federation of Young Republicans 4411 Six Forks Rd Suite 100 #120 Raleigh, NC 27609 832 585 7443</i>					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date		<i>\$ 500.00</i>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electronic	G	12/08/21	\$ 500	<i>Sponsor Donation</i>
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date		<i>\$</i>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page		\$ <i>800.00</i>			
6. Total of ALL CRO-1310 Pages		\$ <i>800.00</i>			
<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>		\$ <i>800.00</i>			
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

MOORE COUNTY

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Refunds/Reimbursements From the Committee

Pg

1

of

Amendment

 Yes No

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

1. Committee Full Name (and Fund if applicable)

Stack for Pinehurst Council

2. ID Number

3. Payee Information

 Add Removea. Full Name, Mailing Address & Phone
(include city, state, & zip)Miriam Chee
120 Harvest Ln
Carthage NC 28327
919 720 3653

d. Type of Committee

 Candidate PAC
 Referendum Party

e. Level Registered

 Federal County:
 State Municipality:

f. Purpose Code

 j. Election Sum to Date
\$ 5,600

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount

Check

12/22/21 \$ (630.54)

3. Payee Information

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

d. Type of Committee

 Candidate PAC
 Referendum Party

e. Level Registered

 Federal County:
 State Municipality:

f. Purpose Code

 j. Election Sum to Date
\$

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount

3. Payee Information

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

d. Type of Committee

 Candidate PAC
 Referendum Party

e. Level Registered

 Federal County:
 State Municipality:

f. Purpose Code

 j. Election Sum to Date
\$

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount

4. Total only this Page

\$

5. Total of ALL CRO-1320 Pages

\$

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

630.54

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

L - Returned to Contributor

M - Overpayment for Service

N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind

Q* Other

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