

MOORE COUNTY
PUBLIC COPY

Amendment
 Yes No

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information

| | | | |
|---|-----------------|--|---------------------------------|
| a. Full Name | RECEIVED | | c. ID Number |
| Taylor Clement for Town Council | | | |
| b. Mailing Address (include City, State and Zip Code) | AUG 25 2021 | | d. Date Filed |
| 115 NE Broad Street Southern Pines, NC 28387 | | | |
| | | | e. Phone Number 910-603-6003 |

MOORE BOE

| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2021 | 07/03/2021 | 08/24/2021 | Robert C. Carpenter |

| | | | |
|--|--|--|---|
| 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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund | Municipal <input type="checkbox"/> Organizational <input checked="" 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 | State/County <input type="checkbox"/> Organizational <input checked="" 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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | Referendum <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"/> Other: | | | |
| 8. Number of Fundraisers this Report 0 | | | |

| | |
|--|------------------------------------|
| 11. Account Information | 11. Account Information |
| a. Financial Institution Full Name First Bank of North Carolina | a. Financial Institution Full Name |
| b. Purpose | c. Account Code |
| Campaign Account for Receipts and Expenditures | 1 |
| d. Period Begin Balance | |
| \$ 0 | |
| 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 of Elections.

Robert Carpenter

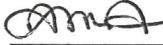
Printed Name of Signer

Signature of Appointed Treasurer

8/24/21

Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|---------|-----------|--|---|
| Date Received: | 8-25-21 | Employee: |  | Delivery Method |
| Date Postmarked: | | Employee: | | <input type="checkbox"/> Normal Mail |
| Date Scanned: | | Employee: | | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | | Employee: | | <input checked="" type="checkbox"/> Hand Delivered |
| | | | | <input type="checkbox"/> Electronically Filed |
| | | | | <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 SummaryMOORE COUNTY
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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 |
|--|-----------------------------|---------------------------|
| Taylor Clement for Town Council | 35 Day | |
| Start of Election Cycle: January 1, 2021 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 0 | \$ 0 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 558.85 \$ 563.85 |
| 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) | \$ 558.85 | \$ 563.85 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ \$ |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ \$ |
| 15) Loan Repayments | (CRO-1420) | \$ \$ |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ 58.9 \$ 63.85 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 500 | \$ 500 |
| 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

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Pg 1 of 1Amendment Yes No

Contributions from Individuals

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 | |
| Taylor Clement for Town Council | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Susan and Alex Bowness 15 James River Place Pinehurst, NC 28374 | | | Owner | | | |
| 910-692-3782 | | | c. Employer's Name/Specific Field | | | |
| | | | Bowness Custom Homes | | | |
| 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"/> | | Check | | 07/03/2021 | \$ 250 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Taylor Clement 115 NE Broad Street Southern Pines, NC 28387 | | | Owner | | Candidate | |
| 910-603-6003 | | | c. Employer's Name/Specific Field | | | |
| | | | Casino Guitars | | | |
| e. Election Sum to Date | | | | | | |
| \$ 5 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | Name Tag - Johnny's O's | 08/04/2021 | \$ 21.40 | |
| <input type="checkbox"/> | | | Business Cards - Jellison Press | 08/11/2021 | \$ 37.45 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Corky & Kristen Gillis 125 Brookline Drive Pinehurst, NC 28374 | | | Owner | | | |
| 859-333-1298 | | | c. Employer's Name/Specific Field | | | |
| | | | AMLI Services LLC | | | |
| 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"/> | | Check | | 08/13/2021 | \$ 250 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 585.85 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 585.85 | |

In-Kind Contributions

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.

| | | |
|--|--|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number |
| Taylor Clement for Town Council | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Taylor Clement 115 NE Broad Street Southern Pines, NC 28387 910-603-6003 | b. Type of Contributor <input 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 | c. Comments d. Election Sum to Date \$ 5 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Name Tags - purchased from Johnny O's | 08/04/2021 | \$ 21.40 |
| Business Cards - purchased from Jellison Press | 08/13/2021 | \$ 37.45 |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line must be on line 17 of Detailed Summary Page CRO-1100) | b. Type of Contributor <input 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 | c. Comments d. Election Sum to Date \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | \$ |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line must be on line 17 of Detailed Summary Page CRO-1100) | b. Type of Contributor <input 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 | c. Comments d. Election Sum to Date \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | \$ |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 58.85 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 58.85 |

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) | | MOORE COUNTY | | 2. ID Number | |
| Taylor Clement for Town Council | | PUBLIC COPY | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input 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 |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal | <input type="checkbox"/> County: | |
| | | | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal | <input type="checkbox"/> County: | |
| | | | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal | <input type="checkbox"/> County: | |
| | | | <input type="checkbox"/> State | <input type="checkbox"/> Municipality: | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page \$ 0 | | | | | |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |