

Contributions from Individuals

Pg 1 of 3 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 Elect Dr. Betty Wells Brown						1H4W97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
E. Katherine Wells 800 Kipling Dr. Columbia, SC 29205				Lawyer			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Legal		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		11/26/15	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ann Petersen 545 Orchard Dr. Southern Pines, NC 28387				Educator			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Education		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		01/03/16	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Mrs. Jean Petersen Quail Haven Retirement Village 155 Blake Blvd. Pinehurst, NC 28374				self-employed/ Retired		Now Deceased	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Yarn Shop		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	cash		01/03/16	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
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)							

RECEIVED

DEC 12 2015

Contributions from Individuals

Pg 2 of 3 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 Elect Dr. Betty Wells Brown						144 W97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Betty Wells Brown 125 Horseshoe Rd. Southern Pines, NC 28389 910-280-8079				Educator		Candidate	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Public University		\$ 707.51	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	Filing Fee/candidate	12/01/15	\$ 47.00		
<input type="checkbox"/>		IN-KIND	Mileage	01/05/16-10/22/16 Various	\$ 92.34		
<input type="checkbox"/>		IN-KIND	Donation of street sign -funds	10/14/16	\$ 568.17		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Nancy S. Waddington 35 Vernon Lane Pinehurst, NC 28374 910-215-0729				Admin. Ass't./Retired		Committee Treasurer	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Community College		\$ 4.32	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	Mileage: Compliance -fng.	01/05/16	\$ 4.32		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jose Rivera 151 Michael Lane Aberdeen, NC 28315 910-757-0323				Educator			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Public University		\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	Food For Meet & Greet	10/09/16	\$ 40.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						751.83	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

RECEIVED
DEC 12 2016

MOORE BOE

Contributions from Individuals

Pg 3 of 3 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 Elect Dr. Betty Wells Brown						1 H4 W97	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Virginia Fayed 100 Harlow Dr. Pinehurst, NC 28374 910-235-4643				Educator/Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Education		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	Food For "Meet & Greet"	10/18/16	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Betty Wells Brown 125 Horse shoe Rd. Southern Pines, NC 28387 910-280-8079				Educator		Candidate	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Public University		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		IN-KIND	Tip \$ for two students to distribute street signs	10/18/16	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,501.83	

RECEIVED

DEC 13 2016

MOORE BOE