

Disclosure Report Cover

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																																										
SHANNON 4 MOORE ED		076309																																										
b. Mailing Address (include City, State and Zip Code)		d. Date Filed																																										
113 CHEEK LN CARTHAGE, NC 28327		04/11/2022																																										
		e. Phone Number																																										
		910-295-6628																																										
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																									
2022	01/01/2022	04/30/2022	N* CAROL WHEELDON																																									
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="padding: 2px;">Municipal</th> <th style="padding: 2px;">State/County</th> <th style="padding: 2px;">Referendum</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Organizational</td> <td style="padding: 2px;"><input type="checkbox"/> Organizational</td> <td style="padding: 2px;"><input type="checkbox"/> Organizational</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Thirty-five day</td> <td style="padding: 2px;"><input type="checkbox"/> Quarterly</td> <td style="padding: 2px;"><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-primary</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> First</td> <td style="padding: 2px;"><input type="checkbox"/> Final</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-election</td> <td style="padding: 2px;"><input type="checkbox"/> Second</td> <td style="padding: 2px;"><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-runoff</td> <td style="padding: 2px;"><input type="checkbox"/> Third</td> <td style="padding: 2px;"><input type="checkbox"/> Annual</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Semi-annual</td> <td style="padding: 2px;"><input type="checkbox"/> Fourth</td> <td style="padding: 2px;"><input type="checkbox"/> Special</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Mid Year</td> <td style="padding: 2px;"><input type="checkbox"/> Semi-annual</td> <td colspan="2" style="padding: 2px;">10. Special Report Name</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Year End</td> <td style="padding: 2px;"><input type="checkbox"/> Mid Year</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Final</td> <td style="padding: 2px;"><input type="checkbox"/> Year End</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Special</td> <td style="padding: 2px;"><input type="checkbox"/> Final</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Special</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		Municipal	State/County	Referendum	<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 checked="" 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	10. Special Report Name		<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		
Municipal	State/County	Referendum																																										
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																										
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<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final																																										
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<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																										
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name																																										
<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																																											
7. Type of Fund (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:																																												
8. Number of Fundraisers this Report																																												
0																																												
3. Account Information		3. Account Information																																										
a. Financial Institution Full Name		a. Financial Institution Full Name																																										
PNC BANK*																																												
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																									
CAMPAIGN CHECKING	A																																											
	d. Period Begin Balance		d. Period Begin Balance																																									
	\$ 0.00		\$																																									
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																																												
N CAROL WHEELDON Printed Name of Signer		[Signature] Signature of Appointed Treasurer																																										
		05/06/2022 Date																																										
FOR OFFICE USE ONLY																																												
Date Received:	5/7/2022	Employee:	APB																																									
Date Postmarked:		Employee:																																										
Date Scanned:	MAY 07 2022	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

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

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	
SHANNON 4 MOORE ED		2022 First Quarter		076309	
Start of Election Cycle: January 1, 2021			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 120.00		\$ 167.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,450.00		\$ 2,450.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 1,000.00		\$ 1,000.00	
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)		\$ 3,570.00		\$ 3,617.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 138.07		\$ 138.07	
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)		\$ 23.99		\$ 23.99	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 14.98		\$ 14.98	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 47.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 177.04		\$ 224.04	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,392.96		\$ 3,392.96	
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)		\$ 14.98		\$ 14.98	

Aggregated Contributions from IndividualsPage 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	
SHANNON 4 MOORE ED					026309	
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	A	Cash		02/02/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	A	Cash		02/02/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	A	Cash		02/02/2022	\$ 20.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 120.00	
5. Total of ALL CRO-1205 Pages					\$ 120.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

RECEIVED

MAY 07 2022

MOORE BOE

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	
SHANNON 4 MOORE ED					076309	
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	
THOMAS F BEDDOW 19 EDINBURGH LN PINEHURST, NC 28374			RETIRED			
			c. Employer's Name/Specific Field			
			3M COMPANY			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		04/01/2022	\$ 500.00	
<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	
WILLIAM TOM BRADY PO BOX 1466 CARTHAGE, NC 28327			NOT CURRENTLY EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT CURRENTLY EMPLOYED			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		04/01/2022	\$ 500.00	
<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	
LAWRENCE DEMASTUS 526 GABRIEL LN ABERDEEN, NC 28315			NOT CURRENTLY EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT CURRENTLY EMPLOYED			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		04/07/2022	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,450.00	

Contributions from Individuals

Pg 2 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	
SHANNON 4 MOORE ED					076309	
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
THOMAS LOSAPIO 3308 SEVEN LAKES WEST WEST END, NC 27376				NOT CURRENTLY EMPLOYED		
				c. Employer's Name/Specific Field NOT CURRENTLY 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"/>	A	Check		03/10/2022	\$ 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
MICHAEL SZYNSKI 570 LEGACY LAKES WAY ABERDEEN, NC 28315				OPHTHOMOLOGIST		
				c. Employer's Name/Specific Field SELF		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		01/31/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,450.00	

CRO-1210

NC State Board of Elections

April 2007

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MOORE BOE

Contributions from Political Party Committees Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SHANNON 4 MOORE ED				076309	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MOORE*COUNTY REPUBLICAN PARTY PO BOX 4414 PINEHURST, NC 28374					
				c. Election Sum to Date	
				\$ 1,000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		04/01/2022	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 1,000.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1,000.00	

CRO-1220

NC State Board of Elections

April 2007

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MAY 07 2022

MOORE BOE

Disbursements

Pg 1 of 1

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
SHANNON 4 MOORE ED						076309	
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MICHAEL FREIDEL 2323 SEVEN LAKES SOUTH WEST END, NC 27376				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	C	03/25/2022	\$ 80.00	MEET & GREET		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES 290 TURNER STREET SOUTHERN PINES, NC 18287				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 58.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	B	03/16/2022	\$ 58.07	DONOR ENV		
				\$			
5. Total only this Page						\$ 138.07	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 138.07	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

CRO-1310

NC State Board of Elections

December 2009

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MAY 07 2022

MOORE BOE

Aggregated Non-Media Expenditures

Page 1 of 1Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) SHANNON 4 MOORE ED					2. ID Number 876309	
3. Payee Information						
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code A	c. Form of Payment Draft	d. Purpose Code O	e. Date (mm/dd/yyyy) 02/24/2022	f. Amount \$ 23.99	g. Required Remarks PRINTED CHECKS
4. Total only this Page					\$ 23.99	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 23.99	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

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MAY 07 2022

MOORE BOE

Refunds/Reimbursements From the Committee Pg 1 of 1

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	
SHANNON 4 MOORE ED				076309	
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	
SHANNON DAVIS 113 CHEEK LN CARTHAGE, NC 28327		<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:		04/01/2022	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Receipt Amount	
				\$ 14.98	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
		P		\$ 47.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
A	Check	NAME TAGS	04/01/2022	\$ 14.98	
4. Total only this Page				\$ 14.98	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 14.98	
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

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MAY 07 2022

MOORE BOE

Contributions to be Reimbursed

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
SHANNON 4 MOORE ED		076309	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
SHANNON DAVIS 113 CHEEK LN CARTHAGE, NC 28327		SHANNON DAVIS 113 CHEEK LN CARTHAGE, NC 28327	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
NAME TAGS	04/01/2022	N	\$ 14.98
4. Total only this Page			\$ 14.98
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)			\$ 14.98

CRO-1215

NC State Board of Elections

December 2007

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MOORE BOE