

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

Committee to elect Robin Calcutt

c. ID Number

7H42YM

b. Mailing Address (include City, State and Zip Code)

2325 East Indiana Avenue, Southern Pines, 28387

d. Date Filed

7/10/2024

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

2024

2/18/2024

6/30/2024

Teresa Robin Calcutt

6. Type of Committee (Check One)

- Candidate Campaign Party
- PAC Referendum
- Independent Joint Fundraiser
- Expenditure
- Legal Expense Fund

9. Type of Report (check only one type of report from one category)

Municipal

- Organizational
- Thirty-five day
- Pre-primary
- Pre-election
- Pre-runoff
- Semi-annual
- Mid Year
- Year End
- Final
- Special

State/County

- Organizational
- Quarterly
- First
- Second
- Third
- Fourth
- Semi-annual
- Mid Year
- Year End
- Final
- Special

Referendum

- Organizational
- Pre-referendum
- Final
- Supplemental Final
- Annual
- Special

7. Type of Fund (if applicable, check one)

- "Booster Fund"
- Building Fund

Other:

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Bank

b. Purpose

Campaign Acc

c. Account Code

FB1

d. Period Begin Balance

\$ 1662.59

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

TERESA ROBIN CALCUTT

Printed Name of Signer

Teresa Robin Calcutt

Signature of Appointed Treasurer

07/10/24

Date

FOR OFFICE USE ONLY

Date Received:

7/10/24

Employee:

7/10/24

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received

mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

RECEIVED

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.

MOORE BOE

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	Second Quarter	7H42YM
Start of Election Cycle: January 1, 2024		Total this Reporting Period
4) Cash on Hand at Start		\$ 1662.59
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 275.00
6) Contributions from Individuals	(CRO-1210)	\$ 1175.00
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)	\$
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)	\$ 1450.00	\$ 5314.08
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2808.69
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)	\$ 2808.69	\$ 5303.78
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 303.90	\$ 303.90
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

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		
Committee to elect Robin Calcutt			7H42YM		
3. Contributor Information					
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)
<input checked="" type="checkbox"/>	Add	FB1	online		02/29/2024
<input type="checkbox"/>	Remove				\$ 50.00
<input checked="" type="checkbox"/>	Add	FB1	online		02/25/2024
<input type="checkbox"/>	Remove				\$ 50.00
<input checked="" type="checkbox"/>	Add	FB1	online		02/23/2024
<input type="checkbox"/>	Remove				\$ 50.00
<input checked="" type="checkbox"/>	Add	FB1	check		05/09/2024
<input type="checkbox"/>	Remove				\$ 50.00
<input checked="" type="checkbox"/>	Add	FB1	check		02/27/2024
<input type="checkbox"/>	Remove				\$ 50.00
<input checked="" type="checkbox"/>	Add	FB1	check		02/20/2024
<input type="checkbox"/>	Remove				\$ 25.00
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<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			\$ 275.00		
5. Total of ALL CRO-1205 Pages			\$ 275.00		
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg 1 of 2 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		
Committee to elect Robin Calcutt				7H42YM		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Clement Monroe 185 short rd Pinehurst, NC 28374			b. Job Title/Profession Dentist		d. Comments e. Election Sum to Date \$ 250.00	
			c. Employer's Name/Specific Field Drs. Monroe and Monroe Dentist Dentist			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB1	ONLINE		05/06/2024	\$ 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) Dave and Kathy Leuck 11 Chatham Ln Pinehurst, NC 28374			b. Job Title/Profession retired		d. Comments e. Election Sum to Date \$ 100.00	
			c. Employer's Name/Specific Field 			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB1	ONLINE		02/25/2024	\$ 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) Christoph Diasio 10 Spur Rd Pinehurst, NC 28374			b. Job Title/Profession Physician		d. Comments e. Election Sum to Date \$ 250.00	
			c. Employer's Name/Specific Field Sandhills Pediatrics Physician			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FB1	ONLINE		02/25/2024	\$ 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>					\$ 1175.00	

Contributions from Individuals

Pg 2 of 2 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		
Committee to elect Robin Calcutt			7H42YM		
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Lawyer		d. Comments
Frank Thigpen PO Box 1034 Pinehurst, NC 28370			c. Employer's Name/Specific Field Thigpen and Jenkins Law Firm Lawyer		e. Election Sum to Date \$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	FB1	check		02/21/2024	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Retired		d. Comments
Nancy Cunningham 700 Donald Ross Drive Pinehurst, NC 28374			c. Employer's Name/Specific Field retired		e. Election Sum to Date \$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	FB1	check		02/21/2024	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession 		d. Comments
			c. Employer's Name/Specific Field 		e. Election Sum to Date \$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	FB1	check			\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 575.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1175.00

Disbursements

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

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee to elect Robin Calcutt			7H42YM	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) First Bank 10205 US-15 Southern Pines, NC 28387			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			d. Comments bank fees	
			e. Election Sum to Date \$ 60.00	
f. Account Code			g. Form of Payment	
FB1			online	
h. Purpose Code			i. Date (mm/dd/yyyy)	
K			06/30/2024/	
			\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) PILOT PO BOX 58 SOUTHERN PINES, NC 28387			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			d. Comments PRINT AD	
			e. Election Sum to Date \$ 1621.00	
f. Account Code			g. Form of Payment	
FB1			DEBIT	
h. Purpose Code			i. Date (mm/dd/yyyy)	
A			02/21/2024	
			\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOWES Foods 1740 Old Morganton Road SOUTHERN PINES, NC 28387 S			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
			d. Comments Poll canteen	
			e. Election Sum to Date \$ 126.34	
f. Account Code			g. Form of Payment	
FB1			DEBIT	
h. Purpose Code			i. Date (mm/dd/yyyy)	
O			03/06/2024	
			\$	
5. Total only this Page			\$ 501.34	
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>	
7. Purpose Codes (List detailed expenditure code in (h.) above)				
A* - Media		B* - Printing		C* - Fundraising
E - Salaries		F* - Equipment		G - Political Party
I - Postage		J - Penalties		K* - Office Expenses
O* - Other				D - To Another Candidate
				H* - Holding Public Office Expenses
				Q* - Donation to Legal Expense Fund
* 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.

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to elect Robin Calcutt					7H42YM
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> STRIPE ONLINE SERVICE 354 Oyster Point Blvd California, 94080			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:				
			e. Election Sum to Date		
			\$ 170.83		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FB1	online	O	06/30/2024/	\$95.89	online FEE
FB1	online fee	O	06/30/2024	\$23.55	online fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Vistaprint 95 Hayden Avenue Lexington, MA 02421			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:				
			e. Election Sum to Date		
			\$ 1621.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FB1	DEBIT	A	04/08/2024	\$904.69	signs
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Amazon Corporation 410 Terry Avenue Seattle, WA 98109			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:				
			e. Election Sum to Date		
			\$ 98.42		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FB1	DEBIT	O	02/26/2024	\$98.42	
				\$	
5. Total only this Page					\$ 1122.55
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>					\$
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.

					Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pg 3 of 3					
1. Committee Full Name (and Fund if applicable)			2. ID Number		
Committee to elect Robin Calcutt			7H42YM		
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 checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Greater Reach Marketing 1305 N. Poplar Street Aberdeen, NC 28315			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" 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	k. Required Remarks
FB1	online debit	S	02/20/2024/	\$250.00	
FB1	online debit	S	03/14/2024	\$250.00	
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Sandhills Signs 336 Fields Drive Aberdeen, NC 28315			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 684.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
FB1	debit	B	03/01/2024	\$684.80	canvas signs
				\$	
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" 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	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 1184.80
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>					
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)					