

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																																																																			
Pick Nick for County Commissioner																																																																					
b. Mailing Address (include City, State and Zip Code)		d. Date Filed																																																																			
233 Gails Road West End, NC 27376																																																																					
		e. Phone Number																																																																			
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																																																		
2024	10/20/24	11/18/2024	John Thomas Roscoe																																																																		
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <td colspan="2">Municipal</td> <td colspan="2">State/County</td> <td colspan="2">Referendum</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Organizational</td> <td><input type="checkbox"/></td> <td>Organizational</td> <td><input type="checkbox"/></td> <td>Organizational</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Thirty-five day</td> <td colspan="2">Quarterly</td> <td><input type="checkbox"/></td> <td>Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pre-primary</td> <td><input type="checkbox"/></td> <td>First</td> <td><input type="checkbox"/></td> <td>Final</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pre-election</td> <td><input type="checkbox"/></td> <td>Second</td> <td><input type="checkbox"/></td> <td>Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pre-runoff</td> <td><input type="checkbox"/></td> <td>Third</td> <td><input type="checkbox"/></td> <td>Annual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Semi-annual</td> <td><input type="checkbox"/></td> <td>Fourth</td> <td><input type="checkbox"/></td> <td>Special</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mid Year</td> <td colspan="2">Semi-annual</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Year End</td> <td><input type="checkbox"/></td> <td>Mid Year</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final</td> <td><input type="checkbox"/></td> <td>Year End</td> <td><input checked="" type="checkbox"/></td> <td>Final</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Special</td> <td><input type="checkbox"/></td> <td>Special</td> <td><input type="checkbox"/></td> <td>Special</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	Quarterly		<input type="checkbox"/>	Pre-referendum	<input type="checkbox"/>	Pre-primary	<input type="checkbox"/>	First	<input type="checkbox"/>	Final	<input 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	Semi-annual		<input type="checkbox"/>		<input type="checkbox"/>	Year End	<input type="checkbox"/>	Mid Year	<input type="checkbox"/>		<input type="checkbox"/>	Final	<input type="checkbox"/>	Year End	<input checked="" type="checkbox"/>	Final	<input type="checkbox"/>	Special	<input type="checkbox"/>	Special	<input type="checkbox"/>	Special
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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"/> Other:																																																																					
8. Number of Fundraisers this Report		11. Account Information																																																																			
0		a. Financial Institution Full Name																																																																			
First Bank																																																																					
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																																																		
Campaign Finance	1		RECEIVED																																																																		
	d. Period Begin Balance																																																																				
	\$ 2501.30		\$																																																																		
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.																																																																					
John Thomas Roscoe	Printed Name of Signer	John Roscoe	Signature of Appointed Treasurer																																																																		
		11/18/2024	Date																																																																		
FOR OFFICE USE ONLY																																																																					
Date Received:	11/19/24	Employee:	<u>John</u>																																																																		
Date Postmarked:		Employee:																																																																			
Date Scanned:		Employee:																																																																			
Date Data Entered:		Employee:																																																																			
<table border="1"> <tr> <td colspan="2">Delivery Method</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Normal Mail</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registered Mail</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Hand Delivered</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Electronically Filed</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Signer has not received mandatory training</td> </tr> </table>				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																																																						
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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 FInd if applicable)	2. Type of Report	3. ID Number
Pick Nick for County Commissioner	Final	
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2501.30	\$ 5325.12
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 0
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
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)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2001.30	\$ 3825.12
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 500.00	\$ 1500.00
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)	\$ 2501.30	\$ 5325.12
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0
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)	\$	\$

Disbursements

Pg 1 of 2

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	
Pick Nick for County Commissioner			
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	
Lifecare Pregnancy Center 402 Monroe Street Carthage, NC 28327		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	
		\$ 2001.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	11/14/2024
		O	
			\$
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	
		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	
		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
			\$
			\$
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	
		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	
		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
			\$
			\$
5. Total only this Page		\$ 2001.30	
6. Total of ALL CRO-1310 Pages			
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)		\$ 2501.30	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			
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 2

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	
Pick Nick for County Commissioner				
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>				
<input type="checkbox"/> Operating Expenses <input checked="" 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) McInnis for State Senate PO Box 1331 Rockingham, NC 28380			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			d. Comments e. Election Sum to Date \$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1	Check	O	10/25/24	\$500.00
				\$
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
5. Total only this Page			\$ 500.00	
6. Total of ALL CRO-1310 Pages			\$ 2501.30	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				
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