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JAN 03 2017

Disclosure Report Cover

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.

Amendment
[] Yes [] No

MOORE BOE

1. Committee Information
a. Full Name: Committee to Elect Bruce Cunningham
b. Mailing Address: 545 Orchard Road, Southern Pines NC 28387
c. ID Number
d. Date Filed: 1/3/2017
e. Phone Number: 910-639-2900

2. Report Year: 2016
3. Period Start Date: 10/23/16
4. Period End Date: 12/31/16
5. Treasurer Full Name: Dianne Dann

6. Type of Committee: Candidate Campaign
7. Type of Fund: Other
8. Number of Fundraisers this Report
9. Type of Report: Final
10. Special Report Name

11. Account Information
a. Financial Institution Full Name: BB & T
b. Purpose: campaign expenses
c. Account Code: 1
d. Period Begin Balance: \$69.00

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...
Dianne Dann
Signature of Appointed Treasurer: Dianne Dann
Date: 1/3/2017

FOR OFFICE USE ONLY
Date Received: 1-3-17
Employee: [Signature]
Delivery Method: [X] Hand Delivered

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	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Bruce Cunningham	Final		
Start of Election Cycle: January 1, 2016		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 69.00	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 250.00	\$ 1200.00
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 250.00	\$ 1200.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 518.14	\$ 1299.14
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)		\$ 800.86	\$ 900.86
17) In-Kind Contributions (CRO-1510)		\$ 93.00	\$ 93.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
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)		\$ 1,000.00	\$ 1,000.00
28) Contributions to be Refunded (CRO-1215)		\$	\$

Contributions from Individuals

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Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Bruce Cunningham					
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	
Majorie Cunningham Penick Village East Rhode Island East Southern Pines NC 28387 910 692-0300		Retired homemaker			
		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"/>	1	check		10/24/10	\$250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		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"/>					\$
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					\$ 250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 250.00

Disbursements

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 Elect Bruce Cunningham							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Staples 290 Turner Street Asheboro NC 28315 910 692-2981							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	B	10/26/16	\$156.11	brochures		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
The Pilot 145 W Pennsylvania Ave Southern Pines NC 28387 910 692-7271							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	A	10/27/16	\$330.00	ad in newspaper		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
The Village Printers PO Box 2139 Pinhurst NC 28370 910 295-6317							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	B	11/4/16	\$32.03	flyer on campaign signs		
				\$			
5. Total only this Page						\$ 518.14	
6. Total of ALL CRO-1310 Pages						\$ 518.14	
(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)							

Refunds/Reimbursements From the Committee

Page 1 of 2

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 Elect Bruce Cunningham			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Bruce Cunningham 545 Orchard Road Southern Pines NC 28387 910 693-3999		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
attorney/candidate			
c. Employer's Name/Specific Field		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	
f. Purpose Code		i. Original Receipt Amount	
L		\$	
g. Comments		j. Election Sum to Date	
		\$ 350.00	
k. Account Code			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	partial reimbursement to contributor	10/24/16	\$ 250.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Bruce Cunningham 545 Orchard Road Southern Pines 28387 910 693-3999		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
attorney/candidate			
c. Employer's Name/Specific Field		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
f. Purpose Code		i. Original Receipt Amount	
L		\$	
g. Comments		j. Election Sum to Date	
		\$ 750.00	
k. Account Code			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	partial reimbursement to contributor	10/30/16	\$ 400.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Bruce Cunningham 545 Orchard Road Southern Pines NC 28387 910 693-3999		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
attorney/candidate			
c. Employer's Name/Specific Field		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
f. Purpose Code		i. Original Receipt Amount	
L		\$	
g. Comments		j. Election Sum to Date	
		\$ 850.00	
k. Account Code			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	partial reimbursement to contributor	10/30/16	\$ 100.00
4. Total only this Page		\$ 750.00	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1110)		\$ 800.86	
6. Purpose Codes (List detailed disbursement code in (f) above)			
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit			
P* - Reimbursement of In-Kind O* - Other			
* Codes require detailed explanation in required remarks field (m)			

Refunds/Reimbursements From the Committee

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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 Elect Bruce Cunningham			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Bruce Cunningham 545 Orchard Road Southern Pines NC 916 693-3999		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		c. Level Registered	i. Original Receipt Amount
attorney/candidate		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$
c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
			\$
g. Comments		k. Account Code	
L			
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	close at campaign acct	12/8/16	\$50.86
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		c. Level Registered	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$
c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
			\$
g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		c. Level Registered	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$
c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
			\$
g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$
4. Total only this Page		\$ 50.86	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 800.86	
6. Purpose Codes (List detailed disbursement code in (f) above)			
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit			
P* - Reimbursement of In-Kind O* - Other			
* Codes require detailed explanation in required remarks field (m)			

In-Kind Contributions

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Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Elect Bruce Cunningham		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Miriam Cunningham 326 W 6 th Ave Conshohocken PA 19428	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
printing of flyers at Staples	11/6/16	\$ 93.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 93.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 93.00



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

RECEIVED

JAN 03 2017

Kim Westbrook Strach
Executive Director

MOORE BOE
Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect Bruce Cunningham
 Treasurer Name: Dianne Dann
 Treasurer Address: 2194 Seven Lakes South
 (include city, state, & zip) West End NC 27376

 Treasurer Phone: 910 639-2900

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/3/2017

Date Signed

Dianne Dann

Signature