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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

I. Committee Information		c. ID Number	
a. Full Name John McLaughlin for S.P. Town Council			
b. Mailing Address (include City, State and Zip Code) 1475 Midland Road Southern Pines NC 28387		d. Date Filed 7/31/20	
		e. Phone Number 910-725-0510	
2. Report Year 2020	3. Period Start Date (month/day) 7/31/20	4. Period End Date (month/day) 7/31/20	5. Treasurer Full Name Jackie Broerman
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
II. Account Information		II. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaign Account	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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.			
John McLaughlin Printed Name of Signer		[Signature] Signature of Appointed Treasurer	7/31/20 Date
FOR OFFICE USE ONLY			
Date Received: 8-3-21	Employee: [Signature]	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
<p>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.</p>			