

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 BARB FICKLIN FOR COUNCIL		c. ID Number																																					
b. Mailing Address (include City, State and Zip Code) 55 RED FOX RUN PINEHURST, NC 28374		d. Date Filed 09/29/2023																																					
		e. Phone Number																																					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 01/01/2023	4. Period End Date (mm/dd/yy) 09/26/2023	5. Treasurer Full Name JEFFREY T. HEINTZ																																				
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input checked="" type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																					
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
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:		10. Special Report Name																																					
8. Number of Fundraisers this Report 0																																							
3. Account Information a. Financial Institution Full Name FIRSTBANK		3. Account Information a. Financial Institution Full Name RECEIVED SEP 29 2023 MOORE BOE																																					
b. Purpose CAMPAIGN EXPENSES	c. Account Code 11272010	b. Purpose	c. Account Code																																				
	d. Period Begin Balance \$ 4,172.00		d. Period Begin Balance \$																																				
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																																							
 Printed Name of Signer		 Signature of Appointed Treasurer																																					
		09/29/2023 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	9/29/2023	Employee:	ARB																																				
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	
BARB FICKLIN FOR COUNCIL	2023 Thirty-five-day		
Start of Election Cycle: January 1, 2023		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)	\$ 315.00	\$ 315.00
6) Contributions from Individuals	(CRO-1210)	\$ 6,566.06	\$ 6,566.06
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)		\$ 6,881.06	\$ 6,881.06
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,760.75	\$ 4,760.75
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)	\$ 34.94	\$ 34.94
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)	\$ 1,516.06	\$ 1,516.06
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,311.75	\$ 6,311.75
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 569.31	\$ 569.31
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

Aggregated Contributions from IndividualsPage 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		
BARB FICKLIN FOR COUNCIL					
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	11272010	Check		09/19/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		09/13/2023	\$ 15.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		09/21/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		09/20/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		08/29/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		09/18/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		09/05/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11272010	Check		09/05/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 315.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 315.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 9

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																	
BARB FICKLIN FOR COUNCIL																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>RETIRED ATTORNEY</td> <td rowspan="3"></td> </tr> <tr> <td rowspan="2">WILLIAM CALLISON 840 LAKE FOREST DR. SE PINEHURST, NC 28374</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NOT EMPLOYED</td> </tr> <tr> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="3">\$ 125.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	RETIRED ATTORNEY		WILLIAM CALLISON 840 LAKE FOREST DR. SE PINEHURST, NC 28374	c. Employer's Name/Specific Field	NOT EMPLOYED	e. Election Sum to Date			\$ 125.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
	RETIRED ATTORNEY																		
WILLIAM CALLISON 840 LAKE FOREST DR. SE PINEHURST, NC 28374	c. Employer's Name/Specific Field																		
	NOT EMPLOYED																		
e. Election Sum to Date																			
\$ 125.00																			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	11272010	Check		09/05/2023	\$ 125.00														
<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																
CAROL COATES 21 EDINBURGH LN PINEHURST, NC 28374		RETIRED																	
		c. Employer's Name/Specific Field																	
		UNISHIPPERS, PROVIDENCE RI																	
		e. Election Sum to Date																	
\$ 227.86																			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	11272010	In-Kind	MEET AND GREET	08/24/2023	\$ 100.43														
<input type="checkbox"/>	11272010	In-Kind	MEET AND GREET	09/21/2023	\$ 127.43														
<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																
PETER DEJAK 45 RED FOX RUN PINEHURST, NC 28374		GOLF COURSE CONSTRUCTION																	
		c. Employer's Name/Specific Field																	
		SIGNET GOLF ASSOC.																	
		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"/>	11272010	Check		09/15/2023	\$ 500.00														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
4. Total only this Page					\$ 852.86														
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,566.06														

Contributions from Individuals

Pg 2 of 9

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																				
BARB FICKLIN FOR COUNCIL																						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>RETIRED</td> <td></td> </tr> <tr> <td rowspan="2">AUBREY EDWARDS 523 WOODLAND PLACE DANVILLE, KY 40422</td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>NOT EMPLOYED</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="3"></td> <td>\$ 100.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	RETIRED		AUBREY EDWARDS 523 WOODLAND PLACE DANVILLE, KY 40422	c. Employer's Name/Specific Field		NOT EMPLOYED					e. Election Sum to Date				\$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																				
	RETIRED																					
AUBREY EDWARDS 523 WOODLAND PLACE DANVILLE, KY 40422	c. Employer's Name/Specific Field																					
	NOT EMPLOYED																					
			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"/>	11272010	Check		09/20/2023	\$ 100.00																	
<input type="checkbox"/>					\$																	
<input type="checkbox"/>					\$																	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>RETIRED</td> <td></td> </tr> <tr> <td rowspan="2">CHARLES EICHORN 80 LAKE HILLS RD PINEHURST, NC 28374</td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>THE EICHORN COMPANY-INSURANCW</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="3"></td> <td>\$ 250.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	RETIRED		CHARLES EICHORN 80 LAKE HILLS RD PINEHURST, NC 28374	c. Employer's Name/Specific Field		THE EICHORN COMPANY-INSURANCW					e. Election Sum to Date				\$ 250.00	k. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																				
	RETIRED																					
CHARLES EICHORN 80 LAKE HILLS RD PINEHURST, NC 28374	c. Employer's Name/Specific Field																					
	THE EICHORN COMPANY-INSURANCW																					
			e. Election Sum to Date																			
			\$ 250.00																			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																	
<input type="checkbox"/>	11272010	Check		09/21/2023	\$ 250.00																	
<input type="checkbox"/>					\$																	
<input type="checkbox"/>					\$																	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>U.S. DEPARTMENT OF JUSTICE</td> <td></td> </tr> <tr> <td rowspan="2">CATHERINE ELSEA 265 QUAIL RUN PINEHURST, NC 28374</td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>U.S. DEPARTMENT OF JUSTICE</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="3"></td> <td>\$ 300.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	U.S. DEPARTMENT OF JUSTICE		CATHERINE ELSEA 265 QUAIL RUN PINEHURST, NC 28374	c. Employer's Name/Specific Field		U.S. DEPARTMENT OF JUSTICE					e. Election Sum to Date				\$ 300.00	k. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																				
	U.S. DEPARTMENT OF JUSTICE																					
CATHERINE ELSEA 265 QUAIL RUN PINEHURST, NC 28374	c. Employer's Name/Specific Field																					
	U.S. DEPARTMENT OF JUSTICE																					
			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"/>	11272010	Check		09/23/2023	\$ 300.00																	
<input type="checkbox"/>					\$																	
<input type="checkbox"/>					\$																	
4. Total only this Page					\$ 650.00																	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,566.06																	

Contributions from Individuals

Pg 3 of 9

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	
BARB FICKLIN FOR COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN FARRELL PO BOX 280 PINEHURST, NC 28374					b. Job Title/Profession RETIRED c. Employer's Name/Specific Field BIOMEDICAL RESEARCH INSTITUTE	d. Comments e. Election Sum to Date \$ 850.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	11272010	Check		08/21/2023	\$ 850.00	
<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) BARBARA FICKLIN 55 RED FOX RUN PINEHURST, NC 28374					b. Job Title/Profession RETIRED EXECUTIVE CONSULTANT c. Employer's Name/Specific Field NOT EMPLOYED	d. Comments e. Election Sum to Date \$ 963.66
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	11272010	In-Kind	PRINTING	08/24/2023	\$ 449.40	
<input type="checkbox"/>	11272010	In-Kind	POSTAGE	09/06/2023	\$ 44.88	
<input type="checkbox"/>	11272010	In-Kind	POSTAGE	09/16/2023	\$ 52.08	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA FICKLIN 55 RED FOX RUN PINEHURST, NC 28374					b. Job Title/Profession RETIRED EXECUTIVE CONSULTANT c. Employer's Name/Specific Field NOT EMPLOYED	d. Comments e. Election Sum to Date \$ 963.66
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	11272010	In-Kind	PRINTING	09/16/2023	\$ 417.30	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,813.66	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,566.06	

Contributions from Individuals

Pg 4 of 9

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			
BARB FICKLIN FOR COUNCIL					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES FISHER 15 CAROLINA VISTA DR. PINEHURST, NC 28374		b. Job Title/Profession		d. Comments	
		RETIRED		c. Employer's Name/Specific Field FISHER PROPERTIES	
				e. Election Sum to Date	
		\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		08/21/2023	\$ 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) BRUCE GEDDES 232 BOWMAN ROAD PINEHURST, NC 28374		b. Job Title/Profession		d. Comments	
		ENGINEER		c. Employer's Name/Specific Field SOUTHERN ENGINEERING	
				e. Election Sum to Date	
		\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		08/12/2023	\$ 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) FRANCIS GLAUNER 550 LAKE FOREST DR. SE PINEHURST, NC 28374		b. Job Title/Profession		d. Comments	
		RETIRED		c. Employer's Name/Specific Field CORNING CORP	
				e. Election Sum to Date	
		\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		09/13/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 750.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,566.06

Contributions from Individuals

Pg 5 of 9

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											
BARB FICKLIN FOR COUNCIL															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">WILLIAM HRABOWECKY 50 HORSE CREEK RUN PINEHURST, NC 28374</td> <td>INVESTMENT ADVISOR</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>RABO, INC.</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	WILLIAM HRABOWECKY 50 HORSE CREEK RUN PINEHURST, NC 28374	INVESTMENT ADVISOR		c. Employer's Name/Specific Field	RABO, INC.	e. Election Sum to Date	\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
WILLIAM HRABOWECKY 50 HORSE CREEK RUN PINEHURST, NC 28374	INVESTMENT ADVISOR														
	c. Employer's Name/Specific Field														
	RABO, INC.														
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"/>	11272010	Check		09/21/2023	\$ 100.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">WILLIAM HUGHES 2 MCQUEEN PL. PINEHURST, NC 28374</td> <td>RETIRED</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>US GOVERNMENT</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 250.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	WILLIAM HUGHES 2 MCQUEEN PL. PINEHURST, NC 28374	RETIRED		c. Employer's Name/Specific Field	US GOVERNMENT	e. Election Sum to Date	\$ 250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
WILLIAM HUGHES 2 MCQUEEN PL. PINEHURST, NC 28374	RETIRED														
	c. Employer's Name/Specific Field														
	US GOVERNMENT														
e. Election Sum to Date	\$ 250.00														
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	11272010	Check		09/21/2023	\$ 250.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">WILLIAM KEITH 1095 LONGLEAF DR.NW PINEHURST, NC 28374</td> <td>RETIRED</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>HONEYWELL</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 125.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	WILLIAM KEITH 1095 LONGLEAF DR.NW PINEHURST, NC 28374	RETIRED		c. Employer's Name/Specific Field	HONEYWELL	e. Election Sum to Date	\$ 125.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
WILLIAM KEITH 1095 LONGLEAF DR.NW PINEHURST, NC 28374	RETIRED														
	c. Employer's Name/Specific Field														
	HONEYWELL														
e. Election Sum to Date	\$ 125.00														
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	11272010	Check		08/14/2023	\$ 125.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
4. Total only this Page \$ 475.00															
5. Total of ALL CRO-1210 Pages \$ 6,566.06 (This line must be on line 6 of Detailed Summary Page CRO-1100)															

Contributions from Individuals

Pg 6 of 9

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	
BARB FICKLIN FOR COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICIA KRYSTEK 20 GRAY FOX RUN PINEHURST, NC 28374			b. Job Title/Profession	d. Comments		
			SPECIAL FORCES	c. Employer's Name/Specific Field AMMUNITION MANAGER DEPT. OF DEFENSE		
			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"/>	11272010	Check		09/22/2023	\$ 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) DEBORAH H LALOR 88 AZALEA RD. PINEHURST, NC 28374			b. Job Title/Profession	d. Comments		
			RETIRED	c. Employer's Name/Specific Field ONLEY COMMUNITY HEALTH CENTER		
			e. Election Sum to Date			
			\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	11272010	Check		08/12/2023	\$ 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) SHARON LAWSON PO BOX 1536 PINEHURST, NC 28374			b. Job Title/Profession	d. Comments		
			NOT EMPLOYED (HOUSEWIFE)	c. Employer's Name/Specific Field NOT EMPLOYED		
			e. Election Sum to Date			
			\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	11272010	Check		08/10/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,566.06	

Contributions from Individuals

Pg 7 of 9

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			
BARB FICKLIN FOR COUNCIL					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY MCMURRAY 100 LAKE POINT DR. PINEHURST, NC 28374		b. Job Title/Profession		d. Comments	
		RETIRED			
		c. Employer's Name/Specific Field			
		DCM INC.			
				e. Election Sum to Date	
		\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		08/29/2023	\$ 200.00
<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) WILLIAM MUNCY 300 QUAIL RUN PINEHURST, NC 28374		b. Job Title/Profession		d. Comments	
		RETIRED			
		c. Employer's Name/Specific Field			
		FINANCE			
				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"/>	11272010	Check		08/10/2023	\$ 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) CONSTANCE POWERS 113 WATERS DR. SOUTHERN PINES, NC 28387		b. Job Title/Profession		d. Comments	
		RETIRED			
		c. Employer's Name/Specific Field			
		NATIONAL INSTITUTES OF HEALTH			
				e. Election Sum to Date	
		\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		09/16/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,566.06

Contributions from Individuals

Pg 8 of 9

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
BARB FICKLIN FOR COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEITH POWERS 2706 HILLCREST ROAD RICHMOND, VA 23225			b. Job Title/Profession	d. Comments		
			RETIRED CPA			
c. Employer's Name/Specific Field NOT EMPLOYED			e. Election Sum to Date			
			\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	11272010	Check		09/16/2023	\$ 200.00	
<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) CHARLENE ROHR 1 VILLAGE LN. PINEHURST, NC 28374			b. Job Title/Profession	d. Comments		
			HEALTH INS.			
c. Employer's Name/Specific Field SELF-ROHR & ASSOC.			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"/>	11272010	Check		08/21/2023	\$ 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) BARBARA ROTHBEIND P.O. BOX 656 PINEHURST, NC 28374			b. Job Title/Profession	d. Comments		
			PARALEGAL			
c. Employer's Name/Specific Field MATTHEW ROTHBEIND, ATTORNEY			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"/>	11272010	Check		08/21/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 400.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,566.06

Contributions from Individuals

Pg 9 of 9

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																			
BARB FICKLIN FOR COUNCIL																							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>JOHN WEBSTER 140 MCKENZIE RD. W. PINEHURST, NC 28374</td> <td>RETRED FINANCIAL CONSULTANT</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>CARRINGTON ASSOC.</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 324.54</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JOHN WEBSTER 140 MCKENZIE RD. W. PINEHURST, NC 28374	RETRED FINANCIAL CONSULTANT			c. Employer's Name/Specific Field			CARRINGTON ASSOC.			e. Election Sum to Date			\$ 324.54	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
JOHN WEBSTER 140 MCKENZIE RD. W. PINEHURST, NC 28374	RETRED FINANCIAL CONSULTANT																						
	c. Employer's Name/Specific Field																						
	CARRINGTON ASSOC.																						
	e. Election Sum to Date																						
	\$ 324.54																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>	11272010	In-Kind	MEET AND GREET	09/20/2023	\$ 324.54																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>JAQUELINE WESTBROOK 100 GRAY FOX RUN PINEHURST, NC 28374</td> <td>FINANCIAL ADVISOR</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>SELF</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 100.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JAQUELINE WESTBROOK 100 GRAY FOX RUN PINEHURST, NC 28374	FINANCIAL ADVISOR			c. Employer's Name/Specific Field			SELF			e. Election Sum to Date			\$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
JAQUELINE WESTBROOK 100 GRAY FOX RUN PINEHURST, NC 28374	FINANCIAL ADVISOR																						
	c. Employer's Name/Specific Field																						
	SELF																						
	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"/>	11272010	Check		09/23/2023	\$ 100.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>DEBORAH WIMBERLY 395 DONALD ROSS DR. PINEHURST, NC 28374</td> <td>RETIRED</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>UNITED WAY</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 150.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	DEBORAH WIMBERLY 395 DONALD ROSS DR. PINEHURST, NC 28374	RETIRED			c. Employer's Name/Specific Field			UNITED WAY			e. Election Sum to Date			\$ 150.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
DEBORAH WIMBERLY 395 DONALD ROSS DR. PINEHURST, NC 28374	RETIRED																						
	c. Employer's Name/Specific Field																						
	UNITED WAY																						
	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"/>	11272010	Check		08/10/2023	\$ 150.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
4. Total only this Page \$ 574.54																							
5. Total of ALL CRO-1210 Pages \$ 6,566.06 (This line must be on line 6 of Detailed Summary Page CRO-1100)																							

Disbursements

Pg 1 of 1 Yes No

Amendment

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			
BARB FICKLIN FOR COUNCIL					
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	
KAURMAN 26 PINEHURST PLAZA SOUTHERN PINES, NC 28387		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 \$ 775.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11272010	Check	A	08/22/2023	\$ 775.00	SOCIAL MEDIA
				\$	SERVICES
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 SIGNS 336 FIELDS DR. ABERDEEN, NC 28315		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 \$ 3,985.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11272010	Check	B	08/29/2023	\$ 3,985.75	YARD SIGNS
				\$	
5. Total only this Page					\$ 4,760.75
6. Total of ALL CRO-1310 Pages					\$ 4,760.75
<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>					
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					
<i>* Codes require detailed explanation in required remarks field (k)</i>					

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			
BARB FICKLIN FOR COUNCIL						
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	11272010	Electric Funds Tran	B	08/15/2023	\$ 34.94	CHECKS
<input type="checkbox"/> Remove						
4. Total only this Page				\$ 34.94		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 34.94		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			

CRO-1315

NC State Board of Elections

December 2009

* Codes require detailed explanation in required remarks field (g)

In-Kind Contributions

Pg 1 of 2

Amendment
 Yes No

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

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

1. Committee Full Name (and Fund if applicable) BARB FICKLIN FOR COUNCIL		2. ID Number		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROL COATES 21 EDINBURGH LN PINEHURST, NC 28374	b. Type of Contributor <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	c. Comments		
		d. Election Sum to Date		
		\$ 227.86		
		e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		MEET AND GREET	08/24/2023	\$ 100.43
		MEET AND GREET	09/21/2023	\$ 127.43
		\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA FICKLIN 55 RED FOX RUN PINEHURST, NC 28374	b. Type of Contributor <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	c. Comments		
		d. Election Sum to Date		
		\$ 963.66		
		e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		PRINTING	08/24/2023	\$ 449.40
		POSTAGE	09/06/2023	\$ 44.88
POSTAGE	09/16/2023	\$ 52.08		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA FICKLIN 55 RED FOX RUN PINEHURST, NC 28374	b. Type of Contributor <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	c. Comments		
		d. Election Sum to Date		
		\$ 963.66		
		e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		PRINTING	09/16/2023	\$ 417.30
				\$
		\$		
4. Total only this Page		\$ 1,191.52		
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,516.06		

In-Kind ContributionsPg 2 of 2
 Amendment
 Yes No

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number
BARB FICKLIN FOR COUNCIL		
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>		
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN WEBSTER 140 MCKENZIE RD. W. PINEHURST, NC 28374	b. Type of Contributor <div style="display: flex; justify-content: space-between;"> <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 </div>	c. Comments
		d. Election Sum to Date \$ 324.54
e. Description MEET AND GREET	f. Date (mm/dd/yyyy) 09/20/2023	g. Fair Market Amount \$ 324.54
		\$
		\$
4. Total only this Page		\$ 324.54
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,516.06

CRO-1510

NC State Board of Elections

December 2007