

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.

1. Committee Information

a. Full Name	c. ID Number		
DAVID MCLEAN CAMPAIGN COMMITTEE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
5800 S. PLANK RD. CAMERON, NC 28326	05/10/2022		
	e. Phone Number		
	(919) 770-7243		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/2022	04/30/2022	CARSON MCLEAN

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <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 </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal	State/County	Referendum	<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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum						
<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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special						
		10. Special Report Name						

8. Number of Fundraisers this Report

0

3. Account Information	4. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST BANK	
b. Purpose	c. Account Code
FOR CAMPAIGN RELATED ACTIVITY	1
	d. Period Begin Balance
	\$ 0.00
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

Carson H. McLean

Printed Name of Signer

C. H. McLean

Signature of Appointed Treasurer

05/10/2022

Date

FOR OFFICE USE ONLY

Date Received:	<u>5/10/2022</u>	Employee:	<u>APP</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed
Date Scanned:	<u>RECEIVED</u>	Employee:		
Date Data Entered:	<u>MAY 10 2022</u>	Employee:		<input type="checkbox"/> 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

Amendment
 Yes 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
DAVID MCLEAN CAMPAIGN COMMITTEE	2022 First Quarter	
Start of Election Cycle: January 1, 2022		Total this Reporting Period
4) Cash on Hand at Start		\$ 0.00 \$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00 \$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 16,026.87 \$ 16,026.87
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1,000.00 \$ 1,000.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 17,026.87 \$ 17,026.87
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 3,842.45 \$ 3,842.45
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00 \$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 4,253.19 \$ 4,253.19
17) In-Kind Contributions	(CRO-1510)	\$ 4,576.87 \$ 4,576.87
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 12,672.51 \$ 12,672.51
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,354.36 \$ 4,354.36
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00 \$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00 \$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00 \$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00 \$ 0.00

Contributions from Individuals

Pg 1 of 5 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	
DAVID MCLEAN CAMPAIGN COMMITTEE					
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	
LARRY CADDELL PO BOX 877 CARTHAGE, NC 28327			RETIRED	c. Employer's Name/Specific Field RETIRED	
e. Election Sum to Date \$ 1,107.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	CANDIDATE FILING FEE	02/24/2022	\$ 107.00
<input type="checkbox"/>	1	Check		02/24/2022	\$ 1,000.00
<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	
TIM CARPENTER 512 SEVEN LAKES WEST WEST END, NC 27376			PRINCIPAL	c. Employer's Name/Specific Field LKC ENGINEERING	
e. Election Sum to Date \$ 1,000.00					
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		03/17/2022	\$ 1,000.00
<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	
THOMAS M GISLER 370 JAMES H ROAD CAMERON, NC 28326			INDEPENDENT BUSINESS OWNER	c. Employer's Name/Specific Field PENN TERRACE LLC	
e. Election Sum to Date \$ 250.00					
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		04/21/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 2,357.00					
5. Total of ALL CRO-1210 Pages \$ 16,026.87 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 2 of 5 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			
DAVID MCLEAN CAMPAIGN COMMITTEE					
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 OWNER		d. Comments	
JAMES B GREENE 80 CARDINAL DRIVE WHISPERING PINES, NC 28327		c. Employer's Name/Specific Field LEGACY HOME CONSTRUCTION			
				e. Election Sum to Date \$ 2,500.00	
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		03/22/2022	\$ 2,500.00
<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 OWNER		d. Comments	
TRAVIS A GREENE PO BOX 667 SOUTHERN PINES, NC 28388		c. Employer's Name/Specific Field LEGACY HOME CONSTRUCTION			
				e. Election Sum to Date \$ 2,500.00	
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		03/18/2022	\$ 2,500.00
<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 SERVICE MANAGER		d. Comments	
JAMES A HUDSON 2788 UNION CHURCH ROAD CARTHAGE, NC 28327		c. Employer's Name/Specific Field COOPER FORD			
				e. Election Sum to Date \$ 200.00	
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		04/08/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 5,200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 16,026.87

Contributions from Individuals

Pg 3 of 5 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
DAVID MCLEAN CAMPAIGN COMMITTEE					
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. W. KEY JR 207 TARTEN TRAIL SOUTHERN PINES, NC 28387			RETIRED		
			c. Employer's Name/Specific Field		
			RETIRED		
			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
<input type="checkbox"/>	1	Check		04/27/2022	\$ 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	
DON A MATTHEWS 160-K PINEHURST AVENUE SOUTHERN PINES, NC 28387			PRESIDENT		
			c. Employer's Name/Specific Field		
			AGENCY ONE INSURANCE		
			e. Election Sum to Date		
			\$ 200.00		
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		04/20/2022	\$ 200.00
<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	
DAVID MCLEAN 5800 S. PLANK RD. CAMERON, NC 28326 (919) 770-7243			RETIRED		
			c. Employer's Name/Specific Field		
			RETIRED		
			e. Election Sum to Date		
			\$ 0.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	SIGNS, FRAMES, T-POSTS	04/05/2022	\$ 2,813.99
<input type="checkbox"/>	1	In-Kind	ADDITIONAL SIGNS AND FRAMES	04/17/2022	\$ 1,439.20
<input type="checkbox"/>					\$
4. Total only this Page					\$ 4,553.19
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 16,026.87

Contributions from Individuals

Pg 4 of 5 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																									
DAVID MCLEAN CAMPAIGN COMMITTEE																											
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td>MICAH NIEBAUER 565 AIR TOOL DRIVE E SOUTHERN PINES, NC 28387</td> <td>CEO/CO-FOUNDER</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>SOUTHERN PINES BREWING COMPANY</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td colspan="4">\$ 216.68</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				MICAH NIEBAUER 565 AIR TOOL DRIVE E SOUTHERN PINES, NC 28387	CEO/CO-FOUNDER						c. Employer's Name/Specific Field		SOUTHERN PINES BREWING COMPANY		e. Election Sum to Date	\$ 216.68			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
MICAH NIEBAUER 565 AIR TOOL DRIVE E SOUTHERN PINES, NC 28387	CEO/CO-FOUNDER																										
	c. Employer's Name/Specific Field																										
	SOUTHERN PINES BREWING COMPANY																										
	e. Election Sum to Date	\$ 216.68																									
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																						
<input type="checkbox"/>	1	In-Kind	HOSTING MEET & GREET EVENT	04/20/2022	\$ 216.68																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td>JENNIFER M RITCHIE 6 LOCHMMOOR CT PINEHURST, NC 28374</td> <td>REALTOR</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>EVERYTHING IN THE PINES</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td colspan="4">\$ 2,000.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				JENNIFER M RITCHIE 6 LOCHMMOOR CT PINEHURST, NC 28374	REALTOR						c. Employer's Name/Specific Field		EVERYTHING IN THE PINES		e. Election Sum to Date	\$ 2,000.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
JENNIFER M RITCHIE 6 LOCHMMOOR CT PINEHURST, NC 28374	REALTOR																										
	c. Employer's Name/Specific Field																										
	EVERYTHING IN THE PINES																										
	e. Election Sum to Date	\$ 2,000.00																									
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		03/24/2022	\$ 2,000.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td>RANDY SAUNDERS 26 GOLDEN ROD ROAD WHISPERING PINES, NC 28327</td> <td>STORE OWNER</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>ACE HARDWARE</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td colspan="4">\$ 1,500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				RANDY SAUNDERS 26 GOLDEN ROD ROAD WHISPERING PINES, NC 28327	STORE OWNER						c. Employer's Name/Specific Field		ACE HARDWARE		e. Election Sum to Date	\$ 1,500.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
RANDY SAUNDERS 26 GOLDEN ROD ROAD WHISPERING PINES, NC 28327	STORE OWNER																										
	c. Employer's Name/Specific Field																										
	ACE HARDWARE																										
	e. Election Sum to Date	\$ 1,500.00																									
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		03/24/2022	\$ 1,500.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
4. Total only this Page \$ 3,716.68																											
5. Total of ALL CRO-1210 Pages \$ 16,026.87 (This line must be on line 6 of Detailed Summary Page CRO-1100)																											

Contributions from IndividualsPg 5 of 5 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) DAVID MCLEAN CAMPAIGN COMMITTEE		2. ID Number						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) KEITH WALLING 2915 RADSTOCK DRIVE FAYETTEVILLE, NC 28306</td> <td>b. Job Title/Profession DRIVER</td> <td>d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field UNITED PARCEL SERVICE (UPS)</td> <td>e. Election Sum to Date \$ 200.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) KEITH WALLING 2915 RADSTOCK DRIVE FAYETTEVILLE, NC 28306	b. Job Title/Profession DRIVER	d. Comments		c. Employer's Name/Specific Field UNITED PARCEL SERVICE (UPS)	e. Election Sum to Date \$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) KEITH WALLING 2915 RADSTOCK DRIVE FAYETTEVILLE, NC 28306	b. Job Title/Profession DRIVER	d. Comments						
	c. Employer's Name/Specific Field UNITED PARCEL SERVICE (UPS)	e. Election Sum to Date \$ 200.00						
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		04/21/2022	\$ 200.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
4. Total only this Page			\$ 200.00					
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>			\$ 16,026.87					

CRO-1210

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 1 Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DAVID MCLEAN CAMPAIGN COMMITTEE			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407		b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)
1	Check		03/30/2022
			\$
			\$
4. Total only this Page			\$ 1,000.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>			\$ 1,000.00

CRO-1230

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 2 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
DAVID MCLEAN CAMPAIGN COMMITTEE						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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	
MIKE FREIDEL 2323 SEVEN LAKES S WEST END, NC 27376						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	03/30/2022	\$ 80.00	Reimbursement for food provided at Seve Lakes Meet	
				\$		
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 P.O. BOX 58 SOUTHERN PINES, NC 28388						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 2,080.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	03/16/2022	\$ 550.00	NEWSPAPER AD	
1	Check	A	03/24/2022	\$ 1,530.00	Pinestraw Mag Ad - May / April -May Pilot 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 50 RATTLESNAKE TRAIL PINEHURST, NC 28374						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 1,682.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	AB	03/16/2022	\$ 385.20	BUSINESS CARDS &	
1	Check	AO	04/13/2022	\$ 722.25	YARD SIGN DESIGN Pinestraw Mag Ad, Brand Design, Large Signs	
5. Total only this Page						\$ 3,267.45
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,842.45
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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)						

Disbursements

Amendment

Pg 2 of 2 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	
DAVID MCLEAN CAMPAIGN COMMITTEE			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments	
THE VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374		e. Election Sum to Date \$ 1,682.45	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
1	Check	A	04/22/2022 \$ 575.00
			\$
5. Total only this Page \$ 575.00			
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> \$ 3,842.45 <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)			

CRO-1310

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1 Yes No

Amendment
Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)			2. ID Number	
DAVID MCLEAN CAMPAIGN COMMITTEE				
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments
DAVID MCLEAN 5800 S. PLANK RD. CAMERON, NC 28326 (919) 770-7243			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 04/05/2022
				i. Original Receipt Amount \$ 2,813.99
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
RETIRED		RETIRED	P	\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	SIGNS, FRAMES, T-POSTS	04/18/2022	\$ 2,813.99
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments
DAVID MCLEAN 5800 S. PLANK RD. CAMERON, NC 28326 (919) 770-7243			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 04/17/2022
				i. Original Receipt Amount \$ 1,439.20
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date	
RETIRED	RETIRED	P	\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	ADDITIONAL SIGNS & FRAMES	04/21/2022	\$ 1,439.20
4. Total only this Page \$ 4,253.19				
5. Total of ALL CRO-1320 Pages \$ 4,253.19 (This line must be on line 15 of Detailed Summary Page CRO-1100)				
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

Amendment

Pg 1 of 1 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
DAVID MCLEAN CAMPAIGN COMMITTEE		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) LARRY CADDELL PO BOX 877 CARTHAGE, NC 28327	b. Type of Contributor <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	c. Comments d. Election Sum to Date \$ 1,107.00
e. Description CANDIDATE FILING FEE	f. Date (mm/dd/yyyy) 02/24/2022	g. Fair Market Amount \$ 107.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID MCLEAN 5800 S. PLANK RD. CAMERON, NC 28326 (919) 770-7243	b. Type of Contributor <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	c. Comments d. Election Sum to Date \$ 0.00
e. Description SIGNS, FRAMES, T-POSTS	f. Date (mm/dd/yyyy) 04/05/2022	g. Fair Market Amount \$ 2,813.99
ADDITIONAL SIGNS AND FRAMES	04/17/2022	\$ 1,439.20
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICAH NIEBAUER 565 AIR TOOL DRIVE E SOUTHERN PINES, NC 28387	b. Type of Contributor <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	c. Comments d. Election Sum to Date \$ 216.68
e. Description HOSTING MEET & GREET EVENT	f. Date (mm/dd/yyyy) 04/20/2022	g. Fair Market Amount \$ 216.68
		\$
		\$
		\$
4. Total only this Page		\$ 4,576.87
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 4,576.87