

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input 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	c. ID Number
Committee to elect Robin Calcutt	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2325 East Indiana Avenue, Southern Pines, NC 28387	Dec. 4, 2023
	e. Phone Number
	910-690-9562

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name				
2023	Dec. 4, 2023		Teresa Robin Viall Calcutt				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input checked="" 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		Referendum <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	
7. Type of Fund (if applicable, check one)							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
None							

11. Account Information		11. 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 account	FB1		
	d. Period Begin Balance		
	\$ 100.00		\$

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 of Elections.

Teresa Robin V. Calcutt
Printed Name of Signer

Teresa Robin V. Calcutt
Signature of Appointed Treasurer

Dec. 14, 2023
Date

FOR OFFICE USE ONLY			
Date Received:	12/13/23	Employee:	<i>TR</i>
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

RECEIVED

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to elect Robin Calcutt	Organizational	
Start of Election Cycle: January 1, 2024		Total this Reporting Period
4) Cash on Hand at Start		\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \$
6) Contributions from Individuals	(CRO-1210)	\$ 153.00 \$
7) Contributions from Political Party Committees	(CRO-1220)	\$ \$
8) Contributions from Other Political Committees	(CRO-1230)	\$ \$
9) Loan Proceeds	(CRO-1410)	\$ \$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ \$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ \$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ \$
11c) Outside Sources of Income	(CRO-1250)	\$ \$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ \$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ \$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 153.00 \$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ \$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ \$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ \$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ \$
15) Loan Repayments	(CRO-1420)	\$ \$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ \$
17) In-Kind Contributions	(CRO-1510)	\$ \$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ \$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ \$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ \$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ \$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ \$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ \$
24) Account Transfers Within the Committee	(CRO-1720)	\$ \$
25) Administrative Support	(CRO-1710)	\$ \$
26) Forgiven Loans	(CRO-1440)	\$ \$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ \$
28) Contributions to be Refunded	(CRO-1215)	\$ \$

In-Kind Contributions

Pg _____ of _____ **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
Committee to elect Robin Calcutt		
3. Contributor Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove 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 \$ 53.00
Robin Calcutt 2325 East Indiana Avenue Southern Pines, NC 28387		
e. Description		f. Date (mm/dd/yyyy) g. Fair Market Amount
Filing fee paid by self check 1080		12.4.2023 \$ 53.00
Contribution to open checking account		12.11.2023 \$ 100.00
		\$
3. Contributor Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove b. Type of Contributor <input 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 \$
Campaign contribution		f. Date (mm/dd/yyyy) g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove b. Type of Contributor <input 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 \$
e. Description		f. Date (mm/dd/yyyy) g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		
5. Total of ALL CRO-1510 Pages		\$ 53.00
(This line must be on line 17 of Detailed Summary Page CRO-1100)		