MOORE COUNTY BOARD

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
C/O CAROL WHEELDON, TREASURER 50 LAKE FOREST DR SW PINEHURST, NC 28374-0096	02/10/2014
	e. Phone Number

RECEIVED FEB 10 2014 MOORE BOE

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	07/01/2013	12/31/2013	CAROL WHEELDON

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report: 1

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code	d. Period Begin Balance
WACHOVIA BANK	CAMPAIGN CHECKING		1	$ 580.14

3. 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

N. CAROL WHEELDON	N Carol Wheeldon	02/10/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	2/10/14	Employee:	GMC	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail ☑ Hand Delivered ☐ Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		☐ 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
COMMITTEE TO KEEP SUSAN HICKS CLERK	2013 Year End Semi-Annual	MOO-A4W235-C-001

Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 580.14	$ 1,080.14
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 3,852.58	$ 3,852.58
6) Contributions from Individuals	(CRO-1210)	$ 7,778.13	$ 7,778.13
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)	$ 2,000.00	$ 2,000.00
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)		$ 13,630.71	$ 13,630.71
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 3,046.76	$ 3,046.76
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0.00	$ 500.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 92.45	$ 92.45
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 1,513.71	$ 1,513.71
17) In-Kind Contributions	(CRO-1510)	$ 1,513.71	$ 1,513.71
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 6,166.63	$ 6,666.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 8,044.22	$ 8,044.22
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 3,000.00	
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)	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Cash		11/04/2013	$ 30.00
☐ Add ☐ Remove	1	Cash		10/31/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 25.00
☐ Add ☐ Remove	1	Check		12/17/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/08/2013	$ 50.00
☐ Add ☐ Remove	1	Cash		10/21/2013	$ 50.00
☐ Add ☐ Remove	1	Cash		10/21/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 30.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 35.00
☐ Add ☐ Remove	1	Cash		10/26/2013	$ 40.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00

4. Total only this Page	$ $800.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $3,852.58

Aggregated Contributions from Individuals

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		12/02/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 25.00
☐ Add ☐ Remove	1	Cash		11/04/2013	$ 20.00
☐ Add ☐ Remove	1	Check		11/14/2013	$ 40.00
☐ Add ☐ Remove	1	Cash		11/04/2013	$ 20.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 50.00
☐ Add ☐ Remove	1	Cash		11/04/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 45.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 25.00

4. Total only this Page	$ $670.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $3,852.58

Aggregated Contributions from Individuals

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		11/18/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		12/12/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 50.00
☐ Add ☐ Remove	1	Cash		11/04/2013	$ 40.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 25.00
☐ Add ☐ Remove	1	Check		11/18/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 25.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/18/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/08/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/14/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/08/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 45.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 25.00

4. Total only this Page	$ $855.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $3,852.58

Aggregated Contributions from Individuals

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10/16/2013	$ 10.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 12.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 25.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 35.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 50.00
☐ Add ☐ Remove	1	In-Kind	TABLECLOTHS FOR FUNDRAISER	11/02/2013	$ 25.58
☐ Add ☐ Remove	1	Check		11/04/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 35.00
☐ Add ☐ Remove	1	Cash		11/04/2013	$ 20.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 50.00

4. Total only this Page	$ $722.58
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $3,852.58

Aggregated Contributions from Individuals

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 50.00
☐ Add ☐ Remove	1	Check		12/11/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 25.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/24/2013	$ 35.00
☐ Add ☐ Remove	1	Check		10/16/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/21/2013	$ 10.00
☐ Add ☐ Remove	1	Check		10/25/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/18/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/31/2013	$ 50.00
☐ Add ☐ Remove	1	Check		10/22/2013	$ 50.00
☐ Add ☐ Remove	1	Check		11/04/2013	$ 25.00
☐ Add ☐ Remove	1	Check		10/26/2013	$ 45.00
☐ Add ☐ Remove	1	Check		11/08/2013	$ 50.00

4. Total only this Page	$ $775.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $3,852.58

Aggregated Contributions from Individuals

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10/24/2013	$ 30.00

4. Total only this Page	$ $30.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $3,852.58

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANTHONY BADURINA 408 JAMES H RD CAMERON, NC 28326	NURSE	CENTRAL CAROLINA HOSPITAL		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/2013	$ 70.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD G BARTRIP 16 PINEBROOK DR PINEHURST, NC 28374	RETIRED	VP, AEROJET ELECTRO SYSTEMS		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/18/2013	$ 50.00
☐	1	Cash		11/04/2013	$ 20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THERON KEARNS BELL PO BOX 1059 ROBBINS, NC 27325	OFFICE MGR	ROBBINS FAMILY PRACTICE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/04/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 240.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

MOORE COUNTY PUBLIC LIBRARY

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANGELA S BOLES 15 HARMON DR WHISPERING PINES, NC 28327	HOMEMAKER			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/04/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICKEY R BROWN 260 W MAGNOLIA DR ROBBINS, NC 27325	ATTORNEY	THIGPIN & JENKINS, ROBBINS, NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/31/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BELINDA F BRYANT 111 BRYANS RD CARTHAGE, NC 28327	HEARING AID SPECIALIST	RADIOLOGY OF THE SANDHILLS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/26/2013	$ 100.00
☐					$
☐					$

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)*	$ 7,778.13

MOORE COUNTY PUBLIC LIBRARY

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM P COCHRANE JR 115 STEEPLECHASE WAY SOUTHERN PINES, NC 28387	RETIRED	COMMUNICATIONS		$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/31/2013	$ 100.00
☐	1	Cash		11/04/2013	$ 20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JERRY T COLE 348 CARLTON C RD WEST END, NC 27376	RETIRED	MOORE COUNTY SHERIFF'S DEPT		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/18/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DANA S COSTANZA 155 PENN CARROL LN SOUTHERN PINES, NC 28387	ATTORNEY	SELF - SOUTHERN PINES, NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/18/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 320.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY COX 5087 JOEL JESSUP RD SEAGROVE, NC 27341	RETIRED	KAYSER-ROTH HOSIERY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/25/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY P ENROTH PO BOX 4646 PINEHURST, NC 28374	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/08/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERNEST EVANS 1682 CRANES CREEK ROAD CAMERON, NC 28326	RETIRED	TOBACCO FARMER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/31/2013	$ 100.00
☐					$
☐					$

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)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GERALD L GALLOWAY 22 GOLDENROD DR WHISPERING PINES, NC 28727	CONSULTANT	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/21/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD R HARKEY 1340 SEVEN LAKES NORTH SEVEN LAKES, NC 27376	DOD CONTRACTOR	IIF DATA SOLUTIONS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/18/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROY H HARVEL 470 CRESTVIEW RD BOX 1052 SOUTHERN PINES, NC 28788	REALTOR	SELF, SOUTHERN PINES, NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/2013	$ 100.00
☐					$
☐					$

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)*	$ 7,778.13

Contributions from Individuals

Pg 6 of 18 | 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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	CLERK OF SUPERIOR COURT	MOORE COUNTY, NC		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	CD FROM BOE	08/13/2013	$ 20.00
☐	1	In-Kind	RE-ELECTION MATERIALS-ENVELOPES,	08/13/2013	$ 225.30
☐	1	In-Kind	RE-ELECTION MATERIALS-ENVELOPES	10/01/2013	$ 31.10

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	CLERK OF SUPERIOR COURT	MOORE COUNTY, NC		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-Kind	AD IN UNION PINES HS FOR VIKING CLASSIC	10/01/2013	$ 100.00
☐	1	In-Kind	CONTRIBUTION MOORE CO LEO BENEFIT	10/01/2013	$ 100.00
☐	1	In-Kind	PENS FROM MOORE COPIES & COMPUTERS	10/26/2013	$ 1,011.73

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA B JARRETT 3 RIVERSIDE CT PINEHURST, NC 28374	OWNER SMALL BUSINESS	BLUE'S DESIGN		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		12/02/2013	$ 125.00
☐					$
☐					$

4. Total only this Page	$ 1,613.13
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WANDA K JONES PO BOX 512 RAMSEUR, NC 27316	DEPUTY CLERK OF SUPERIOR COURT	CHATHAM COUNTY NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/08/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ARCHIE D KELLY 3505 KELLY PLANTATION CARTHAGE, NC 28327	SMALL BUSINESS OWNER	D.A.K.'S OFFICE FURNITURE, CARTHAGE, NC		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		11/04/2013	$ 20.00
☐	1	Cash		11/18/2013	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRENDA H KIMBALL 525 SCOTT RD CAMERON, NC 28326	RETIRED	ASSISTANT CLERK, CLERK OF THE COURT		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/24/2013	$ 60.00
☐					$
☐					$

4. Total only this Page	$ 230.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FREDERICK B KIMES 3285 WESTRIDGE LN SW CONCORD, NC 28027	RETIRED	CARGILL PHARMACEUTICAL		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/21/2013	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT T LEA PO BOX 1223 PINEHURST, NC 28370	CONSULTANT	HEALTHCARE SYSTEMS CONSULTING, INC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/26/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RALPH D LETT 2440 SEVEN LAKES SOUTH WEST END, NC 27376	RETIRED	COURIER TRIBUNE NEWSPAPER		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/2013	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

MOORE COUNTY PUBLIC LIBRARY

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARGARET A LORENZ 170 SUNSET DRIVE WHISPERING PINES, NC 28327	ATTORNEY	SELF EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		12/11/2013	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EILEEN C MALAN 27 VILLAGE GREEN SOUTHERN PINES, NC 28387	REALTOR	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/22/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PEGGY ANN MCKELLAR 239 MIDLOTHIAN DRIVE SOUTHERN PINES, NC 28387	RETIRED	REGISTERED NURSE		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/25/2013	$ 70.00
☐					$
☐					$

4. Total only this Page	$ 245.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
COLIN W MCKENZIE 115 MCCASKILL RD W PINEHURST, NC 28374	RETIRED	US ARMY		$ 110.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/24/2013	$ 110.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANN M NAYLOR 601 COUNTRY DAY RD GOLDSBORO, NC 27530	RETIRED	REGISTERED NURSE, WAYNE MEMORIAL HOSPITAL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/24/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
IRWIN L PARK 3 DORAL CT PINEHURST, NC 28374	RETIRED	INSURANCE EXECUTIVE		$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/21/2013	$ 70.00
☐					$
☐					$

4. Total only this Page	$ 280.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

MOORE COUNTY BOARD OF

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA F BOLES PARKE 240 FAIRWAY DR PINEHURST, NC 28374	RETIRED	FUNERAL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/22/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROL W PARKER 272 RING RD CARTHAGE, NC 28327	ADMIN OFF OF THE CTS	CARTHAGE		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/2013	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W DANIEL PATE 370 SERPENTINE DRIVE SOUTHERN PINES, NC 28387	ATTORNEY	PATE & SCARBOROUGH LLP		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/26/2013	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SANDY G PATTERSON PO BOX 1940 SOUTHERN PINES, NC 28388	ATTORNEY	SELF EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/14/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEAN RILEY PO BOX 10 CARTHAGE, NC 28327	TOWN COMMISSIONER	CARTHAGE, NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/24/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RITA ROBERTS 3 WAKE FOREST CT SOUTHERN PINES, NC 28387	RETIRED	SALES REPRESENTATIVE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/21/2013	$ 100.00
☐					$
☐					$

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)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN A ROWERDINK 15 MCMICHAEL DR PINEHURST, NC 28374	RETIRED	EXXON MOBIL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/14/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RON SCOTT 295 PINEHURST AVE SOUTHERN PINES, NC 28387	ATTORNEY, SOUTHERN PINES	SELF		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/04/2013	$ 50.00
☐	1	Check		11/04/2013	$ 200.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANK C THIGPEN 40 SHAW RD SW PINEHURST, NC 28374	ATTORNEY	THIGPEN & JENKINS, ROBBINS, NC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/25/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

MOORE COUNTY PUBLIC LIBRARY

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HERMAN G THOMPSON PO BOX 1181 SOUTHERN PINES, NC 28387	ATTORNEY	SELF EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/04/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT S THOMPSON 325 W PENNSYLVANIA SUITE F SOUTHERN PINES, NC 28387	ATTORNEY	SELF EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/18/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JERRY TILLMAN 1207 DOGWOOD LN ARCHDALE, NC 27263	SENATOR	STATE OF NORTH CAROLINA		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/24/2013	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

MOORE COUNTY PERMANENT RECORD COPY

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EMILY A TOBIAS 165 BOILING SPRINGS CIR SOUTHERN PINES, NC 28387	ATTORNEY	GILL & TOBIAS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/24/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT E TWEED 65 LAKE POINT DR PINEHURST, NC 28374	RETIRED	FINANCIAL EXECUTIVE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/22/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS M VAN CAMP 210 N WEYMOUTH SOUTHERN PINES, NC 28387	ATTORNEY	VANCAMP, MEACHAM & NEWMAN		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		12/12/2013	$ 100.00
☐					$
☐					$

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)*	$ 7,778.13

Contributions from Individuals

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANK R ZAMARONI 214 PINE RIDGE DR WHISPERING PINES, NC 28327	RETIRED	SALES MANAGEMENT		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/18/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MELISSA A ZIMMERMAN 160 JAMES H ROAD CAMERON, NC 28388	HOMEMAKER			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		11/04/2013	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,778.13

Loan Proceeds

Pg 1 of 1

Amendment ☒ Yes ☐ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	CLERK OF SUPERIOR COURT	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	MOORE COUNTY, NC	08/06/2013
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Check	$ 2,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)*	$ 2,000.00

MOORE COUNTY BOARD OF

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

RECEIVED
FEB 10 2014
MOOREBOE

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- **Name of committee to receive loan:** Comm. to Keep Susan Hicks Clerk
- **Person or committee to make loan:** Susan Hicks
- **Date of loan to committee:** 8/06/2013
- **Name of lending institution and account number (source):** —
- **Amount of loan:** $2,000.00
- **Description (if in-kind loan):** _____
- **Names of all parties responsible for payment of loan (guarantors):** Susan A. Hicks
- **Period of loan:** _____
- **Rate of interest of loan:** _____
- **Security pledged for loan:** _____

I, Susan A. Hicks (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Susan A. Hicks — 02/03/2014
Signature of Lender — **Date Signed**

Carol Wheelton — 02/03/2014
Signature of Treasurer of Committee — **Date Signed**

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

MOORE COUNTY PUBLIC LIBRARY

Disbursements

Amendment

Pg 1 of 1 ☒ 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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
JORDON DISTRIBUTING CO PO BOX 484 WEST END, NC 27376		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,366.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	C	11/02/2013	$ 1,366.40	FOOD FOR FUNDRAISER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MOORE COPIES & COMPUTERS 525 SE BROAD STREET SOUTHERN PINES, NC 28387		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 300.36

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	K	12/17/2013	$ 300.36	PENS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
USPS CARTHAGE PO CARTHAGE, NC 28327-8794		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,380.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	I	10/07/2013	$ 1,380.00	
				$	

5. Total only this Page	$ 3,046.76
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)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 3,046.76

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)**

Aggregated Non-Media Expenditures

Amendment ☒ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

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
☐ Add ☐ Remove	1	Draft	BO	10/22/2013	$ 42.45	DEPOSIT SLIPS
☐ Add ☐ Remove	1	Check	O	10/27/2013	$ 50.00	CONTRIBUTION VETERAN

4. Total only this Page	$ 92.45
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 92.45

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

Refunds/Reimbursements From the Committee

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	08/13/2013
		i. Original Receipt Amount
		$ 20.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CLERK OF SUPERIOR COURT	MOORE COUNTY, NC	P	$ 2,000.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	CD FROM BOE	08/13/2013	$ 20.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	08/13/2013
		i. Original Receipt Amount
		$ 225.30

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CLERK OF SUPERIOR COURT	MOORE COUNTY, NC	P	$ 2,000.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	RE-ELECTION MATERIALS	08/13/2013	$ 225.30

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	10/01/2013
		i. Original Receipt Amount
		$ 31.10

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CLERK OF SUPERIOR COURT	MOORE COUNTY, NC	P	$ 2,000.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	RE-ELECTION MATERIALS	10/01/2013	$ 31.10

4. Total only this Page	$ 276.40
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1,513.71

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

*** Codes require detailed explanation in required remarks field (m)**

MOORE COUNTY BOARD OF

Refunds/Reimbursements From the Committee

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/01/2013
		i. Original Receipt Amount $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CLERK OF SUPERIOR COURT	MOORE COUNTY, NC	P	$ 2,000.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	CONTRIBUTION	10/01/2013	$ 100.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/01/2013
		i. Original Receipt Amount $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CLERK OF SUPERIOR COURT	MOORE COUNTY, NC	P	$ 2,000.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	CONTRIBUTION	10/01/2013	$ 100.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 10/26/2013
		i. Original Receipt Amount $ 1,011.73

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CLERK OF SUPERIOR COURT	MOORE COUNTY, NC	P	$ 2,000.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	PENS FROM MOORE COPIES & COMPUTERS	10/26/2013	$ 1,011.73

4. Total only this Page	$ 1,211.73
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1,513.71

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Pg 3 of 3

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
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
DORIS RICHARDSON 75 BARTON HILLS CT PINEHURST, NC 28374	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	11/02/2013
		i. Original Receipt Amount
		$ 25.58

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
HOMEMAKER	NA	P	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	TABLE CLOTHS FOR FUNDRAISER	11/02/2013	$ 25.58

4. Total only this Page	$ 25.58
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 1,513.71

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

*** Codes require detailed explanation in required remarks field (m)**

MOORE COUNTY AUDIT COPY

In-Kind Contributions

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 KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aggregated Individual Contribution	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 0.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
TABLECLOTHS FOR FUNDRAISER	11/02/2013	$ 25.58
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 2,000.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CD FROM BOE	08/13/2013	$ 20.00
RE-ELECTION MATERIALS-ENVELOPES, NAME TAGS, POSTERS	08/13/2013	$ 225.30
RE-ELECTION MATERIALS-ENVELOPES	10/01/2013	$ 31.10

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $ 2,000.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AD IN UNION PINES HS FOR VIKING CLASSIC	10/01/2013	$ 100.00
CONTRIBUTION MOORE CO LEO BENEFIT	10/01/2013	$ 100.00
PENS FROM MOORE COPIES & COMPUTERS	10/26/2013	$ 1,011.73

4. Total only this Page	$ 1,513.71
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1,513.71

MOORE COUNTY PUBLIC LIBRARY

Outstanding Loans

Amendment ☒ Yes ☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO KEEP SUSAN HICKS CLERK	MOO-A4W235-C-001

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	CLERK OF SUPERIOR COURT	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	MOORE COUNTY, NC	05/14/2009
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 1,000.00	$ 1,000.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
SUSAN ALLEN HICKS 433 JAMES H ROAD CAMERON, NC 28326	CLERK OF SUPERIOR COURT	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	MOORE COUNTY, NC	08/06/2013
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 2,000.00	$ 2,000.00

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$ 3,000.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 3,000.00