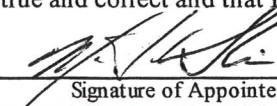


MOORE COUNTY
PUBLIC COPY

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 MIKE SAULNIER FOR COUNCIL		c. ID Number																																		
b. Mailing Address (include City, State and Zip Code) 880 EAST MASSACHUSETTS AVE SOUTHERN PINES, NC 28387		RECEIVED d. Date Filed 10/21/2021 e. Phone Number (910) 725-1105																																		
2. Report Year 2021		3. Period Start Date (mm/dd/yy) 09/21/2021	4. Period End Date (mm/dd/yy) 10/18/2021																																	
5. Treasurer Full Name MICHAEL P SAULNIER		6. Type of Committee (Check One)																																		
<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		9. Type of Report (check only one type of report from one category)																																		
7. Type of Fund (if applicable, check one)		<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> "Booster Fund"</td> <td style="width: 33%;"><input type="checkbox"/> Organizational</td> <td style="width: 33%;"><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Building Fund</td> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> </tr> <tr> <td><input type="checkbox"/> Presidential Election Year Candidates Fund</td> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> </tr> <tr> <td><input type="checkbox"/> NC Public Campaign Financing Fund</td> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Special</td> </tr> </table>		<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Building Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Other:	<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 type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special
<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																		
<input type="checkbox"/> Building Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly																																		
<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First																																		
<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second																																		
<input type="checkbox"/> Other:	<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 type="checkbox"/> Final	<input type="checkbox"/> Year End																																		
	<input type="checkbox"/> Special	<input type="checkbox"/> Final																																		
		<input type="checkbox"/> Special																																		
8. Number of Fundraisers this Report 0		10. Special Report Name																																		
3. Account Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Financial Institution Full Name FIRST BANK</td> <td>b. Purpose CAMPAIGN OPERATIONS</td> <td>c. Account Code 1</td> <td>d. Period Begin Balance \$ 100.00</td> </tr> <tr> <td colspan="2">3. Account Information</td> <td colspan="2">a. Financial Institution Full Name</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">b. Purpose</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">c. Account Code</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">d. Period Begin Balance</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$</td> </tr> </table>				a. Financial Institution Full Name FIRST BANK	b. Purpose CAMPAIGN OPERATIONS	c. Account Code 1	d. Period Begin Balance \$ 100.00	3. Account Information		a. Financial Institution Full Name				b. Purpose				c. Account Code				d. Period Begin Balance				\$										
a. Financial Institution Full Name FIRST BANK	b. Purpose CAMPAIGN OPERATIONS	c. Account Code 1	d. Period Begin Balance \$ 100.00																																	
3. Account Information		a. Financial Institution Full Name																																		
		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																																				
<u>MICHAEL P. SAULNIER</u> Printed Name of Signer		 Signature of Appointed Treasurer																																		
		10/21/2021																																		
		Date																																		
FOR OFFICE USE ONLY <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date Received: <u>10/21/21</u></td> <td>Employee: <u>Mark</u></td> <td>Delivery Method</td> </tr> <tr> <td>Date Postmarked:</td> <td>Employee:</td> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned:</td> <td>Employee:</td> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered:</td> <td>Employee:</td> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>				Date Received: <u>10/21/21</u>	Employee: <u>Mark</u>	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															
Date Received: <u>10/21/21</u>	Employee: <u>Mark</u>	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.																																				

**MOORE COUNTY
PUBLIC COPY**

Amendment
 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 Pre-Election	
Start of Election Cycle: January 1, 2021		Total this Reporting Period
4) Cash on Hand at Start		\$ 100.00
		\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,871.30
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,021.30
		\$ 2,933.14
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 646.30
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 646.30
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,475.00
		\$ 1,475.00
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

MOORE COUNTY
PUBLIC COPY

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 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		10/12/2021	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		09/22/2021	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/03/2021	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 150.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 150.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

MOORE COUNTY

PUBLIC COPY

Pg 1

of

5

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	
			NO JOB TITLE		
GARY CARROLL 307 MAGNOLIA CIRCLE SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field		
			NOT EMPLOYED		
			e. Election Sum to Date		
			\$ 150.00		
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		09/22/2021	\$ 150.00
<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	
			REALTOR		
CAROL HANEY 15 VILLAGE IN THE WOODS SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field		
			Real Estate		
			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		10/01/2021	\$ 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	
			NO JOB TITLE		
JACKIE LINA 10114 BIG CANOE GIB CANOE, GA 30143			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		10/15/2021	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page			\$ 350.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)			\$ 1,871.30		

Contributions from Individuals

MOORE COUNTY

Pg 2

of 5

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)

MIKE SAULNIER FOR COUNCIL

2. ID Number

3. Contributor Information

Add Remove

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

RUSSELL MCALLISTER JR
200 HOLLYCREST DR
PINEHURST, NC 28374

b. Job Title/Profession

NO JOB TITLE

d. Comments

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		09/30/2021	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

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

NANCY MCNIFF
905 EAST INDIANA AVE
SOUTHERN PINES, NC 28387

b. Job Title/Profession

NO JOB TITLE

d. Comments

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	In-Kind	MEET AND GREET	10/14/2021	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

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

DAN PATE
370 SERPENTINE DR
SOUTHERN PINES, NC 28387

b. Job Title/Profession

NO JOB TITLE

d. Comments

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		10/14/2021	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 400.00

5. Total of ALL CRO-1210 Pages \$ 1,871.30

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

Contributions from Individuals

MOORE COUNTY

Pg 3 of 5

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 NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED			
HOPE PRICE 34 VILLAGE GREEN CIRCLE SOUTHERN PINES, NC 28387					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		09/22/2021	\$ 200.00	
<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 NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED			
ROBERTA QUIS 240 N. BETHESDA RD SOUTHERN PINES, NC 28387					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	Check		09/24/2021	\$ 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 NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED			
MARY SAULNIER 880 EAST MASSACHUSETTS AVE SOUTHERN PINES, NC 28387					e. Election Sum to Date \$ 150.00	
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	PILOT NEWSPAPER AD	09/30/2021	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 425.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,871.30	

MOORE COUNTY

PUBLIC COPY 4 of 5Amendment
 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 <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387</td> <td>EXECUTIVE</td> <td colspan="4" rowspan="3"> e. Election Sum to Date \$ 972.77 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>WORLDWIDE LANGUAGE RESOURCES</td> </tr> </table>						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	e. Election Sum to Date \$ 972.77				c. Employer's Name/Specific Field	WORLDWIDE LANGUAGE RESOURCES
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	e. Election Sum to Date \$ 972.77																	
	c. Employer's Name/Specific Field																		
	WORLDWIDE LANGUAGE RESOURCES																		
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	HAND OUT CARDS	10/04/2021	\$ 60.93														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387</td> <td>EXECUTIVE</td> <td colspan="4" rowspan="3"> e. Election Sum to Date \$ 335.37 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>WORLDWIDE LANGUAGE RESOURCES</td> </tr> </table>						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	e. Election Sum to Date \$ 335.37				c. Employer's Name/Specific Field	WORLDWIDE LANGUAGE RESOURCES
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	e. Election Sum to Date \$ 335.37																	
	c. Employer's Name/Specific Field																		
	WORLDWIDE LANGUAGE RESOURCES																		
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	CAMPAIGN YARD SIGNS	10/07/2021	\$ 287.50														
<input type="checkbox"/>	1	In-Kind	MOORE CTY VOTER RPT	10/11/2021	\$ 13.18														
<input type="checkbox"/>	1	In-Kind	THANK YOU CARDS/INVITATIONS	10/12/2021	\$ 11.49														
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387</td> <td>EXECUTIVE</td> <td colspan="4" rowspan="3"> e. Election Sum to Date \$ 335.37 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>WORLDWIDE LANGUAGE RESOURCES</td> </tr> </table>						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	e. Election Sum to Date \$ 335.37				c. Employer's Name/Specific Field	WORLDWIDE LANGUAGE RESOURCES
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	e. Election Sum to Date \$ 335.37																	
	c. Employer's Name/Specific Field																		
	WORLDWIDE LANGUAGE RESOURCES																		
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	USPS POSTAGE STAMPS	10/12/2021	\$ 23.20														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
4. Total only this Page					\$ 396.30														
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,871.30														

Contributions from Individuals

MOORE COUNTY

Pg 5 of 5

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) JEAN WEBSTER 1475 MIDLAND RD SOUTHERN PINES, NC 28387			
		b. Job Title/Profession	d. Comments		
		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		10/06/2021	\$ 200.00
<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) PAMELA WEST 1335 MIDLAND RD SOUTHERN PINES, NC 28387			d. Comments
		b. Job Title/Profession	d. Comments		
		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		09/27/2021	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1,871.30

CRO-1210

NC State Board of Elections

April 2007

In-Kind Contributions**Amendment**Pg 1 of 2 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) NANCY MCNIEFF 905 EAST INDIANA AVE SOUTHERN PINES, NC 28387		b. Type of Contributor <input checked="" 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 \$ 100.00
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/14/2021	g. Fair Market Amount \$ 100.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY SAULNIER 880 EAST MASSACHUSETTS AVE SOUTHERN PINES, NC 28387		b. Type of Contributor <input checked="" 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 \$ 150.00
e. Description PILOT NEWSPAPER AD		f. Date (mm/dd/yyyy) 09/30/2021	g. Fair Market Amount \$ 150.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387		b. Type of Contributor <input checked="" 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 \$ 972.77
e. Description HAND OUT CARDS		f. Date (mm/dd/yyyy) 10/04/2021	g. Fair Market Amount \$ 60.93
			\$
			\$
4. Total only this Page		\$ 310.93	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 646.30	

In-Kind Contributions**MOORE COUNTY**Pg 2 of 2 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) MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387		b. Type of Contributor <input checked="" 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 \$ 335.37
e. Description CAMPAIGN YARD SIGNS		f. Date (mm/dd/yyyy) 10/07/2021	g. Fair Market Amount \$ 287.50
MOORE CTY VOTER RPT		10/11/2021	\$ 13.18
THANK YOU CARDS/INVITATIONS		10/12/2021	\$ 11.49
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL P SAULNIER 880 EAST MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387		b. Type of Contributor <input checked="" 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 \$ 335.37
e. Description USPS POSTAGE STAMPS		f. Date (mm/dd/yyyy) 10/12/2021	g. Fair Market Amount \$ 23.20
			\$
			\$
4. Total only this Page		\$ 335.37	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 646.30	