

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

1. Committee Information	
a. Full Name PICK NICK FOR COUNTY COMMISSIONER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 233 GAILS RD WEST END NC 27376	d. Date Filed
	e. Phone Number

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 3-11-2022	4. Period End Date (mm/dd/yy) 4-30-2022	5. Treasurer Full Name John Thomas Roscoe
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6. Type of Committee (Check One) ☒ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td> Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> <td> State/County ☐ Organizational ☐ Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> </tr> </table>		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special
Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special				
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		10. Special Report Name			
8. Number of Fundraisers this Report 1					

11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name RECEIVED	
b. Purpose CAMPAIGN FINANCE	c. Account Code 1	b. Purpose JUN 02 2022	c. Account Code
	d. Period Begin Balance \$ 0		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 Thomas Roscoe
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

5-23-22
 Date

FOR OFFICE USE ONLY		
Date Received: _____	Employee: _____	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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
PICK NICK FOR COUNTY COMMISSIONER		FIRST	
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 445 ⁰⁰	\$ 445 ⁰⁰	
6) Contributions from Individuals (CRO-1210)	\$ 3167 ⁰⁶	\$ 3167 ⁰⁶	
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)	\$ 3612 ⁰⁶	\$ 3612 ⁰⁶	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 212 ⁹⁴	\$ 212 ⁹⁴	
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)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 212 ⁹⁴	\$ 212 ⁹⁴	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 3399 ¹²	\$ 3399 ¹²	
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)	\$	\$	

CRO-1100

NC State Board of Elections

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JUN 0 August 2008

MOORE BOE

Contributions from Individuals

Pg 1 of 4 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	
PICK NICK FOR COUNTY COMMISSIONER						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NICK PICERNO 233 GAILS RD WEST END NC 27376			Consultant			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Self / Computer Software		\$ 1217.06	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	CHECK		4/1/2022	\$ 1217.06	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Brady POB 1466 CARHAGE NC 28327			Self Employed			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RENTAL PROPERTIES		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	CHECK		4/16/2022	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kathy Beddow 19 Edinburg Ln PINEHURST NC 28374			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	CHECK		4/16/2022	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2217.06	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3167.06	

CRO-1210

NC State Board of Elections

April 2007

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Contributions from Individuals

Pg 2 of 4 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	
PICK NICK FOR COUNTY COMMISSIONER						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JO Ann Egitto 203 Plantation Dr Southern Pines NC 28387			RETIREED			
			c. Employer's Name/Specific Field			
					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	
☐	1	CHECK		4/16/2022	\$ 200 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KEN BENWAY 8 MARTIN WAY Whispering Pines NC 28329			RETIREED			
			c. Employer's Name/Specific Field			
			MILITARY		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	
☐	1	CHECK		4/16/2022	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAN DENT 4230 CYPRESS CHURCH RD CAMERON NC 28326			Contractor			
			c. Employer's Name/Specific Field			
			Self/Home Builder		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	
☐	1	CHECK		4/16/2022	\$ 200 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 500 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3167 ⁰⁶	

CRO-1210

NC State Board of Elections

April 2007

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UN 03 2022
MOOREBOE

Contributions from Individuals

Pg 3 of 4 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	
PICK NICK FOR COUNTY COMMISSIONER						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MYONE BIBEY 528 Dowd Road CARLHAGE NC 28327			HOUSEWIFE			
			c. Employer's Name/Specific Field			
					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	
☐	1	CHECK		4/16/2022	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JIM BUSBY 170 E Connecticut Ave Southern Pines NC 28387			CPA			
			c. Employer's Name/Specific Field			
			BUSBY & CO.		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	
☐	1	CHECK		4/16/2022	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Zumwalt 30 Oakhurst Vista WEST END NC 27376			RETIRED			
			c. Employer's Name/Specific Field			
			MILITARY		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	
☐	1	CHECK		4/16/2022	\$ 100 ⁰⁰	
☐					\$	
☐					\$	
4. Total only this Page					\$ 300 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 3167 ⁰⁶	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

CRO-1210

NC State Board of Elections

April 2007

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MOORE BOE

Contributions from Individuals

Pg 4 of 4 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	
PICK NICK FOR COUNTY COMMISSIONER						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SCOTT CHASE 301 McReynolds St CARRHAGE NC 28327				MANAGER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				GIBSON GUITARS		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	CHECK		4/16/2022	\$ 150 ⁻	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ 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	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ 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	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 150 ⁻	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3167 ⁰⁶	

CRO-1210

NC State Board of Elections

April 2007

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NC STATE BOARD OF ELECTIONS

Disbursements

Pg 1 of 1

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	
PICK NICK FOR COUNTY COMMISSIONER					
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		d. Comments
JOE KEEN CARTHAGE NC 28327					
			c. Level Registered (Specify)		e. Election Sum to Date
			☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 100 ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	4/12/2022	\$ 100 ⁰⁰	CAMPAIGN EVENT
				\$	MUSIC
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
FIRST BANK WEST END NC 27376					
			c. Level Registered (Specify)		e. Election Sum to Date
			☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 32 ⁹⁴
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ELEC DEBIT	K	4-1-2022	\$ 32 ⁹⁴	CHECK CHARGE
				\$	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
MIKE FREIDEL 2323 7 LAKES S WEST END NC 27376					
			c. Level Registered (Specify)		e. Election Sum to Date
			☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 80 ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	C	4/3/2022	\$ 80 ⁰⁰	FOOD FOR EVENT
				\$	REIMBURSEMENT
5. Total only this Page					\$ 212 ⁹⁴
6. Total of ALL CRO-1310 Pages					\$ 212 ⁹⁴
(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	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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 MOORE BOE
 JUN 03 2022