

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 | |
| SAMPSON FOR BOE | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | |
| 120 TINGLEY COURT SOUTHERN PINES, NC 28387 | | | 07/26/2023 | |
| | | | e. Phone Number | |
| | | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2023 | 01/01/2023 | 06/30/2023 | ROLLANDE SAMPSON | |
| 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 | | Municipal | | |
| <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC | | <input type="checkbox"/> Organizational | | |
| <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | <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 checked="" 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"/> "Booster Fund" | | <input type="checkbox"/> Organizational | | |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Quarterly | | |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> First | | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input 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 | | |
| 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 | | |
| TRUIST | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | |
| BOE CAMPAIGN | 01 | | | |
| | d. Period Begin Balance | | d. Period Begin Balance | |
| | \$ 96.35 | | \$ | |
| 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 | | | | |
| ROLLANDE SAMPSON | | Signature of Appointed Treasurer | | 07/26/2023 |
| Printed Name of Signer | | | | Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | 7/27/23 | Employee: | N/A | |
| Date Postmarked: | | Employee: | | |
| Date Scanned: | | 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 |
| SAMPSON FOR BOE | | 2023 Mid Year Semi-Annual | |
| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ (3,557.26) | \$ (3,557.26) |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 129.00 | \$ 129.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | \$ 0.00 |
| 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) | | \$ 129.00 | \$ 129.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 196.35 | \$ 196.35 |
| 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) | | \$ 0.00 | \$ 0.00 |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions (CRO-1510) | | \$ 29.00 | \$ 29.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 225.35 | \$ 225.35 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ (3,653.61) | \$ (3,653.61) |
| 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) | | \$ 0.00 | \$ 0.00 |

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 | |
| SAMPSON FOR BOE | | | | | |
| 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 |
| ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387 | | | COUNSELOR | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | NA | | |
| | | | e. Election Sum to Date | | |
| | | | \$ | | 129.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 01 | In-Kind | WEBSITE FEE - CAMPAIGNPARTNERS.C | 01/09/2023 | \$ 29.00 |
| <input type="checkbox"/> | 01 | Check | | 01/12/2023 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 129.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 129.00 |

CRO-1210

NC State Board of Elections

April 2007

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 | |
| SAMPSON FOR BOE | | | | | | | |
| 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 | |
| SANDHILLS PRIDE PO BOX 3473 PINEHURST, NC 28370 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 100.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | O | 03/03/2023 | \$ 100.00 | DONATION - TAX ID | | |
| | | | | \$ | 46-2410040 | | |
| 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 | |
| SUNRISE THEATER 250 NW BROAD STREET SOUTHERN PINES, NC 28387 (910) 692-3611 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 96.35 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | O | 03/02/2023 | \$ 96.35 | DONATION - TAX ID | | |
| | | | | \$ | 56-2094466 | | |
| 5. Total only this Page | | | | | | \$ 196.35 | |
| 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) | | | | | | \$ 196.35 | |
| 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

In-Kind Contributions

Pg 1 of 1

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.

| | | | |
|---|--|--|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| SAMPSON FOR BOE | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387 | | <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 | |
| | | d. Election Sum to Date | |
| | | \$ 129.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| WEBSITE FEE - CAMPAIGNPARTNERS.COM | | 01/09/2023 | \$ 29.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 29.00 | |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 29.00 | |

CRO-1510

NC State Board of Elections

December 2007