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Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted alone with other detailed forms. Do not use this form to update information.

Amendment ☐ Yes ☐ No

1. Committee Information

a. Full Name: John McLaughlin for Southern Pines Town Council

b. Mailing Address (include City, State and Zip Code): 1475 Midland Road Unit 45 Southern Pines NC 28387

c. ID Number:

d. Date Filed:

e. Phone Number: 910-691-9818

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	10/22/19	12/31/19	Jackie Broerman

6. Type of Committee (Check One)

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

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	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name: First Citizens Bank

b. Purpose: Campaign Account

c. Account Code: DDA

d. Period Begin Balance: $ 466.18

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.

Jackie Broerman	Jackie Broerman	1/31/2020
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	2-3-2020	Employee:	
Date Postmarked:	1-31-2020	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.

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
John McLaughlin for So. Pines Town Council		

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 466.18	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 2275.00	$
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)		$ 2275.00	$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1631.72	$
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)	$ 640.00	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2271.72	$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 469.46	$
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

Pg 1 of ___

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
John McLaughlin	

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. Michael Hobbs 360 Crest Road Southern Pines NC 28387	Realtor	Selfemployed		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	DDA	Check		10/23/19	$
☐					$
☐					$

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
Perry Shelley 552 Lakeshore Drive Pawleys Island, SC 29585	Developer	Commercial Development Co.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	DDA	Check		10/23/19	$
☐					$
☐					$

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
Cleta Mitchell 139 National Drive Pinehurst NC 28374	Attorney	Foley & Lardner, LLP		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	DDA	Check		10/23/19	$
☐					$
☐					$

4. Total only this Page	$ 450
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 450

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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): John McLaughlin FOR So. Pines Town Council

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Edward Owen, 310 Crest Road, Southern Pines NC 28387

b. Job Title/Profession: Retired

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
☐	DDA	Check			$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): W.C. Fitzgerald III, 52 Royal County Down, Pinehurst NC 28374

b. Job Title/Profession: Retired

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
☐	DDA	Check			$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Marshall Miller, 249 National Drive, Pinehurst NC 28374

b. Job Title/Profession: Businessman

c. Employer's Name/Specific Field: Self Employed

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
☐	DDA	Check			$
☐					$
☐					$

4. Total only this Page $ 300.00

5. Total of ALL CRO-1210 Pages $ 750.00

(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
John McLaughlin for So. Pines Town Council	

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
Joseph S. Hiatt, III 250 River North Drive Atlanta, Georgia 30328	Commercial Developer	Self employed		$ 1000.00

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

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 E. Rhodes 315 Selkirk Trail Southern Pines NC 28387	Real Estate	Self Employed		$ 100.00

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

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
Beverly Harper 247 National Drive 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
☐	DDA	check			$
☐					$
☐					$

4. Total only this Page	$ 1200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1950.00

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Contributions from Individuals

Pg 4 of ___

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
John McLaughlin for So. Pines Town Council	

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
Patricia Liotta 105 Hawick Court Pinehurst NC 28374	Retired			$ 50.00

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

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
Josephine Cooper 121 Saint Mellions Drive Pinehurst NC 28374	Retired			$ 75.00

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

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 Kakadelis	NC Field Rep.	FRC Action 801 G Street NW Washington DC 20001		$ 50.00

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

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)*	$ 2125.00

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Contributions from Individuals

Pg 5 of ___

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
John McLaughlin for So. Pines Town Council	

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
Matthew Grant McLaughlin	Businessowner	Wellfurnished Charleston SC		$ 150.00

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

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	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2275.00

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Disbursements

Pg ___ of ___

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): John McLaughlin for So. Pines Town Council

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): Lowe's Home Improvement, Southern Pines NC 28387

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 38.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		F		$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Copywright Printing, Hwy 5, Aberdeen NC 28315

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 99.72

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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): The Pilot, Pennsylvania Avenue, Southern Pines NC 28387

b. Coordinated Committee Name:

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

d. Comments:

e. Election Sum to Date: $ 480.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		A		$	
				$	

5. Total only this Page: $ 579.72

6. Total of ALL CRO-1310 Pages: $ 579.72

(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 GOV

Disbursements

Pg ____ of ____

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)	2. ID Number
John McLaughlin for So. Pines Town Council	

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
WEEB Midland Road Southern Pines NC 28387		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 992.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		A		$	
				$	

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
Carolina Storage US 1 Hwy So. Pines NC 28387		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 60.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		F		$	
				$	

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
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 1052.00
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)*	$ 1631.72

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 GOPY

Loan Repayments

Pg ____ of ____

Amendment ☐ Yes ☐ No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
John McLaughlin for So. Pines Town Council	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
John McLaughlin 1475 Midland Rd. Unit 45 Southern Pines NC 28387	
	c. Original Loan Date
	d. Original Loan Amount
	$ 640.00

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date
	d. Original Loan Amount
	$

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date
	d. Original Loan Amount
	$

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

4. Total only this Page	$ 640.00
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 640.00