

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	
Amy 4 Moore Schools			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
625 Black Hawk Rd. Vass NC 28394		10/28/2024	
		e. Phone Number	
		910 639-7479	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	07/01/2024	10/20/2024	Amy Dahl
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
State Employees Credit Union			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Committee Funds			
	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 of Elections.			
Amy Dahl Printed Name of Signer		Amy Dahl Signature of Appointed Treasurer	
		10-28-2024 Date	
FOR OFFICE USE ONLY			
Date Received:	10/28/24	Employee:	MDL
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.			

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	
Amy 4 Moore Schools		Organizational			
Start of Election Cycle: January 1, 2021			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 1199.54		\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 175.00		\$ 175.00
6) Contributions from Individuals (CRO-1210)			\$ 1681.78		\$ 5261.90
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)			\$ 0.16		\$ 0.23
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)			\$ 1856.94		\$ 5437.13
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 1307.03		\$ 1707.56
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)			\$ 1181.78		\$ 3161.90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 2488.81		\$ 4869.46
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 567.67		\$ 567.67
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)			\$		\$

Aggregated Contributions from Individuals

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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	
Amy 4 Moore Schools						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input checked="" type="checkbox"/> Add		credit card		8-13-2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add		credit card		9-10-2024	\$ 25.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add		check		9-29-2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input checked="" type="checkbox"/> Add		credit card		10-11-2024	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1205 Pages					\$ 175.00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

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	
Amy 4 Moore Schools						
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
Mindy Fineman 536 7 Lakes N 112 Swan Run Ct West End, NC 27376				Retired		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		credit card		08-15-2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Thomas G. Wetsel 973 Seven Lakes N West End, NC 27376				Retired		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		credit card		08-26-2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Annice Alt 512 Penick Woods Lane Apt 9201 Southern Pines, NC 28387				Retired		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		credit card		09-22-2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1681.78	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Amy 4 Moore Schools						
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
Michael Edwards 75 Dalrymple Rd Pinehurst, NC 28374				President		
				c. Employer's Name/Specific Field Pine Apparel		
				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"/>		credit card		09-26-2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Renee Portilio 2187 Blue Hoghlands Dr Lakeland, FL, 33811				Retired		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		credit card		10-12-2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Amy Dahl 625 Black Hawk Rd Vass NC 28394				Teacher/Candidate		
				c. Employer's Name/Specific Field Montgomery County Schools		
				e. Election Sum to Date		
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		in-kind	lawn signs	10/08/24	\$ 1181.78	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1381.78	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1681.78	

Other Receipt Sources

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Amendment

☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Amy 4 Moore Schools					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
State Employees Credit Union 160 Savannah Garden Dr. Carthage NC 28327		c. Outside Source Explanation			
				e. Election Sum to Date	
				\$ 0.23	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	account credit	dividend	10/15/2024	\$ 0.16	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
		c. Outside Source Explanation			
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
		c. Outside Source Explanation			
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 0.16	
6. Total of ALL CRO-1250 Pages				\$ 0.16	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

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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
Amy 4 Moore Schools						
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
State Employees Credit Union 160 Savannah Garden Dr. Carthage NC 28327 (910) 947-3021				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$8.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	debit	O	10/15/2024	4.00	bank 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
Jellison Press 160 Pinehurst Ave Suite I Southern Pines, NC 28387				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$1284.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check	B	10/21/2024	\$1284.00	10000 palm cards	
				\$		
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
GoDaddy.com LLC 2155 E GoDaddy Way Tempe AZ 85284				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$60.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	debit	O	10/27/2024	\$19.03	Bank fees	
				\$		
5. Total only this Page						\$1307.03
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>						\$1307.03
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)						

In-Kind Contributions

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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	
Amy 4 Moore Schools			
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	
Amy Dahl 625 Black Hawk Rd Vass NC 28394		<input type="checkbox"/> Individual <input checked="" 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	
		\$2773.90	
e. Description		f. Date (mm/dd/yyyy)	
Lawn signs		10/08/2024	
		\$	
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 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)	
		\$	
		\$	
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 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)	
		\$	
		\$	
4. Total only this Page		\$1181.78	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$1181.78	

