MOORE COUNTY PUBLIC COPY

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

RECEIVED OCT 24 2014 MOORE BOE

RECEIVED NOV 24 2014 MOORE BOE

1. Committee Information

a. Full Name	c. ID Number
TOM LEON FOR COUNTY COMMISSIONER	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
TOM LEON 1115 RICHMOND RD JACKSON SPRINGS NC 27281	10/24/2014
	e. Phone Number
	(919) 602-5988

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
	07/01/2014	10/18/2014	REBECCA LEON

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

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	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
BRANCH BANKING + TRUST			1
			d. Period Begin Balance
			$ 287.35

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.

THOMAS O. LEON		10/24/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	11-24-14	Employee:	MCH
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ 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.

MOORE COUNTY PUBLIC COPY

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
TOM LEON FOR COUNTY COMMISSIONER	3RD QUARTER	

Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 277.35	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 3487.96	$ 3941.96
7) Contributions from Political Party Committees	(CRO-1220)	$ 4750.00	$ 4750.00
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$	$ 85.00
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)	$	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 8237.96	$ 8776.96
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 7438.58	$ 7616.23
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)	$ 167.96	$ 241.96
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7606.54	$ 7858.19
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 918.77	$ 918.77
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)	$	$

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Contributions from Individuals

Amendment [X] 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): TOM LEEN FOR COUNTY COMMISSIONER

2. ID Number:

3. Contributor Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): JUANITA HARBOUR, 213 RED HILL RD, CAMERON NC 28326, (910) 639-1312

b. Job Title/Profession: BOOKKEEPER

c. Employer's Name/Specific Field: SELF EMPLOYED

d. Comments:

e. Election Sum to Date: $ 134.18

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
[ ]	1	CHECK		07/16/2014	$ 50.00
[ ]			CAKES / STAMPS	07/18/2014	$ 84.18
[ ]					$

3. Contributor Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): DORIS HARBOUR, 4390 CYPRESS CHURCH RD, VASS, NC, (910) 245-7694

b. Job Title/Profession: BEAUTY SHOP OWNER

c. Employer's Name/Specific Field: RETIRED

d. Comments:

e. Election Sum to Date: $ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
[ ]	1	CHECK		07/19/2014	$ 25.00
[ ]					$
[ ]					$

3. Contributor Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): WILLIAM TYSON, 255 TYSON LANE, CARTHAGE NC, (910) 947-5268

b. Job Title/Profession: CONSTRUCTION

c. Employer's Name/Specific Field: SELF EMPLOYED

d. Comments:

e. Election Sum to Date: $ 35.36

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
[ ]	1	CHECK		07/19/2014	$ 25.00
[ ]			JUICE	07/19/2014	$ 10.36
[ ]					$

4. Total only this Page $ 194.54

5. Total of ALL CRO-1210 Pages $ 3487.94

(This line must be on line 6 of Detailed Summary Page CRO-1100)

MOORE COUNTY PUBLIC 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
TOM LEEN FOR COUNTY COMMISSIONER	

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
ERNESTINE CHAPMAN 404 E. MAIN ST ABERDEEN, NC 28315 (910) 944-7509	OFFICE MANAGER	RETIRED		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 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
NANCY DONLEY 81 PINE RIDGE DR WHISPERING PINES, NC 28327 (910) 949-3198	TEACHER	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 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
KARL ECKER 40 OXTON CIRCLE PINEHURST, NC 28374 (910) 295-6988	ATTORNEY	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 120.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

MOORE COUNTY PUBLIC 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
TOM LEEN FOR COUNTY COMMISSIONER	

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
STEPHEN WILKINS 1325 RAYS BRIDGE RD WHISPERING PINES, NC (910) 949-2422	BUSINESS ANALYST	BOEING		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 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
LYNNE STAUDERMAN 1242 GREENBRIAR DR VASS NC (910) 245-7009	ADMINISTRATIVE ASST.	RETIRED		$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 30.00
☐					$
☐					$

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
BOB GANIS 749 BORLWOOD DR. SOUTHERN PINES, NC 28387 (910) 725-0307	GEOLOGIST	RETIRED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 480.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

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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
TOM LEON FOR COUNTY COMMISSIONER	

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
CHRISTINE FOOTE 4 BERRY CT. PINEHURST, NC 28374 (910) 420-2429	ADMINISTRATION	CCNC		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 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
BOB WHITHOUSE 648 WILLOW LANE VASS, NC (910) 245-7024	PASTOR	MCDONALD'S CHAPEL		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 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
SARAH HALMER PO BOX 2 CAMERON, NC 28375 (910) 245-2469	TEACHER	RETIRED		$ 136.96

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 100.00
☐			NAMETAGS, SUPPLIES	07/19/2014	$ 36.96
☐					$

4. Total only this Page	$ 206.96
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

MOORE COUNTY PUBLIC LIBR

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
TOM LEEN FOR COUNTY COMMISSIONER	

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
JAMES HEIM 250 HOLLYBROOK FARM LANE VASS, NC 28394 (910) 245-7625	ENGINEER	SELF-EMPLOYED		$ 136.46

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1		POSTAGE/PRINTING	7/19/2014	$ 86.46
☐					$
☐					$

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
ANNE BAIRD WELLS 6225 7 LKS WEST WEST END, NC 27376	ACCOUNTANT	SELF-EMPLOYED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		7/19/2014	$ 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
ED SQUIRE 1528 7 LKS NORTH WEST END, NC 27376	PHYSICIAN	ROTARY		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		7/19/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 136.46
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

MOORE COUNTY BOARD OF

Contributions from Individuals

Pg 6 of 11

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
TOM LEEN FOR COUNTY COMMISSIONER	

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
WATTS DUMAN 3140 NC HWY #73 WEST END NC 27376 (910) 673-4391	FARMER	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		7/19/2014	$ 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
WILLIAM SCHMIDT 3086 7 LKS WEST WEST END NC 27376 (910) 673-0359	TEACHER	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 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
THOMAS PHILLIPS 5640 NC HWY #22 CARTHAGE, NC 28327 (910) 947-2244	OWNER / CAR DEALER	PHILLIPS FORD		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

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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
TOM LEEN FOR COUNTY COMMISSIONER	

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
JANE PATTON 180 BREEZY PINES LANE CARTHAGE, NC 28327 (910) 947-1591	HORSE TRAINER	SELF-EMPLOYED		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 25.00
☐					$
☐					$

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 O'CONNELL 5 WINDSONG PLACE WHISPERING PINES, NC 28327 (910) 949-3264	EVENTS PLANNER	RETIRED		$ 10.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 10.00
☐					$
☐					$

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
HARRY WICKER 685 US HWY #15-501 CARTHAGE NC 28327 (910) 947-2175	FARMER	SELF-EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 235.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

MOORE COUNTY PUBLIC COPY

Contributions from Individuals

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

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable): TOM LEEN FOR COUNTY COMMISSIONER

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): JIM LANEY, PO BOX 877, ABERDEEN, NC 28315, (910) 944-5502

b. Job Title/Profession: COMPUTER TECH.

c. Employer's Name/Specific Field: SELF-EMPLOYED

d. Comments:

e. Election Sum to Date: $ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/19/2014	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): J.K. KERR, 711 DAPHNE LANE, VASS, NC 28394

b. Job Title/Profession: NURSE

c. Employer's Name/Specific Field: RETIRED

d. Comments:

e. Election Sum to Date: $ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		07/27/2014	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): RONALD SUTTON, 45 BURNING TREE RD, PINEHURST, NC

b. Job Title/Profession: PROFESSOR

c. Employer's Name/Specific Field: RETIRED

d. Comments:

e. Election Sum to Date: $ 65.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		08/08/2014	$ 25.00
☐					$
☐					$

4. Total only this Page $ 175.00

5. Total of ALL CRO-1210 Pages $

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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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
TOM LEEN FOR COUNTY COMMISSIONER	

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
DIANE ANGELO 26 LOCHDON CT PINEHURST, NC 28374 (910) 691-5488	OFFICE MANAGER	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		08/11/2014	$ 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
ELAINE SILLS 140 W. HEDGELAWN WAY SOUTHERN PINES NC 28387	TEACHER	RETIRED		$ 15.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		09/12/2014	$ 15.00
☐					$
☐					$

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
LINDA VERNIER 37 STRATHAVEN DR. PINEHURST NC 28374 (910) 420-1285	DESIGNER	SELF EMPLOYED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		09/18/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 145.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

MOORE COUNTY PUBLIC 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): TOM LEEN FOR COUNTY COMMISSIONER

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MARY ALICE WICKER, 685 US HWY #15-501, CARTHAGE, NC 28327, (910) 947-2175

b. Job Title/Profession: FARMER

c. Employer's Name/Specific Field: SELF-EMPLOYED

d. Comments:

e. Election Sum to Date: $25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CHECK		09/21/2014	$25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MINDY FINEMAN, 536 SEVEN LAKES NORTH, WEST END, NC 27376

b. Job Title/Profession: HOUSEWIFE

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	MONEY ORDER		10/02/2014	$100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MAUREEN HORANSKY, 356 PINE VISTA DR, PINEHURST NC 28374, (910) 295-7587

b. Job Title/Profession: WRITER

c. Employer's Name/Specific Field: RETIRED

d. Comments:

e. Election Sum to Date: $50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	CASH		10/03/2014	$50.00
☐					$
☐					$

4. Total only this Page $ 175.00

5. Total of ALL CRO-1210 Pages $

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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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
TOM LEEN FOR COUNTY COMMISSIONER	

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
TOM LEEN 1115 RICHMOND RD JACKSON SPRINGS, NC 27281 (910) 673-0731	BUSINESS OWNER	BLACK DOG TS		$ 1424.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1			09/22/2014	$ 1000.00
☐	1			09/25/2014	$ 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
				$

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

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
				$

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

4. Total only this Page	$ 1,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

MOORE COUNTY PUBLIC COPY

Contributions from Political Party Committees

Pg 1 of 1

Amendment ☒ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
TOM LEN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MOORE COUNTY DEMOCRATIC PARTY

b. Comments:

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	CHECK		07/31/2014	$ 1,250.00
	CHECK		09/30/2014	$ 1,750.00
	CHECK		10/07/2014	$ 1,000.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): DEMOCRATIC MEN OF MOORE COUNTY

b. Comments:

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	CHECK		09/10/2014	$ 150.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MOORE COUNTY DEMOCRATIC WOMEN

b. Comments:

c. Election Sum to Date: $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	CHECK		09/16/2014	$ 400.00
				$
				$

4. Total only this Page	$ 4750.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 4750.00

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
TOM LEWIS FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
JUANITA HARBOUR 213 RED HILL RD CAMERON NC 28326 (910) 639-1312	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 134.18

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAKES/STAMPS	07/18/2014	$ 84.18
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
WILLIAM TYSON 255 TYSON LANE CARTHAGE NC (910) 947-5268	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 35.36

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
JUICE	07/19/2014	$ 10.36
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
JAMES HERM 250 HOLLY BROOK FARM LANE VASS, NC 28394 (910) 245-7625	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 136.44

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE/PRINTING	07/19/2014	$ 36.44
		$
		$

4. Total only this Page	$ 131.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 167.96

In-Kind Contributions

MOORE COUNTY PUBLIC COPY

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
TOM LEEN FOR COUNTY COMMISSIONER	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SARAH HILLMER PO BOX 2 CAMERON, NC 28326	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 136.96

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
NAMETAGS, ETC.	07/19/2014	$ 36.96
		$
		$

3. Contributor Information ☐ Add ☐ Remove

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

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

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

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 36.94
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 147.96

Disbursements

MOORE COUNTY PUBLIC COPY

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): TOM LEEN FOR COUNTY COMMISSIONER

2. ID Number:

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): COPYWRIGHT PRINTING CO 150 SHEPHERD TRAIL ABERDEEN, NC 28315 (910) 944-1360

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 903.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT CARD	B	07/31/2014	$ 48.04	HANDOUTS
	DEBIT CARD	B	08/20/2014	$ 855.07	BUSINESS CARDS DOOR HANGARS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): COPYWRIGHT PRINTING CO. 150 SHEPHERD TRAIL ABERDEEN, NC 28315 (910) 944-1360

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 2742.52

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	09/23/2014	$ 2,694.48	CAMPAIGN T-SHIRTS
	DEBIT CARD	B	10/16/2014	$ 48.04	FLYERS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): GOOD GUY SIGNS 1400 E. HILLSBOROUGH AVE. TAMPA, FLA 33604 (813) 447-4770

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1142.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT CARD	B	09/26/2014	$ 600.00	ROAD SIGNS
	DEBIT CARD	B	09/29/2014	$ 542.32	ROAD SIGNS

5. Total only this Page $ 4,787.95

6. Total of ALL CRO-1310 Pages $ 7,438.58

(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)

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)**

MOORE COUNTY PUBLIC COPY

Disbursements

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): TOM LEN FOR COUNTY COMMISSIONER

2. ID Number:

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): THE PILOT NEWSPAPER, 145 WEST PENNSYLVANIA AVE, SOUTHERN PINES, NC 28388, (910) 692-7271

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1,298.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT CARD	B	08/15/2014	$ 385.00	ONLINE ADVERTISING
	DEBIT CARD	B	10/15/2014	$ 913.63	PRINT ADVERTISING

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MUIRFIELD BROADCASTING, 200 SHORT ST, SOUTHERN PINES, NC 28387, (910) 692-2107

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 1,072.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	10/17/2014	$ 1,072.00	RADIO ADS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): MOORE COUNTY NAACP, PO BOX 1351, SOUTHERN PINES, NC 28388, (910) 947-1422

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 280.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	09/20/2014	$ 280.00	ADVERTISEMENT
				$	

5. Total only this Page $ 2450.63

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)

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, O* - Other, Q* - Donation to Legal Expense Fund

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