

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.

<b>1. Committee Information</b>																																							
<b>a. Full Name</b> LINDA FOR WP		<b>c. ID Number</b> RECEIVED																																					
<b>b. Mailing Address (include City, State and Zip Code)</b> 36 PINE RIDGE DRIVE WHISPERING PINES, NC 28327		<b>d. Date Filed</b> OCT 27 2021 10/24/2021																																					
<b>e. Phone Number</b> MOORE BOE																																							
<b>2. Report Year</b> 2021	<b>3. Period Start Date (mm/dd/yy)</b> 09/22/2021	<b>4. Period End Date (mm/dd/yy)</b> 10/18/2021	<b>5. Treasurer Full Name</b> LYDIA BOESCH*																																				
<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report</b> (check only one type of report from one category) <table border="0"> <tr> <td><b>Municipal</b></td> <td><b>State/County</b></td> <td><b>Referendum</b></td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <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> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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<b>7. Type of Fund</b> (if applicable, check one) <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:		<b>10. Special Report Name</b> 																																					
<b>8. Number of Fundraisers this Report</b> 0																																							
<b>3. Account Information</b>		<b>3. Account Information</b>																																					
<b>a. Financial Institution Full Name</b> FIRST BANK		<b>a. Financial Institution Full Name</b>																																					
<b>b. Purpose</b> TO COLLECT CAMPAIGN CONTRIBUTIONS AND PAY CAMPAIGN EXPENSES	<b>c. Account Code</b> 1  <b>d. Period Begin Balance</b> \$ 465.00	<b>b. Purpose</b>	<b>c. Account Code</b>																																				
			<b>d. Period Begin Balance</b> \$																																				
<b>CERTIFICATION</b> 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>LYDIA BOESCH</u> Printed Name of Signer		<u>Lydia Boesch</u> Signature of Appointed Treasurer																																					
		10/24/2021 Date																																					
<b>FOR OFFICE USE ONLY</b>																																							
Date Received:	10-27-21	Employee:	<u>KS</u>																																				
Date Postmarked:	10-25-21	Employee:																																					
Date Scanned:		Employee:																																					
Date Data Entered:		Employee:																																					
<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed																																							
<input type="checkbox"/> Signer has not received mandatory training																																							
<b>Please Note:</b> 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.																																							

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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
LINDA FOR WP	2021 Pre-Election	

Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 465.00	\$ 0.00

## RECEIPTS

5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0.00	\$ 0.00
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 1,984.42	\$ 4,573.41
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 0.00	\$ 0.00
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1,984.42	\$ 4,573.41

## EXPENDITURES

13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 674.10	\$ 674.10
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$ 0.00	\$ 0.00
15) Loan Repayments <i>(CRO-1420)</i>	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$ 0.00	\$ 0.00
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 1,264.42	\$ 3,388.41
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,938.52	\$ 4,062.51
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 510.90	\$ 510.90

## ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0.00	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$ 0.00	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$ 0.00	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$ 0.00	
25) Administrative Support <i>(CRO-1710)</i>	\$ 0.00	\$ 0.00
26) Forgiven Loans <i>(CRO-1440)</i>	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum <i>(CRO-2320)</i>	\$ 0.00	\$ 0.00
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 0.00	\$ 0.00

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Amendment
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No

**Contributions from Individuals**

Pg 1 of 5

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

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<b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 25%;">b. Job Title/Profession</td> <td style="width: 25%;">d. Comments</td> </tr> <tr> <td rowspan="3">KENNETH BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327-9395</td> <td>RETIRED</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>U.S. ARMY</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>e. Election Sum to Date</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ 100.00</td> </tr> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> <tr> <td><input type="checkbox"/></td> <td>1</td> <td>Check</td> <td></td> <td>09/24/2021</td> <td>\$ 100.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="4"> <b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span> </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip) </td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="3">JANICE M CANTELOU 67 MCMICHAEL DRIVE PINEHURST, NC 28374</td> <td>RETIRED</td> <td colspan="3" rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>U.S. ARMY</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>e. 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Total only this Page</b></td> <td style="text-align: right;">\$ 250.00</td> </tr> <tr> <td colspan="5"><b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)</td> <td style="text-align: right;">\$ 1,984.42</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	KENNETH BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327-9395	RETIRED		c. Employer's Name/Specific Field	U.S. ARMY	<b>e. Election Sum to Date</b>		\$ 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		09/24/2021	\$ 100.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$	<b>3. Contributor Information</b> <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. 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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Contributions from Individuals**

Pg 2 of 5

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>								
LINDA FOR WP										
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<input checked="" type="checkbox"/>	1	Check		09/18/2021						
<input type="checkbox"/>	1	In-Kind	FOOD, BEVERAGES AND SUPPLIES FOR MEET &	10/16/2021						
<input type="checkbox"/>										
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>           GATES HARRIS          24 PINE RIDGE DRIVE          WHISPERING PINES, NC 28327       </td> <td style="width: 30%; vertical-align: top;"> <b>b. Job Title/Profession</b>           RETIRED       </td> <td style="width: 40%; vertical-align: top;"> <b>d. Comments</b>   <b>c. Employer's Name/Specific Field</b>           RETIRED       </td> </tr> <tr> <td colspan="2"></td> <td style="vertical-align: top;"> <b>e. Election Sum to Date</b>           \$ 100.00       </td> </tr> </table>					<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  GATES HARRIS 24 PINE RIDGE DRIVE WHISPERING PINES, NC 28327	<b>b. Job Title/Profession</b>  RETIRED	<b>d. Comments</b>  <b>c. Employer's Name/Specific Field</b>  RETIRED			<b>e. Election Sum to Date</b>  \$ 100.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  GATES HARRIS 24 PINE RIDGE DRIVE WHISPERING PINES, NC 28327	<b>b. Job Title/Profession</b>  RETIRED	<b>d. Comments</b>  <b>c. Employer's Name/Specific Field</b>  RETIRED								
		<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		10/07/2021						
<input type="checkbox"/>										
<input type="checkbox"/>										
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>           MATTHEW HINTZ          183 LAKEVIEW DRIVE          WHISPERING PINES, NC 28327       </td> <td style="width: 30%; vertical-align: top;"> <b>b. Job Title/Profession</b>           UNITED STATES ARMY       </td> <td style="width: 40%; vertical-align: top;"> <b>d. Comments</b>   <b>c. Employer's Name/Specific Field</b>           U.S. DEPARTMENT OF DEFENSE       </td> </tr> <tr> <td colspan="2"></td> <td style="vertical-align: top;"> <b>e. Election Sum to Date</b>           \$ 50.00       </td> </tr> </table>					<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MATTHEW HINTZ 183 LAKEVIEW DRIVE WHISPERING PINES, NC 28327	<b>b. Job Title/Profession</b>  UNITED STATES ARMY	<b>d. Comments</b>  <b>c. Employer's Name/Specific Field</b>  U.S. DEPARTMENT OF DEFENSE			<b>e. Election Sum to Date</b>  \$ 50.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MATTHEW HINTZ 183 LAKEVIEW DRIVE WHISPERING PINES, NC 28327	<b>b. Job Title/Profession</b>  UNITED STATES ARMY	<b>d. Comments</b>  <b>c. Employer's Name/Specific Field</b>  U.S. DEPARTMENT OF DEFENSE								
		<b>e. Election Sum to Date</b>  \$ 50.00								
<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	Cash		09/22/2021						
<input type="checkbox"/>										
<input type="checkbox"/>										
<b>4. Total only this Page</b> \$ 189.00										
<b>5. Total of ALL CRO-1210 Pages</b> \$ 1,984.42 (This line must be on line 6 of Detailed Summary Page CRO-1100)										

## MOORE COUNTY

## Contributions from Individuals

PUBLIC COPY

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	
LINDA FOR WP					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
STANLEY KAPLAN 182 PINE RIDGE DRIVE WHISPERING PINES, NC 28327			RETIRED		
			c. Employer's Name/Specific Field		
			RETIRED		
<b>e. Election Sum to Date</b> \$ 50.00					
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		09/26/2021	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
CAROLINE KELLY 3313 KELLY PLANTATION ROAD CARTHAGE, NC 28327			RETIRED		
			c. Employer's Name/Specific Field		
			RETIRED		
<b>e. Election Sum to Date</b> \$ 20.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Cash		10/06/2021	\$ 20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
FRANCES LIPSKI 15 NEW DAY WAY WHISPERING PINES, NC 28327			RETIRED		
			c. Employer's Name/Specific Field		
			RETIRED		
<b>e. Election Sum to Date</b> \$ 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		10/15/2021	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b> \$ 270.00					
<b>5. Total of ALL CRO-1210 Pages</b> \$ 1,984.42 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

**MOORE COUNTY  
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Amendment  
 Yes  No

**Contributions from Individuals**

Pg 4 of 5

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>			
LINDA FOR WP					
<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> RETIRED		<b>d. Comments</b>	
RUTH RENNENBERG 182 PINE RIDGE DRIVE WHISPERING PINES, NC 28327		<b>c. Employer's Name/Specific Field</b> RETIRED		<b>e. Election Sum to Date</b> \$ 50.00	
<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>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		09/26/2021	\$ 50.00
<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> OPERATIONS PROGRAM MANAGER		<b>d. Comments</b>	
LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345		<b>c. Employer's Name/Specific Field</b> THRIFTBOOKS		<b>e. Election Sum to Date</b> \$ 3,399.41	
<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>	<b>k. Amount</b>
<input type="checkbox"/>	1	In-Kind	STAMPS FOR THANK YOU NOTES	09/22/2021	\$ 60.00
<input type="checkbox"/>	1	In-Kind	GOLF TEES	09/23/2021	\$ 58.84
<input type="checkbox"/>	1	In-Kind	STENCIL MATERIAL	09/24/2021	\$ 40.00
<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> OPERATIONS PROGRAM MANAGER		<b>d. Comments</b>	
LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345		<b>c. Employer's Name/Specific Field</b> THRIFTBOOKS		<b>e. Election Sum to Date</b> \$ 3,399.41	
<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>	<b>k. Amount</b>
<input type="checkbox"/>	1	In-Kind	DOOR HANGERS	09/24/2021	\$ 168.83
<input type="checkbox"/>	1	In-Kind	GOLF PENCILS	10/06/2021	\$ 152.71
<input type="checkbox"/>	1	In-Kind	BUSINESS CARDS	10/08/2021	\$ 64.19
<b>4. Total only this Page</b>					\$ 594.57
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,984.42

**MOORE COUNTY**  
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Amendment  
 Yes  No

**Contributions from Individuals**

Pg 5 of 5

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>			
LINDA FOR WP					
<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> OPERATIONS PROGRAM MANAGER		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 3,399.41	
LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345		<b>c. Employer's Name/Specific Field</b> THRIFTBOOKS			
<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>	<b>k. Amount</b>
<input type="checkbox"/>	1	In-Kind	BUSINESS CARDS	10/08/2021	\$ 64.86
<input type="checkbox"/>	1	In-Kind	STAMPS FOR MAILING	10/11/2021	\$ 118.00
<input type="checkbox"/>	1	In-Kind	ENVELOPES FOR MAIL CAMPAIGN	10/17/2021	\$ 40.00
<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> OPERATIONS PROGRAM MANAGER		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 3,399.41	
LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345		<b>c. Employer's Name/Specific Field</b> THRIFTBOOKS			
<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>	<b>k. Amount</b>
<input type="checkbox"/>	1	In-Kind	STAMPS FOR MAILING CAMPAIGN	10/17/2021	\$ 58.00
<input type="checkbox"/>	1	In-Kind	PRINTING FOR MAIL CAMPAIGN	10/17/2021	\$ 268.01
<input type="checkbox"/>	1	In-Kind	BINDERS	10/18/2021	\$ 24.98
<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> OPERATIONS PROGRAM MANAGER		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 3,399.41	
LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345		<b>c. Employer's Name/Specific Field</b> THRIFTBOOKS			
<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>	<b>k. Amount</b>
<input type="checkbox"/>	1	In-Kind	PRINTING - REFERENCE WORKS (LDO)	10/18/2021	\$ 107.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 680.85
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,984.42

**MOORE COUNTY**  
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Pg 1 of 1

**Amendment**  
 Yes  No

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>				
LINDA FOR WP						
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
WOOTEN GRAPHICS PO BOX 819 WELCOME, NC 27374 (336) 731-4650						
		c. Level Registered (Specify)		e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County: <input type="checkbox"/> Municipality:	\$ 674.10		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Check	O	09/22/2021	\$ 330.00	LAWN SIGNS	
1	Check	O	10/06/2021	\$ 344.10	LAWN SIGNS	
<b>5. Total only this Page</b>					\$ 674.10	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 674.10	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

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**In-Kind Contributions**

Pg 1 of 2

**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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
LINDA FOR WP			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JUDY GENESER 78 CARDINAL LANE WHISPERING PINES, NC 28327	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 89.00	
<b>e. Description</b> FOOD, BEVERAGES AND SUPPLIES FOR MEET & GREET		<b>f. Date (mm/dd/yyyy)</b> 10/16/2021	<b>g. Fair Market Amount</b> \$ 39.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 3,399.41	
<b>e. Description</b> STAMPS FOR THANK YOU NOTES		<b>f. Date (mm/dd/yyyy)</b> 09/22/2021	<b>g. Fair Market Amount</b> \$ 60.00
			\$
GOLF TEES		09/23/2021	\$ 58.84
STENCIL MATERIAL		09/24/2021	\$ 40.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 3,399.41	
<b>e. Description</b> DOOR HANGERS		<b>f. Date (mm/dd/yyyy)</b> 09/24/2021	<b>g. Fair Market Amount</b> \$ 168.83
GOLF PENCILS		10/06/2021	\$ 152.71
BUSINESS CARDS		10/08/2021	\$ 64.19
<b>4. Total only this Page</b>		<b>\$ 583.57</b>	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		<b>\$ 1,264.42</b>	

**MOORE COUNTY**  
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Amendment  
 Yes  No

**In-Kind Contributions**

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
LINDA FOR WP			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 3,399.41	
<b>e. Description</b> BUSINESS CARDS		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		10/08/2021	\$ 64.86
STAMPS FOR MAILING		10/11/2021	\$ 118.00
ENVELOPES FOR MAIL CAMPAIGN		10/17/2021	\$ 40.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 3,399.41	
<b>e. Description</b> STAMPS FOR MAILING CAMPAIGN		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		10/17/2021	\$ 58.00
PRINTING FOR MAIL CAMPAIGN		10/17/2021	\$ 268.01
BINDERS		10/18/2021	\$ 24.98
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  LINDA VANDERCOOK 36 PINE RIDGE DR WHISPERING PINES, NC 28327 (253) 267-4345	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 3,399.41	
<b>e. Description</b> PRINTING - REFERENCE WORKS (LDO)		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		10/18/2021	\$ 107.00
			\$
			\$
<b>4. Total only this Page</b>		\$ 680.85	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,264.42	