

# 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)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<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:	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational  <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         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <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         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <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	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum						
<input type="checkbox"/> Organizational <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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <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	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special						
		10. Special Report Name						

## 8. Number of Fundraisers this Report

4

3. Account Information	3. Account Information		
a. Financial Institution Full Name	a. Financial Institution Full Name		
FIRST BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN RECEIPTS & EXPENSES	1A		
	d. Period Begin Balance		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

N CAROL WHEELDON

Printed Name of Signer

Karol Wheeldon

Signature of Appointed Treasurer

10/25/2023

Date

## FOR OFFICE USE ONLY

Date Received:	10/25/2023	Employee: <u>RECEIVED</u>	Delivery Method
Date Postmarked:		Employee: <u>Oct 25 2023</u>	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee: <u>MOORE BOE</u>	<input type="checkbox"/> Signer has not received mandatory training
Date Data Entered:		Employee: <u>MOORE BOE</u>	

**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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment  
 Yes  No

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
<b>RECEIPTS</b>			
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
<b>EXPENDITURES</b>			
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
<b>ADDITIONAL INFORMATION</b>			
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 Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> MORGAN FOR MAYOR			<b>2. ID Number</b>		
<b>3. Contributor Information</b>					
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran		10/19/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Check		10/13/2023	\$ 50.00
<b>4. Total only this Page</b>					\$ 75.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 75.00

*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)

MORGAN FOR MAYOR

## 2. ID Number

### 3. Contributor Information

Add  Remove

#### a. Full Name, Mailing Address & Phone (include city, state, & zip)

WILLIAM T BRADY  
492 DOUBS CHAPEL RD  
WEST END, NC 27376

#### b. Job Title/Profession

RETIRED

#### d. Comments

#### 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"/>					\$
<input type="checkbox"/>					\$

### 3. Contributor Information

Add  Remove

#### a. Full Name, Mailing Address & Phone (include city, state, & zip)

LISA CASE  
45 MAGNOLIA RD  
PINEHURST, NC 28374

#### b. Job Title/Profession

NOT CURRENTLY  
EMPLOYED

#### d. Comments

#### 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"/>					\$
<input type="checkbox"/>					\$

### 3. Contributor Information

Add  Remove

#### a. Full Name, Mailing Address & Phone (include city, state, & zip)

WILLY CHU  
120 HARVEST LANE  
WHISPERING PINES, NC 28327

#### b. Job Title/Profession

SURGEON

#### d. Comments

#### 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"/>					\$
<input type="checkbox"/>					\$

### 4. Total only this Page

\$ 800.00

### 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

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	e. Election Sum to Date  \$ 150.00		
		c. Employer's Name/Specific Field			
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	e. Election Sum to Date  \$ 611.00		
		c. Employer's Name/Specific Field			
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	e. Election Sum to Date  \$ 500.00		
		c. Employer's Name/Specific Field			
		WOMACK ARMY MED CENTER			
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

Pg 7 of 8

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)  KEVIN REED 205 MCCASKILL RD EAST 114 PINEHURST, NC 28374		
			b. Job Title/Profession	d. Comments	
			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)  MARK REINEMANN 165 BEL AIR DR PINEHURST, NC 28374		
			b. Job Title/Profession	d. Comments	
			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)  LANCE L SMITH 15 KILBRIDE DR PINEHURST, NC 28374		
			b. Job Title/Profession	d. Comments	
			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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,314.47

**Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
MORGAN FOR MAYOR					
<b>3. Contributor Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> EXECUTIVE, ADMIN		<b>d. Comments</b>	
KATHLEEN STOCKHAM 80 CHERRY HILL DR PINEHURST, NC 28374		<b>c. Employer's Name/Specific Field</b> FOUNDATION OF FIRST HEALTH			
				<b>e. Election Sum to Date</b>	
				\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1A	Electric Funds Tran		10/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 250.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,314.47

NC State Board of Elections

April 2007

CRO-1210

**Disbursements**

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>		
MORGAN FOR MAYOR				
<b>3. Type of Disbursement</b> <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				
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
MARTIN & BLAINE PO BOX 17623 RALEIGH, NC 27619		d. Comments  e. Election Sum to Date \$ 11,053.56		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	
1A	Check	A	10/11/2023	
<b>j. Amount</b>	<b>k. Required Remarks</b>			
\$ 11,053.56	MAILING			
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
KIM RISTAU 1201 CHARLES DR LAURINGURB, NC 28352		d. Comments  e. Election Sum to Date \$ 377.86		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	
1A	Check	O	10/11/2023	
<b>j. Amount</b>	<b>k. Required Remarks</b>			
\$ 377.86	DOOR KNOCKING			
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
THE PILOT NEWSPAPER PO BOX 58 SOUTHERN PINES, NC 28387		d. Comments  e. Election Sum to Date \$ 6,330.69		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	
1A	Check	A	10/08/2023	
<b>j. Amount</b>	<b>k. Required Remarks</b>			
\$ 1,200.19	NEWSPAPER ADS			
<b>5. Total only this Page</b>				\$ 12,631.61
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 13,790.31
<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>				
<b>7. Purpose Codes</b> (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**

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
MORGAN FOR MAYOR			
<b>3. Type of Disbursement</b> <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			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>4. Payee Information</b>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374		d. Comments e. Election Sum to Date \$ 802.50	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1A	Check	B	09/29/2023
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>4. Payee Information</b>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
WEEB PO BOX 1855 1650 MIDLAND RD SOUTHERN PINES, NC 28388		d. Comments e. Election Sum to Date \$ 1,120.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1A	Check	A	10/05/2023
<b>5. Total only this Page</b>		\$ 1,158.70	
<b>6. Total of ALL CRO-1310 Pages</b>		\$ 13,790.31	
<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>			
<b>7. Purpose Codes</b> (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)			

NC State Board of Elections

December 2009

CRO-1310

## Aggregated Non-Media Expenditures

Page 1 of 1

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

1. Committee Full Name (and Fund if applicable)

2. ID Number

MORGAN FOR MAYOR

## 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	1A	Electric Funds Tran	O	10/05/2023	\$ 14.60	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/06/2023	\$ 24.60	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/07/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/12/2023	\$ 44.60	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/13/2023	\$ 4.30	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/17/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/18/2023	\$ 10.30	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/19/2023	\$ 1.30	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/23/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Remove						

4. Total only this Page \$ 160.60

5. Total of ALL CRO-1315 Pages \$ 160.60

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

## 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

\* 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				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374				
b. Job Title/Profession IT		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		g. Comments h. Original Receipt Date 09/27/2023		
		i. Original Receipt Amount \$ 78.66		
c. Employer's Name/Specific Field SELF		f. Purpose Code P		
k. Account Code 1A		m. Required Remarks REIMB META n. Date (mm/dd/yyyy) 09/27/2023 o. Amount \$ 98.66		
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374				
b. Job Title/Profession IT		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		g. Comments h. Original Receipt Date 10/23/2023		
		i. Original Receipt Amount \$ 400.00		
c. Employer's Name/Specific Field SELF		f. Purpose Code P		
k. Account Code 1A		m. Required Remarks META n. Date (mm/dd/yyyy) 10/23/2023 o. Amount \$ 400.00		
<b>4. Total only this Page</b>				
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b> 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)

MORGAN FOR MAYOR

2. ID Number

### 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

DANIELLE KAYS  
23 ABINGTON DR  
PINEHURST, NC 28374

#### b. Type of Contributor

- Individual
- Candidate
- Party
- PAC
- Referendum
- Other Receipt Source

#### c. Comments

#### 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

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

JEFFREY MORGAN  
28 KILBRIDE DR  
PINEHURST, NC 28374

#### b. Type of Contributor

- Individual
- Candidate
- Party
- PAC
- Referendum
- Other Receipt Source

#### c. Comments

#### 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

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

BART J O'CONNOR  
535 DONALD ROSS DR  
PINEHURST, NC 28374

#### b. Type of Contributor

- Individual
- Candidate
- Party
- PAC
- Referendum
- Other Receipt Source

#### c. Comments

#### 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)

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Contributions to be Reimbursed

Pg 1 of 1

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									
MORGAN FOR MAYOR											
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Full Name &amp; Mailing Address of the Payee (the original vendor)</td> <td colspan="3">Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</td> </tr> <tr> <td>EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374</td> <td colspan="3">EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374</td> </tr> </table>				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)			EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		
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)										
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Full Name &amp; Mailing Address of the Payee (the original vendor)</td> <td colspan="3">Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</td> </tr> <tr> <td>EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374</td> <td colspan="3">EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374</td> </tr> </table>				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)			EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		
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)										
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	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 <span style="float: right;">\$ 478.66</span>											
5. Total of ALL CRO-1215a Pages <span style="float: right;">\$ 478.66</span> <small>(This line goes in line 28 of Detailed Summary Page CRO-1100)</small>											

CRO-1215

NC State Board of Elections

December 2007