

Amendment
☐ Yes ☒ No

1. Committee Information		
a. Full Name	RECEIVED	c. ID Number
SHANNON 4 MOORE ED		076309
b. Mailing Address (include City, State and Zip Code)	OCT 27 2022	d. Date Filed
113 CHEEK LN CARTHAGE, NC 28327	MOORE BOE	10/26/2022
		e. Phone Number
		910-295-6628

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
	\$ 2,608.82		\$

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

10/26/2022
Date

Date Received: 10/27/2022 Employee: APR

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

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.

December 2007

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 Third Quarter		076309	
Start of Election Cycle: January 1, 2021			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,608.82		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 135.00		\$ 302.00
6) Contributions from Individuals (CRO-1210)			\$ 4,376.39		\$ 7,034.59
7) Contributions from Political Party Committees (CRO-1220)			\$ 1,750.00		\$ 2,750.00
8) Contributions from Other Political Committees (CRO-1230)			\$ 100.00		\$ 100.00
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)			\$ 6,361.39		\$ 10,186.59
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 1,629.84		\$ 1,767.91
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)			\$ 114.94		\$ 149.13
15) Loan Repayments (CRO-1420)			\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)			\$ 2,477.36		\$ 3,474.48
17) In-Kind Contributions (CRO-1510)			\$ 0.00		\$ 47.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 4,222.14		\$ 5,438.52
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 4,748.07		\$ 4,748.07
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)			\$ 2,477.36		\$ 3,474.48

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					076309	
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		09/21/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	A	Check		10/14/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	A	Money Order		09/21/2022	\$ 35.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 135.00	
5. Total of ALL CRO-1205 Pages					\$ 135.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 8

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	
SHANNON ANGELES 102 KIRKHILL CRT PINEHURST, NC 28374				IT			
				c. Employer's Name/Specific Field			
				HAJOCA CORP			
						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		09/03/2022		\$ 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	
KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327				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		09/03/2022		\$ 104.10	
<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	
ROBERT BORTINS 625 E HEDGELAWN WAY SOUTHERN PINES, NC 28387				CEO			
				c. Employer's Name/Specific Field			
				CLASSICAL CONVERSATIONS			
						e. Election Sum to Date	
						\$ 260.25	
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		09/03/2022		\$ 260.25	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 416.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

Contributions from Individuals

Pg 2 of 8

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	
MARTIN CARPENTER 6 NORTH SOUTH CT SOUTHERN PINES, NC 28387				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
						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"/>	A	Check		09/23/2022	\$ 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	
KAREN COOK 127 NATIONAL DR PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				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		09/07/2022	\$ 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	
JOHNNY DAVIS 6404 ABERDEEN RD RAEFORD, NC 28376				LAWN MAINTENANCE			
				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		09/21/2022	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,152.05	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

Contributions from Individuals

Pg 3 of 8

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	
MATT ERLACHER 190 WHEELING DR PINEHURST, NC 28374				CONSULTANT			
				c. Employer's Name/Specific Field			
				SELF			
						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		09/12/2022		\$ 104.10	
<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 FREIDEL 2323 SEVEN LAKES SOUTH WEST END, NC 27376				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		07/13/2022		\$ 104.10	
<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	
TYLER HARRIS 2929 LAKEBAY RD VASS, NC 28394				SURGEON			
				c. Employer's Name/Specific Field			
				US ARMY			
						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		09/07/2022		\$ 104.10	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 312.30	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

Contributions from Individuals

Pg 4 of 8

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) SHANNON 4 MOORE ED						2. ID Number 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	
PHILIP HOLMES 133 LAURE OAK LN PINEBLUFF, NC 28373				FUNERAL DIRECTOR			
				c. Employer's Name/Specific Field			
				CRUMPLER FUNERAL HOME			
				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		09/03/2022		\$ 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	
NEAL JACKSON 907 CAVINESS TOWN RD ROBBINS, NC 27322				STATE REP			
				c. Employer's Name/Specific Field			
				NC HOUSE			
				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	Electric Funds Tran		09/19/2022		\$ 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	
CHERYAL KORFMANN 105 HARLOW RD PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				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"/>	A	Check		10/14/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 652.05	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

Contributions from Individuals

Pg 5 of 8

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	
JAMES LEGG 702 SUN RD ABERDEEN, NC 28315				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT CURRENTLY EMPLOYED		e. Election Sum to Date	
						\$ 208.20	
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		09/14/2022		\$ 208.20	
<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	
ANTHONY MARZILLI 215 ALMOND DR CAMERON, NC 28326				NOT PROVIDED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 302.05	
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		09/03/2022		\$ 250.00	
<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	
GINA MAXWELL 15 ABBOTSFOED DR PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 192.59	
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		07/07/2022		\$ 104.10	
<input type="checkbox"/>	A	Electric Funds Tran		09/03/2022		\$ 52.05	
<input type="checkbox"/>	A	Electric Funds Tran		09/12/2022		\$ 36.44	
4. Total only this Page						\$ 650.79	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

Contributions from Individuals

Pg 6 of 8

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	
CHRISTINA MCCALL 745 LAKE DORNOCH DR PINEHURST, NC 28374			HOSPITALITY MGMT			
			c. Employer's Name/Specific Field			
			PINEHURST RESORT			
					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		09/03/2022	\$ 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	
DAVID NORRIS 513 LITTLE ROCK CT CARTHAGE, NC 28327			SYSTEMS ANALYST			
			c. Employer's Name/Specific Field			
			SPX TECHNOLOGIES			
					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		09/03/2022	\$ 104.10	
<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	
GEANETTE NOTERMAN 439 GOLDENLEAF CIRCLE WHISPERING PINES, NC 28327			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 160.00	
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		07/15/2022	\$ 60.00	
<input type="checkbox"/>	A	Check		10/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 316.15	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,376.39	

Contributions from Individuals

Pg 7 of 8

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	
PATRICK PIZZELLA 170 PALMETTO RD PINEHURST, NC 28374				COUNSEL MEMBER			
				c. Employer's Name/Specific Field			
				VILLAGE OF PINEHURST			
				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		10/17/2022		\$ 104.10	
<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	
SARAH SLUSSER 250 SUGAR PINE DR PINEHURST, NC 28374				HOME EDUCATOR			
				c. Employer's Name/Specific Field			
				SELF			
				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		10/12/2022		\$ 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	
MARGARET S SMETANA 2 SQUIRES LN PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				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"/>	A	Check		10/14/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 256.15	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

Contributions from Individuals

Pg 8 of 8

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	
MARGARET SWIERZ 1 OAK TREE LANE PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED			
				c. Employer's Name/Specific Field			
				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"/>	A	Check		10/14/2022		\$ 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	
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			
				\$		624.60	
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		07/20/2022		\$ 104.10	
<input type="checkbox"/>	A	Electric Funds Tran		08/18/2022		\$ 104.10	
<input type="checkbox"/>	A	Electric Funds Tran		09/12/2022		\$ 104.10	
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			
				\$		624.60	
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		09/21/2022		\$ 104.10	
<input type="checkbox"/>	A	Electric Funds Tran		10/19/2022		\$ 104.10	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 620.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,376.39	

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 MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28388 (910) 695-8852					
				c. Election Sum to Date	
				\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		07/19/2022	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MOORE* REPUBLICAN WOMEN PO BOS 3654 PINEHURST, NC 28374					
				c. Election Sum to Date	
				\$ 250.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		08/30/2022	\$ 250.00	
				\$	
				\$	
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	
				\$ 2,000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
A	Check		07/01/2022	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 1,750.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1,750.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

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. Type of Committee		d. Comments
PICK NICK FOR COUNTY COMMISSIONER 233 GAILS RD WEST END, NC 27376		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		Moore		\$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
A	Check		10/14/2022	\$ 100.00
				\$
				\$
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00

CRO-1230

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 2

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 (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
BUDD NC VICTORY FUND PO BOS 97127 RALEIGH, NC 27624							
				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	D	08/15/2022	\$ 250.00			
				\$			
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	
JUBILEE SCREEN PRINT, INC PO BOX 485 WEST END, NC 27376							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 492.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	10/21/2022	\$ 492.20	T-SHIRTS		
				\$			
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	
MUIRFIELD BROADCASTING, INC 200 SHORT ST SOUTHERN PINES, NC 28385							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 720.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	10/21/2022	\$ 720.00	RADIO ADS		
				\$			
5. Total only this Page						\$ 1,462.20	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 1,629.84	
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)							

Disbursements

Pg 2 of 2

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) SHANNON 4 MOORE ED				2. ID Number 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) CANDICE PEMBERTON 476 GOLDENLEAF CIRCLE CARTHAGE, NC 28327			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 167.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	B	09/09/2022	\$ 167.64	BUSINESS CARDS
				\$	
5. Total only this Page					\$ 167.64
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>					\$ 1,629.84
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

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) SHANNON 4 MOORE ED					2. ID Number 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 <input type="checkbox"/> Remove	A	Draft	O	07/29/2022	\$ 2.00	SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	O	08/01/2022	\$ 2.00	SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	07/07/2022	\$ 4.10	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	07/13/2022	\$ 4.10	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	07/20/2022	\$ 4.10	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	08/18/2022	\$ 4.10	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	09/03/2022	\$ 36.50	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	09/07/2022	\$ 6.15	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	09/12/2022	\$ 9.64	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	09/14/2022	\$ 8.20	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	09/19/2022	\$ 19.70	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	09/21/2022	\$ 4.10	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	10/12/2022	\$ 2.05	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	10/17/2022	\$ 4.10	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Electric Funds Tran	O	10/19/2022	\$ 4.10	COLLECTION FEE
4. Total only this Page					\$ 114.94	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 114.94	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				H* - Holding Public Office Expenses		
				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

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: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/22/2022
					i. Original Receipt Amount
					\$ 470.80
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 SHIRTS		07/22/2022	\$ 470.80
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:		09/09/2022
					i. Original Receipt Amount
					\$ 1,570.00
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	YARD SIGNS		09/09/2022	\$ 1,570.00
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:		09/21/2022
					i. Original Receipt Amount
					\$ 436.56
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	MAGNETS & STICKERS		09/21/2022	\$ 436.56
4. Total only this Page					\$ 2,477.36
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 2,477.36
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-Kin O* Other * Codes require detailed explanation in required remarks field (m)					

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
CAMPAIGN SHIRTS	07/22/2022	N	\$ 470.80
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
YARD SIGNS	09/09/2022	N	\$ 1,570.00
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
MAGNETS & STICKERS	09/21/2022	N	\$ 436.56
4. Total only this Page			\$ 2,477.36
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)			\$ 2,477.36