

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	12/02/2023		
	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	10/24/2023	12/31/2023	N CAROL WHEELDON

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<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 type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" 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 type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" 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 type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" 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					
7. Type of Fund (if applicable, check one)	10. Special Report Name						
<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:							
8. Number of Fundraisers this Report	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
CAMPAIGN RECEIPTS & EXPENSES	1A		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 7,523.72		\$

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

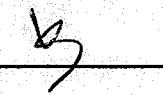
N. Carol Wheeldon

Signature of Appointed Treasurer

12/06/2023

Date

FOR OFFICE USE ONLY

Date Received:	12/7/23	Employee:		Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
MORGAN FOR MAYOR	2023 Year End Semi-Annual	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 7,523.72 \$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00 \$ 450.00
6) Contributions from Individuals	(CRO-1210)	\$ 680.61 \$ 40,426.69
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)		\$ 730.61 \$ 40,876.69
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 4,586.49 \$ 33,035.95
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)	\$ 10.90 \$ 358.50
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 3,526.33 \$ 5,755.55
17) In-Kind Contributions	(CRO-1510)	\$ 130.61 \$ 1,726.69
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,254.33 \$ 40,876.69
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00 \$ 0.00
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)	\$ 1,645.10 \$ 3,854.32

Contributions to be Reimbursed

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			
Full Name & Mailing Address of the Payee (the original vendor) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
META	11/01/2023	N	\$ 175.63
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
META	11/09/2023	N	\$ 400.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
RUMBLE UP	11/15/2023	N	\$ 1,003.75
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
META	11/28/2023	N	\$ 65.72
4. Total only this Page		\$ 1,645.10	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 1,645.10	

In-Kind Contributions

Pg 1 of 1 Yes No

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
MORGAN FOR MAYOR			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
		d. Election Sum to Date	
		\$ 2,332.76	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
WATCH PARTY BEVERAGES	11/06/2023	\$ 130.61	
		\$	
		\$	
4. Total only this Page		\$ 130.61	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 130.61	

CRO-1510

NC State Board of Elections

December 2007

Refunds/Reimbursements From the Committee Pg 2 of 2

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		
MORGAN FOR MAYOR				
3. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/15/2023
				i. Original Receipt Amount
				\$ 1,003.75
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
IT		SELF		P
				j. Election Sum to Date
				\$ (20.00)
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A	Check	RUMBLE UP	11/15/2023	\$ 1,003.75
3. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/28/2023
				i. Original Receipt Amount
				\$ 65.72
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
IT		SELF		P
				j. Election Sum to Date
				\$ (20.00)
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A	Check	META	11/28/2023	\$ 65.72
4. Total only this Page				
\$ 1,069.47				
5. Total of ALL CRO-1320 Pages				
(This line must be on line 15 of Detailed Summary Page CRO-1100)				
\$ 3,526.33				
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-Kin		O* Other		
* Codes require detailed explanation in required remarks field (m)				

Refunds/Reimbursements From the Committee Pg 1 of 2

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			
MORGAN FOR MAYOR					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Receipt Date 04/10/2023	
				i. Original Receipt Amount \$ 3,000.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PHYSICIAN		VETERANS ADMIN		L	
				j. Election Sum to Date \$ 2,332.76	
k. Account Code		l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A		Check		12/05/2023	\$ 1,881.23
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Receipt Date 11/01/2023	
				i. Original Receipt Amount \$ 175.63	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
IT		SELF		P	\$ (20.00)
k. Account Code		l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A		Check	META	11/01/2023	\$ 175.63
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Receipt Date 11/09/2023	
				i. Original Receipt Amount \$ 400.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
IT		SELF		P	\$ (20.00)
k. Account Code		l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A		Check	META	11/09/2023	\$ 400.00
4. Total only this Page					\$ 2,456.86
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					\$ 3,526.33
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		
<i>* Codes require detailed explanation in required remarks field (m)</i>					

Aggregated Non-Media Expenditures

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	10/26/2023	\$ 6.60	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	11/03/2023	\$ 4.30	COLLECTION FEE
<input type="checkbox"/> Remove						
4. Total only this Page					\$	10.90
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	10.90
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

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
MORGAN FOR MAYOR					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
EMILY STACK 400 SPRING LAKE DR 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		
			\$ 3,179.35		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	O	11/13/2023	\$ 1,500.00	CAMP MGR FEES
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
THE PILOT NEWSPAPER PO BOX 58 SOUTHERN PINES, NC 28387					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$ 7,130.79		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	A	11/01/2023	\$ 800.10	NEWSPAPER ADS
				\$	
5. Total only this Page				\$ 2,300.10	
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>				\$ 4,586.49	
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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
MORGAN FOR MAYOR					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
MARTIN & BLAINE PO BOX 17623 RALEIGH, NC 27619					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$ 12,053.56		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	O	11/16/2023	\$ 1,000.00	PHONE CALLS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
KIM RISTAU 1201 CHARLES DR LAURINGURB, NC 28352					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$ 1,664.25		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	O	10/25/2023	\$ 349.44	DOOR KNOCKING
1A	Check	O	11/01/2023	\$ 399.00	DOORKNOCKING
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
KIM RISTAU 1201 CHARLES DR LAURINGURB, NC 28352					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$ 1,664.25		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	O	11/09/2023	\$ 537.95	DOORKNOCKING
				\$	
5. Total only this Page				\$ 2,286.39	
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>				\$ 4,586.49	
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)					

Contributions from Individuals

Pg 2 of 2

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 NOT CURRENTLY EMPLOYED	d. Comments
THOMAS MORGAN 91 RIVER BEND DR LONDON, KY 40744		c. Employer's Name/Specific Field	e. Election Sum to Date \$ 100.00
f. Prior <input type="checkbox"/> g. Account Code 1A <input type="checkbox"/> h. Form of Payment Electric Funds Tran <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) 11/03/2023 <input type="checkbox"/> k. Amount \$ 100.00			
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> k. Amount \$ <input type="checkbox"/>			
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> k. Amount \$ <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 BOT CURRENTLY EMPLOYED	d. Comments
CYNTHIA PARKER 25 GREY ABBEY DR PINEHURST, NC 28374		c. Employer's Name/Specific Field	e. Election Sum to Date \$ 100.00
f. Prior <input type="checkbox"/> g. Account Code 1A <input type="checkbox"/> h. Form of Payment Check <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) 10/30/2023 <input type="checkbox"/> k. Amount \$ 100.00			
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> k. Amount \$ <input type="checkbox"/>			
f. Prior <input type="checkbox"/> g. Account Code <input type="checkbox"/> h. Form of Payment <input type="checkbox"/> i. In-Kind Description <input type="checkbox"/> j. Date (mm/dd/yyyy) <input type="checkbox"/> k. Amount \$ <input type="checkbox"/>			
4. Total only this Page <input type="checkbox"/> \$ 200.00			
5. Total of ALL CRO-1210 Pages <input type="checkbox"/> \$ 680.61 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>			

Contributions from Individuals

Pg 1 of 2

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MORGAN FOR MAYOR					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT BORTINS 625 EAST HEDGELAWN WAY SOUTHERN PINES, NC 28387			b. Job Title/Profession	d. Comments	
			CEO		
c. Employer's Name/Specific Field CLASSICAN CONVERSATIONS			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		10/26/2023	\$ 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) JAMES GROEGER 6 STARLIT LN PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			RETIRED		
c. Employer's Name/Specific Field MUNICIPAL GOVT			e. Election Sum to Date		
			\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		10/31/2023	\$ 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) JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			PHYSICIAN		
c. Employer's Name/Specific Field VETERANS ADMIN			e. Election Sum to Date		
			\$ 2,332.76		
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	WATCH PARTY BEVERAGES	11/06/2023	\$ 130.61
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 480.61
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 680.61

Aggregated Contributions from Individuals Page 1 of 1 **Amendment** Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
MORGAN FOR MAYOR					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1A	Electric Funds Tran		10/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$50.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$50.00

CRO-1205

NC State Board of Elections

April 2007