

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	
MORGAN FOR MAYOR				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
28 KILBRIDE DRIVE PINEHURST, NC 28374			10/25/2023	
			e. Phone Number	
			(910) 295-6628	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	09/27/2023	10/23/2023	N CAROL WHEELDON	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party		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 checked="" type="checkbox"/> Pre-election		
		<input type="checkbox"/> Pre-runoff		
		<input type="checkbox"/> Semi-annual		
		<input type="checkbox"/> Mid Year		
		<input type="checkbox"/> Year End		
		<input type="checkbox"/> Final		
		<input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> "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		
4				
3. Account Information				
a. Financial Institution Full Name				
FIRST BANK				
b. Purpose		c. Account Code		
CAMPAIGN RECEIPTS & EXPENSES		1A		
		d. Period Begin Balance		
		\$ 16,148.29		
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board				
<u>N CAROL WHEELDON</u>		<u>[Signature]</u>		<u>10/25/2023</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>10/25/2023</u>	Employee:	<u>[Signature]</u>	Delivery Method
Date Postmarked:		Employee:	<u>[Signature]</u>	<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:	<u>[Signature]</u>	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:	<u>[Signature]</u>	<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	
MORGAN FOR MAYOR		2023 Pre-Election			
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 16,148.29		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 75.00		\$ 400.00	
6) Contributions from Individuals (CRO-1210)		\$ 6,314.47		\$ 39,746.08	
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)		\$ 6,389.47		\$ 40,146.08	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 13,790.31		\$ 28,449.46	
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)		\$ 160.60		\$ 347.60	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 498.66		\$ 2,229.22	
17) In-Kind Contributions (CRO-1510)		\$ 564.47		\$ 1,596.08	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 15,014.04		\$ 32,622.36	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,523.72		\$ 7,523.72	
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)		\$ 478.66		\$ 2,209.22	

Aggregated Contributions from Individuals

Page 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	
MORGAN FOR MAYOR						
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	1A	Electric Funds Tran		10/19/2023	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Check		10/13/2023	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 75.00	
5. Total of ALL CRO-1205 Pages					\$ 75.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Amendment

☐ Yes ☒ No

Pg 1 of 8

Contributions from Individuals

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	
MORGAN FOR MAYOR							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM T BRADY 492 DOUBS CHAPEL RD WEST END, NC 27376				RETIRE			
				c. Employer's Name/Specific Field			
				SELF			
				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"/>	1A	Check		09/28/2023	\$ 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)				b. Job Title/Profession		d. Comments	
LISA CASE 45 MAGNOLIA 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"/>	1A	Check		10/02/2023	\$ 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)				b. Job Title/Profession		d. Comments	
WILLY CHU 120 HARVEST LANE WHISPERING PINES, NC 28327				SURGEON			
				c. Employer's Name/Specific Field			
				FIRST HEALTH			
				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"/>	1A	Electric Funds Tran		10/07/2023	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 800.00	
4. Total only this Page							
5. Total of ALL CRO-1210 Pages						\$ 6,314.47	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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	
MORGAN FOR MAYOR						
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 OBI 37 KILBRIDE DR PINEHURST, NC 28374			NOT CURRENTLY EMPLOYED			
			c. Employer's Name/Specific Field			
					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"/>	1A	Check		10/17/2023	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374			NOT CURRENTLY EMPLOYED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 611.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	In-Kind	MEET & GREET	10/03/2023	\$ 111.00	
<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	
ANTHONY PLUNKETT 100 MAGNOLIA AVE PINEHURST, NC 28374			GOVT			
			c. Employer's Name/Specific Field			
			WOMACK ARMY MED CENTER			
					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"/>	1A	Electric Funds Tran		10/17/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 761.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,314.47	

Contributions from Individuals

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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	
MORGAN FOR MAYOR						
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
KEVIN REED 205 MCCASKILL RD EAST 114 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"/>	1A	Electric Funds Tran		10/03/2023	\$ 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)				b. Job Title/Profession		d. Comments
MARK REINEMANN 165 BEL AIR DR PINEHURST, NC 28374				RETIRED		
				c. Employer's Name/Specific Field		
				USGA OFFICIAL		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"/>	1A	Check		09/28/2023	\$ 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)				b. Job Title/Profession		d. Comments
LANCE L SMITH 15 KILBRIDE DR PINEHURST, NC 28374				RETIRED		
				c. Employer's Name/Specific Field		
				USAF		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"/>	1A	Electric Funds Tran		10/23/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,314.47	

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	
MORGAN FOR MAYOR					
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
KATHLEEN STOCKHAM 80 CHERRY HILL DR PINEHURST, NC 28374			EXECUTIVE, ADMIN		
			c. Employer's Name/Specific Field FOUNDATION OF FIRST HEALTH		
			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"/>	1A	Electric Funds Tran		10/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,314.47

CRO-1210

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
MORGAN FOR MAYOR						
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
MARTIN & BLAINE PO BOX 17623 RALEIGH, NC 27619				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
						\$ 11,053.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1A	Check	A	10/11/2023	\$ 11,053.56	MAILING	
				\$		
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
KIM RISTAU 1201 CHARLES DR LAURINGURB, NC 28352				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
						\$ 377.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1A	Check	O	10/11/2023	\$ 377.86	DOOR KNOCKING	
				\$		
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
THE PILOT NEWSPAPER PO BOX 58 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
						\$ 6,330.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1A	Check	A	10/08/2023	\$ 1,200.19	NEWSPAPER ADS	
				\$		
5. Total only this Page					\$ 12,631.61	
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)					\$ 13,790.31	
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) MORGAN FOR MAYOR						2. ID Number
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) VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374				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 \$ 802.50		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1A	Check	B	09/29/2023	\$ 438.70	MAGNETS & STICKERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WEEB PO BOX 1855 1650 MIDLAND RD SOUTHERN PINES, NC 28388				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 \$ 1,120.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1A	Check	A	10/05/2023	\$ 720.00	RADIO ADS	
				\$		
5. Total only this Page					\$ 1,158.70	
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>					\$ 13,790.31	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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

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) MORGAN FOR MAYOR	2. ID Number
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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	1A	Electric Funds Tran	O	10/05/2023	\$ 14.60	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/06/2023	\$ 24.60	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/07/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/12/2023	\$ 44.60	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/13/2023	\$ 4.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/17/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/18/2023	\$ 10.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/19/2023	\$ 1.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	10/23/2023	\$ 20.30	COLLECTION FEE
4. Total only this Page					\$ 160.60	

5. Total of ALL CRO-1315 Pages

(This line must be on line 14 of Detailed Summary Page CRO-1100)

\$ 160.60

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)

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MORGAN FOR MAYOR					
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
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374			<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:		09/27/2023
					i. Original Receipt Amount
					\$ 78.66
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
IT		SELF		P	
				j. Election Sum to Date	
				\$ (20.00)	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1A	Check	REIMB META		09/27/2023	\$ 98.66
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374			<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:		10/23/2023
					i. Original Receipt Amount
					\$ 400.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
IT		SELF		P	
				j. Election Sum to Date	
				\$ (20.00)	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1A	Check	META		10/23/2023	\$ 400.00
4. Total only this Page					\$ 498.66
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 498.66
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

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	
MORGAN FOR MAYOR			
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	c. Comments
DANIELLE KAYS 23 ABINGTON DR PINEHURST, NC 28374		<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	
		\$ 550.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEET & GREET	09/27/2023	\$ 400.00	
		\$	
		\$	
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	c. Comments
JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374		<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	
		\$ 4,083.38	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEET & GREET	10/16/2023	\$ 53.47	
		\$	
		\$	
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	c. Comments
BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374		<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	
		\$ 611.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MEET & GREET	10/03/2023	\$ 111.00	
		\$	
		\$	
4. Total only this Page		\$ 564.47	
5. Total of ALL CRO-1510 Pages		\$ 564.47	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

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 MORGAN FOR MAYOR		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
REIMB META	09/27/2023	N	\$ 78.66
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
META	10/23/2023	N	\$ 400.00
4. Total only this Page			\$ 478.66
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)			\$ 478.66

December 2007

CRO-1215

NC State Board of Elections