

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 PATRICK PIZZELLA FOR PINEHURST MAYOR		c. ID Number																																					
b. Mailing Address (include City, State and Zip Code) PO BOX 3864 PINEHURST, NC 28374		d. Date Filed 10/25/2023																																					
		e. Phone Number																																					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 09/27/2023	4. Period End Date (mm/dd/yy) 10/23/2023	5. Treasurer Full Name JOHN WEBSTER																																				
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 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 checked="" 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 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 checked="" 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 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 checked="" 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 FIRST BANK		3. Account Information a. Financial Institution Full Name																																					
b. Purpose CONTRIBUTIONS AND EXPENDITURES	c. Account Code 1	b. Purpose	c. Account Code																																				
	d. Period Begin Balance \$		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																																					
		10/25/2023 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:		Employee:	RECEIVED																																				
Delivery Method	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed																																						
Date Postmarked:		Employee:	10/27/2023																																				
Date Scanned:		Employee:																																					
Date Data Entered:		Employee:	MOORE BOE																																				
<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

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

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
PATRICK PIZZELLA FOR PINEHURST MAYOR	2023 Pre-Election		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 29,576.88 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 300.00 \$ 850.00	
6) Contributions from Individuals	(CRO-1210)	\$ 7,623.33 \$ 54,240.78	
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)		\$ 7,923.33 \$ 55,090.78	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 18,651.96 \$ 32,685.08	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00 \$ 12.00	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,355.98 \$ 1,355.98	
17) In-Kind Contributions	(CRO-1510)	\$ 2,623.33 \$ 6,168.78	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 22,631.27 \$ 40,221.84	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 14,868.94 \$ 14,868.94	
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)	\$ 1,355.98	\$ 1,355.98

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 PATRICK PIZZELLA FOR PINEHURST MAYOR		c. ID Number			
b. Mailing Address (include City, State and Zip Code) PO BOX 3864 PINEHURST, NC 28374		d. Date Filed 10/25/2023			
		e. Phone Number			
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name					
2023	09/27/2023	10/23/2023	JOHN WEBSTER		
6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>			
<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		Municipal <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		State/County	
				<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	
7. Type of Fund <i>(if applicable, check one)</i>				<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	
<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					
8. Number of Fundraisers this Report				10. Special Report Name	
0					
3. Account Information				3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name			
FIRST BANK					
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
CONTRIBUTIONS AND EXPENDITURES	1			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					
10/25/2023					
Printed Name of Signer		Signature of Appointed Treasurer		Date	
FOR OFFICE USE ONLY					
Date Received:		Employee:		Delivery Method	
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:		Employee:		<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee:			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.					
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.					

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

Detailed Summary

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
PATRICK PIZZELLA FOR PINEHURST MAYOR		2023 Pre-Election
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period
4) Cash on Hand at Start		\$ 29,576.88
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 300.00
6) Contributions from Individuals	(CRO-1210)	\$ 7,623.33
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 7,923.33
\$ 55,090.78		
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 18,651.96
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,355.98
17) In-Kind Contributions	(CRO-1510)	\$ 2,623.33
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 22,631.27
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 14,868.94
\$ 14,868.94		
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 1,355.98
\$ 1,355.98		\$ 1,355.98

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			
PATRICK PIZZELLA FOR PINEHURST 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	1	Check		10/20/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/16/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/05/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/10/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/05/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/05/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/16/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$300.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$300.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 14

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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			
PATRICK PIZZELLA FOR PINEHURST 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 CHIEF OF STAFF	d. Comments		
CATHERINE BARTLEY 101 RAINBOW CIRCLE CHATTANOOGA, TN 37405		c. Employer's Name/Specific Field INTERNATIONAL FRANCHISE ASSOCIATION	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"/>	1	Check		10/16/2023	\$ 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 NO JOB TITLE	d. Comments		
ROBERT BLACKWELL 45 HEARTHSTONE RD PINEHURST, NC 28374		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"/>	1	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 NO JOB TITLE	d. Comments		
STEPHANIE BOYLES 360 SUGAR PINE DR PINEHURST, NC 28374		c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	1	Check		10/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 600.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 7,623.33	

Contributions from Individuals

Pg 2 of 14

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			
PATRICK PIZZELLA FOR PINEHURST 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 CHIEF OF STAFF & DIRECTOR OF FOUNDATION		d. Comments c. Employer's Name/Specific Field TENNESSEE CHAMBER OF COMMERCE	
SARAH BURNETT 1323 TILTON DR FRANKLIN, TN 37067					
				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"/>	1	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 NO JOB TITLE		d. Comments c. Employer's Name/Specific Field NOT EMPLOYED	
THOMAS CAMPBELL 1 SADDLE PLACE PINEHURST, NC 28374					
				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"/>	1	Check		10/12/2023	\$ 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 NO JOB TITLE		d. Comments c. Employer's Name/Specific Field NOT EMPLOYED	
JANICE CANTELOU 67 MCMICHAEL DR PINEHURST, NC 28374					
				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"/>	1	Check		10/02/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7,623.33

Contributions from Individuals

Pg 3 of 14

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	
PATRICK PIZZELLA FOR PINEHURST 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 NO JOB TITLE	d. Comments
ELSIE CHAPMAN 40 APAWAMIS CIR PINEHURST, NC 28374		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
<input type="checkbox"/>	1	Check	
<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 LOBBYIST	d. Comments
JOSEPHINE COOPER 121 ST MELLIONS PINEHURST, NC 28374		c. Employer's Name/Specific Field JOSEPHINE COOPER LLC	e. Election Sum to Date \$ 570.14
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	1	In-Kind	CO-HOST OF 9.27.23 MEET AND GREET
<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 DISTRICT SALES MANAGER	d. Comments
WILLIAM DARDEN 101 RAINBOW CIRCLE CHATTANOOGA, TN 37405		c. Employer's Name/Specific Field GENERAL SHALE	e. Election Sum to Date \$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	1	Check	
<input type="checkbox"/>			
<input type="checkbox"/>			
4. Total only this Page \$ 670.14			
5. Total of ALL CRO-1210 Pages \$ 7,623.33 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>			

Contributions from Individuals

Pg 4 of 14

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																																	
PATRICK PIZZELLA FOR PINEHURST MAYOR																																			
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 colspan="3">d. Comments</td> </tr> <tr> <td>JUDY DAVIS 87 SHORT RD PINEHURST, NC 28374</td> <td>CONSULTANT</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>SMITHWICK GIBSON LLC</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="3">\$ 223.13</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			JUDY DAVIS 87 SHORT RD PINEHURST, NC 28374	CONSULTANT					c. Employer's Name/Specific Field					SMITHWICK GIBSON LLC						e. Election Sum to Date					\$ 223.13			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																	
JUDY DAVIS 87 SHORT RD PINEHURST, NC 28374	CONSULTANT																																		
	c. Employer's Name/Specific Field																																		
	SMITHWICK GIBSON LLC																																		
		e. Election Sum to Date																																	
		\$ 223.13																																	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																														
<input type="checkbox"/>	1	In-Kind	MEET AND GREET ON 10/16/23	10/20/2023	\$ 223.13																														
<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 colspan="3">d. Comments</td> </tr> <tr> <td>DENNIS DOLGAN 715 DIAMONDHEAD DR S PINEHURST, NC 28374</td> <td>MEDICAL DOCTOR</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="3">\$ 300.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			DENNIS DOLGAN 715 DIAMONDHEAD DR S PINEHURST, NC 28374	MEDICAL DOCTOR					c. Employer's Name/Specific Field					NOT EMPLOYED						e. Election Sum to Date					\$ 300.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																	
DENNIS DOLGAN 715 DIAMONDHEAD DR S PINEHURST, NC 28374	MEDICAL DOCTOR																																		
	c. Employer's Name/Specific Field																																		
	NOT EMPLOYED																																		
		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"/>	1	In-Kind	MEET AND GREET 10/2/23	10/03/2023	\$ 300.00																														
<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 colspan="3">d. Comments</td> </tr> <tr> <td>CARLA DULL 7 OAK TREE LANE PINEHURST, NC 28374</td> <td>MEDICAL SECRETARY</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>FIRST HEALTH</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="3">\$ 70.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			CARLA DULL 7 OAK TREE LANE PINEHURST, NC 28374	MEDICAL SECRETARY					c. Employer's Name/Specific Field					FIRST HEALTH						e. Election Sum to Date					\$ 70.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																	
CARLA DULL 7 OAK TREE LANE PINEHURST, NC 28374	MEDICAL SECRETARY																																		
	c. Employer's Name/Specific Field																																		
	FIRST HEALTH																																		
		e. Election Sum to Date																																	
		\$ 70.00																																	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																														
<input type="checkbox"/>	1	In-Kind	CO-HOST OF 9.28.23 MEET AND GREET	09/28/2023	\$ 70.00																														
<input type="checkbox"/>					\$																														
<input type="checkbox"/>					\$																														
4. Total only this Page					\$ 593.13																														
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,623.33																														

Contributions from Individuals

Pg 5 of 14

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																					
PATRICK PIZZELLA FOR PINEHURST MAYOR																							
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>MELISSA FALLON 145 BEL AIR DR PINEHURST, NC 28374</td> <td>NO JOB TITLE</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 574.81</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	MELISSA FALLON 145 BEL AIR DR PINEHURST, NC 28374	NO JOB TITLE			c. Employer's Name/Specific Field			NOT EMPLOYED				e. Election Sum to Date			\$ 574.81
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
MELISSA FALLON 145 BEL AIR DR PINEHURST, NC 28374	NO JOB TITLE																						
	c. Employer's Name/Specific Field																						
	NOT EMPLOYED																						
		e. Election Sum to Date																					
		\$ 574.81																					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>	1	In-Kind	MEET AND GREET ON 10/11/23	10/17/2023	\$ 374.81																		
<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>CHARLOTTE FOGG 25 LOCHMERE DR PINEHURST, NC 28374</td> <td>NO JOB TITLE</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	CHARLOTTE FOGG 25 LOCHMERE DR PINEHURST, NC 28374	NO JOB TITLE			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																					
CHARLOTTE FOGG 25 LOCHMERE DR PINEHURST, NC 28374	NO JOB TITLE																						
	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"/>	1	Check		10/10/2023	\$ 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>MICHAEL FUSSELBAUGH 7 GADSTEN CT PINEHURST, NC 28374</td> <td>NO JOB TITLE</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 250.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	MICHAEL FUSSELBAUGH 7 GADSTEN CT PINEHURST, NC 28374	NO JOB TITLE			c. Employer's Name/Specific Field			NOT EMPLOYED				e. Election Sum to Date			\$ 250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
MICHAEL FUSSELBAUGH 7 GADSTEN CT PINEHURST, NC 28374	NO JOB TITLE																						
	c. Employer's Name/Specific Field																						
	NOT EMPLOYED																						
		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"/>	1	Check		10/05/2023	\$ 250.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
4. Total only this Page					\$ 724.81																		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,623.33																		

Contributions from Individuals

Pg 6 of 14

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			
PATRICK PIZZELLA FOR PINEHURST 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 NO JOB TITLE	d. Comments		
ANDREW HENDRY PO BOX 3669 PINEHURST, NC 28374		c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	1	Check		10/16/2023	\$ 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 NO JOB TITLE	d. Comments		
MARY HENDRY PO BOX 3669 PINEHURST, NC 28374		c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	1	Check		10/16/2023	\$ 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 NO JOB TITLE	d. Comments		
PATRICK HENRY 415 LAKE FOREST DR SW PINEHURST, NC 28374		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"/>	1	Check		09/28/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 600.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7,623.33

Contributions from Individuals

Pg 7 of 14

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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			
PATRICK PIZZELLA FOR PINEHURST 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 SR VP	d. Comments		
RICHARD HIGGINBOTHAM 800 LINDEN RD PINEHURST, NC 28374		c. Employer's Name/Specific Field PINEHURST LLC	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"/>	1	Check		10/02/2023	\$ 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 REALTOR	d. Comments		
LIN HUTAFF 545 LAKE FOREST DR SE PINEHURST, NC 28374		c. Employer's Name/Specific Field LIN HUTAFF'S PINEHURST REALTY GROUP	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"/>	1	Check		10/15/2023	\$ 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 NO JOB TITLE	d. Comments		
PHILIP KIKO 3500 ARLINGTON BLVD ARLINGTON, VA 22204		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"/>	1	Check		10/10/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 600.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7,623.33

Contributions from Individuals

Pg 8 of 14

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		
PATRICK PIZZELLA FOR PINEHURST 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 NO JOB TITLE	d. Comments c. Employer's Name/Specific Field NOT EMPLOYED	
CHARLES LANNOM 26 ROSLIN COURT PINEHURST, NC 28374			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)
<input type="checkbox"/>	1	Check		10/15/2023
<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 TEACHER	d. Comments c. Employer's Name/Specific Field NOT EMPLOYED	
WANDA LITTLE 111 NATIONAL DR PINEHURST, NC 28374			e. Election Sum to Date \$ 176.20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)
<input type="checkbox"/>	1	In-Kind	CO HOST OF 9/27/23 MEET AND GREET	10/02/2023
<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 CONSULTANT	d. Comments c. Employer's Name/Specific Field SIMON ADVISORY	
AMY MARTIN 1234 QUEEN ST NE #1 WASHINGTON, DC 20002			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)
<input type="checkbox"/>	1	Check		09/28/2023
<input type="checkbox"/>				
<input type="checkbox"/>				
4. Total only this Page \$ 426.20				
5. Total of ALL CRO-1210 Pages \$ 7,623.33 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>				

Contributions from Individuals

Pg 9 of 14

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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			
PATRICK PIZZELLA FOR PINEHURST 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 ATTORNEY			
DAVID MCFADDEN 201 Q ST NE APT 3349 WASHINGTON, DC 20002		c. Employer's Name/Specific Field COMPETITIVE ENTERPRISE INSTITUTE			
		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"/>	1	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 NO JOB TITLE			
ANNETTE MILLER 102 STRATHAVEN CT PINEHURST, NC 28374		c. Employer's Name/Specific Field NOT EMPLOYED			
		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"/>	1	Check		10/02/2023	\$ 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 ATTORNEY			
MATTHEW MINMAUGH 1401 SOUTH JOYCE ST ARLINGTON, VA 22202		c. Employer's Name/Specific Field EQUAL EMPLOYMENT OPPORTUNITY COMMISSION			
		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"/>	1	Check		10/02/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7,623.33

Contributions from Individuals

Pg 10 of 14

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															
PATRICK PIZZELLA FOR PINEHURST MAYOR																			
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 colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">CLETA MITCHELL 139 NATIONAL DRIVE PINEHURST, NC 28374</td> <td>ATTORNEY - SENIOR LEGAL FELLOW</td> <td colspan="4" rowspan="3"> e. Election Sum to Date \$ 553.66 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>CONSERVATIVE PARTNERSHIP INSTITUTE</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				CLETA MITCHELL 139 NATIONAL DRIVE PINEHURST, NC 28374	ATTORNEY - SENIOR LEGAL FELLOW	e. Election Sum to Date \$ 553.66				c. Employer's Name/Specific Field	CONSERVATIVE PARTNERSHIP INSTITUTE
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
CLETA MITCHELL 139 NATIONAL DRIVE PINEHURST, NC 28374	ATTORNEY - SENIOR LEGAL FELLOW	e. Election Sum to Date \$ 553.66																	
	c. Employer's Name/Specific Field																		
	CONSERVATIVE PARTNERSHIP INSTITUTE																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	1	In-Kind	CO-HOST OF 9.27.23 MEET AND GREET	09/27/2023	\$ 303.66														
<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 colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">MARY JOY PIZZELLA 170 PALMETTO RD PINEHURST, NC 28374</td> <td>FORMER BUSINESS DEVELOPMENT EXECUTIVE</td> <td colspan="4" rowspan="3"> e. Election Sum to Date \$ 694.22 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NOT EMPLOYED</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				MARY JOY PIZZELLA 170 PALMETTO RD PINEHURST, NC 28374	FORMER BUSINESS DEVELOPMENT EXECUTIVE	e. Election Sum to Date \$ 694.22				c. Employer's Name/Specific Field	NOT EMPLOYED
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
MARY JOY PIZZELLA 170 PALMETTO RD PINEHURST, NC 28374	FORMER BUSINESS DEVELOPMENT EXECUTIVE	e. Election Sum to Date \$ 694.22																	
	c. Employer's Name/Specific Field																		
	NOT EMPLOYED																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	1	In-Kind	MOORE COUNTY GIS INFO	10/20/2023	\$ 25.00														
<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 colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">CLARE RUGGLES 55 OAKMONT CIR PINEHURST, NC 28374</td> <td>NON-PROFIT</td> <td colspan="4" rowspan="3"> e. Election Sum to Date \$ 160.95 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NORTHERN MOORE FAMILY RESOURCE CENTER</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				CLARE RUGGLES 55 OAKMONT CIR PINEHURST, NC 28374	NON-PROFIT	e. Election Sum to Date \$ 160.95				c. Employer's Name/Specific Field	NORTHERN MOORE FAMILY RESOURCE CENTER
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
CLARE RUGGLES 55 OAKMONT CIR PINEHURST, NC 28374	NON-PROFIT	e. Election Sum to Date \$ 160.95																	
	c. Employer's Name/Specific Field																		
	NORTHERN MOORE FAMILY RESOURCE CENTER																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	1	In-Kind	MEET & GREET ON 10/20/23	10/20/2023	\$ 60.95														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
4. Total only this Page \$ 389.61																			
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> \$ 7,623.33																			

Contributions from Individuals

Pg 11 of 14

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			
PATRICK PIZZELLA FOR PINEHURST MAYOR					
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove b. Job Title/Profession REALTOR c. Employer's Name/Specific Field NOT EMPLOYED e. Election Sum to Date \$ 274.15			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	CO-HOST OF 9.27.23 MEET AND GREET	09/27/2023	\$ 174.15
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove b. Job Title/Profession NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYED 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"/>	1	Check		10/02/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove b. Job Title/Profession CONSULTANT c. Employer's Name/Specific Field SIMMONS RUSSELL GROUP 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"/>	1	Check		10/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 674.15
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,623.33

Contributions from Individuals

Pg 12 of 14

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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														
PATRICK PIZZELLA FOR PINEHURST MAYOR																
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 colspan="3">d. Comments</td> </tr> <tr> <td rowspan="3">JOHN STRICKLAND PO BOX 755 PINEHURST, NC 28374</td> <td>MAYOR OF PINEHURST</td> <td colspan="3" rowspan="3"> e. Election Sum to Date \$ 200.00 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>VILLAGE OF PINEHURST</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			JOHN STRICKLAND PO BOX 755 PINEHURST, NC 28374	MAYOR OF PINEHURST	e. Election Sum to Date \$ 200.00			c. Employer's Name/Specific Field	VILLAGE OF PINEHURST
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
JOHN STRICKLAND PO BOX 755 PINEHURST, NC 28374	MAYOR OF PINEHURST	e. Election Sum to Date \$ 200.00														
	c. Employer's Name/Specific Field															
	VILLAGE OF PINEHURST															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount											
<input type="checkbox"/>	1	Check		10/20/2023	\$ 200.00											
<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 colspan="3">d. Comments</td> </tr> <tr> <td rowspan="3">MELISSA SWARBRICK 202 LALLY CIRCLE ABERDEEN, NC 28315</td> <td>PERSONAL TRAINER</td> <td colspan="3" rowspan="3"> e. Election Sum to Date \$ 102.55 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>ANYTIME FITNESS</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			MELISSA SWARBRICK 202 LALLY CIRCLE ABERDEEN, NC 28315	PERSONAL TRAINER	e. Election Sum to Date \$ 102.55			c. Employer's Name/Specific Field	ANYTIME FITNESS
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
MELISSA SWARBRICK 202 LALLY CIRCLE ABERDEEN, NC 28315	PERSONAL TRAINER	e. Election Sum to Date \$ 102.55														
	c. Employer's Name/Specific Field															
	ANYTIME FITNESS															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount											
<input type="checkbox"/>	1	In-Kind	CO-HOST OF 9.27.23 MEET AND GREET	09/27/2023	\$ 102.55											
<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 colspan="3">d. Comments</td> </tr> <tr> <td rowspan="3">FRANK TROTTA 4971 MILL CREEK RD LAKE WYLIE, SC 29710</td> <td>ATTORNEY</td> <td colspan="3" rowspan="3"> e. Election Sum to Date \$ 200.00 </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NOT EMPLOYED</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			FRANK TROTTA 4971 MILL CREEK RD LAKE WYLIE, SC 29710	ATTORNEY	e. Election Sum to Date \$ 200.00			c. Employer's Name/Specific Field	NOT EMPLOYED
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
FRANK TROTTA 4971 MILL CREEK RD LAKE WYLIE, SC 29710	ATTORNEY	e. Election Sum to Date \$ 200.00														
	c. Employer's Name/Specific Field															
	NOT EMPLOYED															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount											
<input type="checkbox"/>	1	Check		10/23/2023	\$ 200.00											
<input type="checkbox"/>					\$											
<input type="checkbox"/>					\$											
4. Total only this Page					\$ 502.55											
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,623.33											

Contributions from Individuals

Pg 13 of 14

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	
PATRICK PIZZELLA FOR PINEHURST 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	
JACQUELINE TUCKER 1 PARK COURT PINEHURST, NC 28374		NO JOB TITLE		c. Employer's Name/Specific Field NOT EMPLOYED	
e. Election Sum to Date \$ 220.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	CO-HOST OF 9/28/23 MEET AND GREET	09/28/2023	\$ 120.00
<input type="checkbox"/>	1	Check		10/05/2023	\$ 100.00
<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	
ELIZABETH WEBSTER 140 MCKENZIE RD W PINEHURST, NC 28374		ATTORNEY/REALTOR		c. Employer's Name/Specific Field Real Estate	
e. Election Sum to Date \$ 661.76					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	MEET AND GREET 9/29/23	09/29/2023	\$ 411.76
<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	
JOHN WEBSTER 140 MCKENZIE RD W PINEHURST, NC 28374		NO JOB TITLE		c. Employer's Name/Specific Field NOT EMPLOYED	
e. Election Sum to Date \$ 427.82					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	PRINTER CARTDRIDGE	10/02/2023	\$ 60.98
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 692.74					
5. Total of ALL CRO-1210 Pages \$ 7,623.33 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from IndividualsPg 14 of 14
 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			
PATRICK PIZZELLA FOR PINEHURST 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 NO JOB TITLE	d. Comments		
JAMES YARDLEY 30 EVERETTE RD PINEHURST, NC 28374		c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	1	Check		10/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7,623.33

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Page 1 of 3 Yes No

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
PATRICK PIZZELLA FOR PINEHURST 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	
DAVIS VIDEO PRODUCTIONS PO BOX 369 PINEHURST, NC 28370			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 1,086.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/15/2023	\$ 1,086.05	TV AND RADIO ADS PRODUCTION	
				\$		
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	
LINDA GUERRA 15 MCQUEEN RD PINEHURST, NC 28374			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	
					\$ 576.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/14/2023	\$ 576.00	PAINTED SLATES AS GIFTS	
				\$		
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	
MARY ELIZABETH JAMESON 158 MAPLEWOOD DR WEST JEFFERSON, NC 28694			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	
					\$ 1,268.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/06/2023	\$ 500.00	TECHNOLOGY	
				\$		
5. Total only this Page						\$ 2,162.05
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>						\$ 18,651.96
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 3 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
PATRICK PIZZELLA FOR PINEHURST 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	
JELLISON PRESS 160 PINEHURST AVENUE, SUITE I 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	
					\$ 2,111.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/11/2023	\$ 263.22	LABELS, ENVELOPES,	
1	Check	B	10/17/2023	\$ 321.00	CARDS PRINTING HANDOUTS	
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	
JELLISON PRESS 160 PINEHURST AVENUE, SUITE I 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	
					\$ 2,111.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/18/2023	\$ 162.64	CAMPAIGN PRINTS	
				\$		
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	
SANDHILL SIGNS 336 FIELDS DRIVE 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	
					\$ 3,456.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/06/2023	\$ 192.60	YARD SIGNS	
				\$		
5. Total only this Page						\$ 939.46
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>						\$ 18,651.96
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			
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 3 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
PATRICK PIZZELLA FOR PINEHURST 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	
SPECTRUM 6501 WESTON PARKWAY CARY, NC 27513			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	
					\$ 8,632.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	09/27/2023	\$ 8,632.15	TV ADVERTISING	
				\$		
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	
TECH PLUMBER PO BOX 837 MCLEAN, VA 22101			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	
					\$ 1,080.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/06/2023	\$ 337.50	TECHNICAL MEDIA	
				\$	ASSISTANCE	
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 LLC PO BOX 58 SOUTHERN PINES, NC 28388			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	
					\$ 10,360.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	09/27/2023	\$ 6,433.80	ADVERTISING	
1	Check	A	10/16/2023	\$ 147.00	ADVERTISING	
5. Total only this Page						\$ 15,550.45
6. Total of ALL CRO-1310 Pages						\$ 18,651.96
<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						
*Codes require detailed explanation in required remarks field (k)						

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number		
PATRICK PIZZELLA FOR PINEHURST 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
KIMBERLY GEDDES 232 BOWMAN RD ABERDEEN, NC 28315		<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:		10/10/2023
				i. Original Receipt Amount
				\$ 510.36
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
ENGINEER		SOUTHERN ENGINEERING SERVICES		P
k. Account Code		l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)
1		Check	FACEBOOK ADVERTISING	10/10/2023
o. Amount				
		\$ 510.36		
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
MARY JOY PIZZELLA 170 PALMETTO RD 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:		10/10/2023
				i. Original Receipt Amount
				\$ 845.62
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
FORMER BUSINESS DEVELOPMENT		NOT EMPLOYED		P
k. Account Code		l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)
1		Check	MAGGIES FARM FLOWERS	10/10/2023
o. Amount				
		\$ 845.62		
4. Total only this Page				
\$ 1,355.98				
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				
\$ 1,355.98				
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 5

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
PATRICK PIZZELLA FOR PINEHURST MAYOR		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOSEPHINE COOPER 121 ST MELLIONS 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 \$ 570.14
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CO-HOST OF 9.27.23 MEET AND GREET	09/27/2023	\$ 320.14
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY DAVIS 87 SHORT RD 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 \$ 223.13
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET AND GREET ON 10/16/23	10/20/2023	\$ 223.13
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DENNIS DOLGAN 715 DIAMONDHEAD DR S 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 \$ 300.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET AND GREET 10/2/23	10/03/2023	\$ 300.00
		\$
		\$
4. Total only this Page		\$ 843.27
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 2,623.33

In-Kind Contributions

Pg 2 of 5 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	
PATRICK PIZZELLA FOR PINEHURST 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 <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 \$ 70.00
e. Description CO-HOST OF 9.28.23 MEET AND GREET		f. Date (mm/dd/yyyy) 09/28/2023	g. Fair Market Amount \$ 70.00
			\$
			\$
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 <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 \$ 574.81
e. Description MEET AND GREET ON 10/11/23		f. Date (mm/dd/yyyy) 10/17/2023	g. Fair Market Amount \$ 374.81
			\$
			\$
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 <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 \$ 176.20
e. Description CO HOST OF 9/27/23 MEET AND GREET		f. Date (mm/dd/yyyy) 10/02/2023	g. Fair Market Amount \$ 76.20
			\$
			\$
4. Total only this Page 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			
		\$ 521.01	\$ 2,623.33

In-Kind Contributions

Pg 3 of 5

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
PATRICK PIZZELLA FOR PINEHURST MAYOR		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) CLETA MITCHELL 139 NATIONAL DRIVE 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 \$ 553.66
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CO-HOST OF 9.27.23 MEET AND GREET	09/27/2023	\$ 303.66
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY JOY PIZZELLA 170 PALMETTO RD 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 \$ 694.22
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MOORE COUNTY GIS INFO	10/20/2023	\$ 25.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) CLARE RUGGLES 55 OAKMONT CIR 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 \$ 160.95
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET & GREET ON 10/20/23	10/20/2023	\$ 60.95
		\$
		\$
4. Total only this Page	\$ 389.61	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$ 2,623.33	

In-Kind Contributions

Pg 4 of 5 Yes No

Amendment

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	
PATRICK PIZZELLA FOR PINEHURST 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 <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 \$ 274.15
e. Description CO-HOST OF 9.27.23 MEET AND GREET		f. Date (mm/dd/yyyy) 09/27/2023	g. Fair Market Amount \$ 174.15
			\$
			\$
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 <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 \$ 102.55
e. Description CO-HOST OF 9.27.23 MEET AND GREET		f. Date (mm/dd/yyyy) 09/27/2023	g. Fair Market Amount \$ 102.55
			\$
			\$
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 <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 \$ 220.00
e. Description CO-HOST OF 9/28/23 MEET AND GREET		f. Date (mm/dd/yyyy) 09/28/2023	g. Fair Market Amount \$ 120.00
			\$
			\$
4. Total only this Page \$ 396.70			
5. Total of ALL CRO-1510 Pages \$ 2,623.33 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind ContributionsPg 5 of 5

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
PATRICK PIZZELLA FOR PINEHURST MAYOR		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH WEBSTER 140 MCKENZIE RD W 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 \$ 661.76
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEET AND GREET 9/29/23	09/29/2023	\$ 411.76
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN WEBSTER 140 MCKENZIE RD W 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 \$ 427.82
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTER CARTDRIDGE	10/02/2023	\$ 60.98
		\$
		\$
4. Total only this Page	\$ 472.74	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$ 2,623.33	

Contributions to be ReimbursedPg 1 of 1

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

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
PATRICK PIZZELLA FOR PINEHURST MAYOR			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
KIMBERLY GEDDES 232 BOWMAN RD ABERDEEN, NC 28315		KIMBERLY GEDDES 232 BOWMAN RD ABERDEEN, NC 28315	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FACEBOOK ADVERTISING	10/10/2023	N	\$ 510.36
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
MARY JOY PIZZELLA 170 PALMETTO RD PINEHURST, NC 28374		MARY JOY PIZZELLA 170 PALMETTO RD PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
MAGGIES FARM FLOWERS	10/10/2023	N	\$ 845.62
4. Total only this Page		\$ 1,355.98	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,355.98	