

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 | | 07/05/2022 | |
| | | 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 | 05/01/2022 | 06/30/2022 | 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 | | Municipal <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 type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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"/> "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: | | Referendum <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 | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 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 |
| | \$ 3,392.96 | | \$ |
| 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>N CAROL WHEELDON</u> Printed Name of Signer | | <u>[Signature]</u> Signature of Appointed Treasurer | |
| | | 07/05/2022 Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 7/6/2022 | Employee: | CPB |
| Date Postmarked: | | Employee: | |
| Date Scanned: | JUL 06 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
☐ Yes ☒ 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 Second Quarter | | 076309 | |
| Start of Election Cycle: January 1, 2021 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 3,392.96 | | \$ 0.00 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | | \$ 167.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 208.20 | | \$ 2,658.20 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | | \$ 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) | | \$ 208.20 | | \$ 3,825.20 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 0.00 | | \$ 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) | | \$ 10.20 | | \$ 34.19 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 982.14 | | \$ 997.12 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0.00 | | \$ 47.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 992.34 | | \$ 1,216.38 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2,608.82 | | \$ 2,608.82 | |
| 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) | | \$ 982.14 | | \$ 997.12 | |

Contributions from Individuals

Pg 1 of 1

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 | |
| ANTHONY MARZILLI 215 ALMOND DR CAMERON, NC 28326 | | | | NOT PROVIDED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 52.05 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | A | Electric Funds Tran | | 06/21/2022 | | \$ 52.05 | |
| <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 | |
| CHRISTINA MCCALL 745 LAKE DORNOCH DR PINEHURST, NC 28374 | | | | HOSPITALITY MGMT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | PINEHURST RESORT | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 52.05 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | A | Electric Funds Tran | | 06/24/2022 | | \$ 52.05 | |
| <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 | |
| STEPHEN WOODWARD 180 LINDEN RD PINDHURST, NC 28374 | | | | NOT CURRENTLY EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT CURRENTLY EMPLOYED | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 104.10 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | A | Electric Funds Tran | | 06/24/2022 | | \$ 104.10 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 208.20 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 208.20 | |

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

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

| | | | | | | |
|---|------------------------|---------------------------|------------------------|---|---------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| SHANNON 4 MOORE ED | | | | | 076309 | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add | A | Draft | O | 06/01/2022 | \$ 2.00 | BANK FEE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | A | Electric Funds Tran | O | 06/21/2022 | \$ 2.05 | COLLECTION FEE |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | A | Electric Funds Tran | O | 06/24/2022 | \$ 6.15 | COLLECTION FEE |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ 10.20 | |
| 5. Total of ALL CRO-1315 Pages | | | | | \$ 10.20 | |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | | |
| 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

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 | | | | 026309 | |
| 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: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 06/17/2022 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 90.66 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| | | | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 47.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| A | Check | POSTCARDS | | 06/17/2022 | \$ 90.66 |
| 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: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 06/23/2022 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 540.35 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| | | | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 47.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| A | Check | CAMPAIGN MATERIALS | | 06/23/2022 | \$ 540.35 |
| 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: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 06/24/2022 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 351.13 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| | | | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 47.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| A | Check | CAMPAIGN EVENT SUPPLIES | | 06/24/2022 | \$ 351.13 |
| 4. Total only this Page | | | | | \$ 982.14 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 982.14 |
| 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) | | | | | |

Contributions to be Reimbursed

Pg 1 of 1

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 |
| POSTCARDS | 06/17/2022 | N | \$ 90.66 |
| 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 |
| CAMPAIGN SUPPLIES | 06/23/2022 | N | \$ 540.35 |
| 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 |
| CAMPAIGN EVENT SUPPLIES | 06/24/2022 | N | \$ 351.13 |
| 4. Total only this Page | | | \$ 982.14 |
| 5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | | \$ 982.14 |