

**Disclosure Report Cover****MOORE COUNTY**

**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.

**PUBLIC COPY****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		
 <b>NOV 16 2021</b>		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	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:			

8. Number of Fundraisers this Report	0
3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST BANK	
b. Purpose	c. Account Code
CAMPAIGN OPERATIONS	1
d. Period Begin Balance	
\$1,475.00	
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

MICHAEL P. SAULNIER

Printed Name of Signer

MICHAEL P. SAULNIER

Signature of Appointed Treasurer

11/16/2021

Date

**FOR OFFICE USE ONLY**

Date Received:	11/16/21	Employee:	<u>MS</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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.

**MOORE COUNTY** Amendment  
**PUBLIC COPY**  Yes  No

## Detailed Summary

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	
MIKE SAULNIER FOR COUNCIL	2021 Final		
<b>Start of Election Cycle: January 1, 2018</b>		<b>Total this Reporting Period</b>	
4) Cash on Hand at Start	\$ 1,475.00	\$ 0.00	
<b>RECEIPTS</b>			
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) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1,114.33	\$ 4,047.47	
<b>EXPENDITURES</b>			
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) <b>TOTAL EXPENDITURES</b> (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	
<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 Amendment  
 Page 1 of 1 COPY  Yes  No

**Aggregated Contributions from Individuals**

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>		
MIKE SAULNIER FOR COUNCIL					
<b>3. Contributor Information</b>					
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					
<b>4. Total only this Page</b>			\$ 50.00		
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>			\$ 50.00		

CRO-1205

NC State Board of Elections

April 2007

MOORE COUNTY  
PUBLIC COPY

Amendment  
 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	
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		
			NO JOB TITLE			
GARY CARROLL 307 MAGNOLIA CIRLCE SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field	e. Election Sum to Date		
			NOT EMPLOYED	\$ 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		
			NO JOB TITLE			
BARBARA CHOPE 1475 MIDLAND ROAD #62 SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field	e. Election Sum to Date		
			NOT EMPLOYED	\$ 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		
			NO JOB TITLE			
LEMUEL DOWDY 245 N LEAK ST SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field	e. Election Sum to Date		
			NOT EMPLOYED	\$ 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	

MOORE COUNTY  
PUBLIC COPY

**Amendment**

## Contributions from Individuals

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>
MIKE SAULNIER FOR COUNCIL						
<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>	
CATHY HARPSTER 105 MAGNOLIA AVE PINEHURST, NC 28374			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		<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>		
<input type="checkbox"/>	1	Check		10/22/2021	\$ 100.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b> EXECUTIVE		<b>d. Comments</b>	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>c. Employer's Name/Specific Field</b> WORLDWIDE LANGUAGE RESOURCES		<b>e. Election Sum to Date</b>  \$ 192.47	
<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>		
<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	
<b>4. Total only this Page</b>					\$ 659.33	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1,064.33	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

## MOORE COUNTY

## PUBLIC COPY

Amendment  
 Yes  NoRefunds/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				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments
MARY SAULNIER 880 EAST MASSACHUSETTS AVE SOUTHERN PINES, NC 28387			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 09/30/2021
				i. Original Receipt Amount \$ 150.00
				j. Election Sum to Date
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
NO JOB TITLE		NOT EMPLOYED	P	\$ 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
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 07/06/2021
				i. Original Receipt Amount \$ 5.00
				j. Election Sum to Date
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	\$ 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
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 07/06/2021
				i. Original Receipt Amount \$ 100.00
				j. Election Sum to Date
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	L	\$ 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 \$ 1,825.00 (This line must be on line 15 of Detailed Summary Page CRO-1100)				
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)				

## MOORE COUNTY

PUBLCOPY Pg 2 of 5

Amendment  
 Yes  No

## Refunds/Reimbursements From the Committee

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				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>g. Comments</b>
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>h. Original Receipt Date</b> 09/11/2021
				<b>i. Original Receipt Amount</b> \$ 98.44
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>	<b>j. Election Sum to Date</b>
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	\$ 192.47
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	STICKERS PAYMENT	11/15/2021	\$ 98.44
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>g. Comments</b>
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>h. Original Receipt Date</b> 09/12/2021
				<b>i. Original Receipt Amount</b> \$ 708.40
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>	<b>j. Election Sum to Date</b>
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	\$ 192.47
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	YARD SIGN REIMBURSEMENT	11/15/2021	\$ 708.40
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>g. Comments</b>
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>h. Original Receipt Date</b> 10/04/2021
				<b>i. Original Receipt Amount</b> \$ 60.93
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>	<b>j. Election Sum to Date</b>
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	\$ 192.47
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	HANDOUT CARDS	11/15/2021	\$ 60.93
<b>4. Total only this Page</b> \$ 867.77				
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> \$ 1,825.00				
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>				
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kin		O* Other		
<i>* Codes require detailed explanation in required remarks field (m)</i>				

## MOORE COUNTY

PUBLC COPY Pg 3 of 5

Amendment  
 Yes  No

## Refunds/Reimbursements From the Committee

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				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			<b>h. Original Receipt Date</b> 10/07/2021	
			<b>i. Original Receipt Amount</b> \$ 287.50	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	YARD SIGNS	11/15/2021	\$ 287.50
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			<b>h. Original Receipt Date</b> 10/11/2021	
			<b>i. Original Receipt Amount</b> \$ 13.18	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	VOTER LIST	11/15/2021	\$ 13.18
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			<b>h. Original Receipt Date</b> 10/12/2021	
			<b>i. Original Receipt Amount</b> \$ 23.20	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	POSTAGE	11/15/2021	\$ 23.20
<b>4. Total only this Page</b> \$ 323.88				
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> \$ 1,825.00				
<b>6. Purpose Codes</b> (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		
<i>* Codes require detailed explanation in required remarks field (m)</i>				

## MOORE COUNTY

Amendment  
 Yes  No

## Refunds/Reimbursements From the Committee

Pg 4 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				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			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	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	
k. Account Code		i. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy) o. Amount
1		Check	THANK YOU CARDS	11/15/2021 \$ 11.49
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			h. Original Receipt Date 10/20/2021	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	
k. Account Code		i. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy) o. Amount
1		Check	MEET AND GREET	11/15/2021 \$ 214.61
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			h. Original Receipt Date 10/22/2021	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	
EXECUTIVE		WORLDWIDE LANGUAGE RESOURCES	P	
k. Account Code		i. 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 \$ 1,825.00 <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				
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

Amendment

Yes  No

Pg 5 of 5

PUBLIC COPY

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				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments	
MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 10/28/2021	
			i. Original Receipt Amount \$ 280.00	
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	l. Form of Payment 1 Check	m. Required Remarks NEWSPAPER AD	n. Date (mm/dd/yyyy) 11/15/2021	o. Amount \$ 87.53
4. Total only this Page				\$ 87.53
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 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

## MOORE COUNTY

PUBLIC COPY 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)

MIKE SAULNIER FOR COUNCIL

## 2. ID Number

## 3. Contributor Information

 Add  Removea. Full Name, Mailing Address & Phone  
(include city, state, & zip)GARY CARROLL  
307 MAGNOLIA CIRLCE  
SOUTHERN PINES, NC 28387

## b. Type of Contributor

- Individual
- Candidate
- Party
- PAC
- Referendum
- Other Receipt Source

## c. Comments

## d. Election Sum to Date

\$ 75.00

## e. Description

MEET AND GREET DRINKS

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

10/22/2021

## g. Fair Market Amount

\$ 75.00

## 3. Contributor Information

 Add  Removea. Full Name, Mailing Address & Phone  
(include city, state, & zip)BARBARA CHOPE  
1475 MIDLAND ROAD  
#62  
SOUTHERN PINES, NC 28387

## b. Type of Contributor

- Individual
- Candidate
- Party
- PAC
- Referendum
- Other Receipt Source

## c. Comments

## d. Election Sum to Date

\$ 130.00

## e. Description

MEET AND GREET

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

10/31/2021

## g. Fair Market Amount

\$ 130.00

## 3. Contributor Information

 Add  Removea. Full Name, Mailing Address & Phone  
(include city, state, & zip)MICHAEL P SAULNIER  
880 EAST MASSACHUSETTS AVENUE  
SOUTHERN PINES, NC 28387

## b. Type of Contributor

- Individual
- Candidate
- Party
- PAC
- Referendum
- Other Receipt Source

## d. Election Sum to Date

\$ 192.47

## e. Description

MEET AND GREET - SNACKS AND DRINKS

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

10/20/2021

## g. Fair Market Amount

\$ 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

CRO-1510

NC State Board of Elections

December 2007