

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.

1. Committee Information																											
a. Full Name		c. ID Number																									
MIKE SAULNIER FOR COUNCIL																											
b. Mailing Address (include City, State and Zip Code)		d. Date Filed																									
880 EAST MASSACHUSETTS AVE SOUTHERN PINES, NC 28387		11/16/2021																									
		e. Phone Number																									
		(910) 725-1105																									
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																								
2021	10/19/2021	11/16/2021	MICHAEL P SAULNIER																								
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																									
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Municipal</th> <th style="width:50%;">State/County</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input checked="" type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> </tr> </table>		Municipal	State/County	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<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
Municipal	State/County																										
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																										
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly																										
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First																										
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second																										
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third																										
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth																										
<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)		10. Special Report Name																									
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																											
8. Number of Fundraisers this Report																											
0																											
3. Account Information		3. Account Information																									
a. Financial Institution Full Name		a. Financial Institution Full Name																									
FIRST BANK																											
b. Purpose	c. Account Code	b. Purpose	c. Account Code																								
CAMPAIGN OPERATIONS	1																										
	d. Period Begin Balance		d. Period Begin Balance																								
	\$1,475.00		\$																								
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																											
<u>MICHAEL P. SAULNIER</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer																									
		11/16/2021 Date																									
FOR OFFICE USE ONLY																											
Date Received:	<u>11/16/21</u>	Employee:	<u>[Signature]</u>																								
Date Postmarked:	_____	Employee:	_____																								
Date Scanned:	_____	Employee:	_____																								
Date Data Entered:	_____	Employee:	_____																								
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <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 Summary

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

MOORE COUNTY Amendment
PUBLIC COPY ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
MIKE SAULNIER FOR COUNCIL		2021 Final			
Start of Election Cycle: January 1, 2018			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 1,475.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 200.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,064.33		\$ 3,847.47	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,114.33		\$ 4,047.47	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
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)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 1,825.00		\$ 1,825.00	
17) In-Kind Contributions (CRO-1510)		\$ 764.33		\$ 2,222.47	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,589.33		\$ 4,047.47	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
ADDITIONAL INFORMATION					
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	

Aggregated Contributions from Individuals

Page

1

of

1

☒ Yes☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE SAULNIER FOR COUNCIL					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Check		10/21/2021	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$50.00
5. Total of ALL CRO-1205 Pages				\$	\$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 2

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
MIKE SAULNIER FOR 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	
GARY CARROLL 307 MAGNOLIA CIRLCE SOUTHERN PINES, NC 28387			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	MEET AND GREET DRINKS	10/22/2021	\$ 75.00	
<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	
BARBARA CHOPE 1475 MIDLAND ROAD #62 SOUTHERN PINES, NC 28387			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	MEET AND GREET	10/31/2021	\$ 130.00	
<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	
LEMUEL DOWDY 245 N LEAK ST SOUTHERN PINES, NC 28387			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2021	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 405.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,064.33	

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	
MIKE SAULNIER FOR 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	
CATHY HARPSTER 105 MAGNOLIA AVE PINEHURST, NC 28374			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/22/2021	\$ 100.00	
<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	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			EXECUTIVE			
			c. Employer's Name/Specific Field			
			WORLDWIDE LANGUAGE RESOURCES			
					e. Election Sum to Date	
					\$ 192.47	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	MEET AND GREET - SNACKS AND DRINKS	10/20/2021	\$ 214.61	
<input type="checkbox"/>	1	In-Kind	MEET AND GREET FOOD AND DRINKS	10/22/2021	\$ 64.72	
<input type="checkbox"/>	1	In-Kind	NEWSPAPER AD THE PILOT	10/28/2021	\$ 280.00	
4. Total only this Page					\$ 659.33	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,064.33	

Refunds/Reimbursements From the Committee Pg 1 of 5

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE SAULNIER FOR COUNCIL					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MARY SAULNIER 880 EAST MASSACHUSETTS AVE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/30/2021
					i. Original Receipt Amount
					\$ 150.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
NO JOB TITLE		NOT EMPLOYED		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	NEWSPAPER AD		11/15/2021	\$ 150.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/06/2021
					i. Original Receipt Amount
					\$ 5.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	FILING FEE		11/15/2021	\$ 5.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/06/2021
					i. Original Receipt Amount
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		L	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			11/15/2021	\$ 100.00
4. Total only this Page					\$ 255.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,825.00
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-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

MOORE COUNTY
PUBLIC COPY

Amendment

☐ Yes ☒ No

Page 2 of 5

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE SAULNIER FOR COUNCIL					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		09/11/2021
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 98.44
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	STICKERS PAYMENT		11/15/2021	\$ 98.44
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		09/12/2021
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 708.40
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	YARD SIGN REIMBURSEMENT		11/15/2021	\$ 708.40
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		10/04/2021
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Receipt Amount
					\$ 60.93
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	HANDOUT CARDS		11/15/2021	\$ 60.93
4. Total only this Page					\$ 867.77
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,825.00
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 O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

MOORE COUNTY
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☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE SAULNIER FOR COUNCIL					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Receipt Date 10/07/2021
					i. Original Receipt Amount \$ 287.50
b. Job Title/Profession EXECUTIVE		c. Employer's Name/Specific Field WORLDWIDE LANGUAGE RESOURCES		f. Purpose Code P	
				j. Election Sum to Date \$ 192.47	
k. Account Code 1	l. Form of Payment Check	m. Required Remarks YARD SIGNS		n. Date (mm/dd/yyyy) 11/15/2021	o. Amount \$ 287.50
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Receipt Date 10/11/2021
					i. Original Receipt Amount \$ 13.18
b. Job Title/Profession EXECUTIVE		c. Employer's Name/Specific Field WORLDWIDE LANGUAGE RESOURCES		f. Purpose Code P	
				j. Election Sum to Date \$ 192.47	
k. Account Code 1	l. Form of Payment Check	m. Required Remarks VOTER LIST		n. Date (mm/dd/yyyy) 11/15/2021	o. Amount \$ 13.18
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					h. Original Receipt Date 10/12/2021
					i. Original Receipt Amount \$ 23.20
b. Job Title/Profession EXECUTIVE		c. Employer's Name/Specific Field WORLDWIDE LANGUAGE RESOURCES		f. Purpose Code P	
				j. Election Sum to Date \$ 192.47	
k. Account Code 1	l. Form of Payment Check	m. Required Remarks POSTAGE		n. Date (mm/dd/yyyy) 11/15/2021	o. Amount \$ 23.20
4. Total only this Page					\$ 323.88
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,825.00
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 O* Other * Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

Pg. 4 of 5

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE SAULNIER FOR COUNCIL					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/12/2021
					i. Original Receipt Amount
					\$ 11.49
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	THANK YOU CARDS		11/15/2021	\$ 11.49
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/20/2021
					i. Original Receipt Amount
					\$ 214.61
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	MEET AND GREET		11/15/2021	\$ 214.61
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/22/2021
					i. Original Receipt Amount
					\$ 64.72
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	MEET AND GREET		11/15/2021	\$ 64.72
4. Total only this Page					\$ 290.82
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,825.00
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 O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

MOORE COUNTY
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Pg 5 of 5

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE SAULNIER FOR COUNCIL					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/28/2021
					i. Original Receipt Amount
					\$ 280.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES		P	
				j. Election Sum to Date	
				\$ 192.47	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	NEWSPAPER AD		11/15/2021	\$ 87.53
4. Total only this Page					\$ 87.53
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,825.00
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 O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

MOORE COUNTY

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Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
MIKE SAULNIER FOR COUNCIL			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
GARY CARROLL 307 MAGNOLIA CIRLCE SOUTHERN PINES, NC 28387	<input checked="" type="checkbox"/> Individual		
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$ 75.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEET AND GREET DRINKS	10/22/2021	\$ 75.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
BARBARA CHOPE 1475 MIDLAND ROAD #62 SOUTHERN PINES, NC 28387	<input checked="" type="checkbox"/> Individual		
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$ 130.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEET AND GREET	10/31/2021	\$ 130.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387	<input checked="" type="checkbox"/> Individual		
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$ 192.47	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEET AND GREET - SNACKS AND DRINKS	10/20/2021	\$ 214.61	
MEET AND GREET FOOD AND DRINKS	10/22/2021	\$ 64.72	
NEWSPAPER AD THE PILOT	10/28/2021	\$ 280.00	
4. Total only this Page		\$ 764.33	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 764.33	