

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	RECEIVED		c. ID Number
SAMPSON FOR BOE			
b. Mailing Address (include City, State and Zip Code)	NOV 02 2022		d. Date Filed
120 TINGLEY COURT SOUTHERN PINES, NC 28387			11/01/2022
	MOORE BOE		e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name				
2022	07/01/2022	10/22/2022	ROLLANDE SAMPSON				
6. Type of Committee (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		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		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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		Referendum <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	
7. Type of Fund (if applicable, check one)						10. Special Report Name	
<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:							
8. Number of Fundraisers this Report							
0							

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
TRUIST	
b. Purpose	c. Account Code
BOE CAMPAIGN	01
d. Period Begin Balance	
\$ 723.00	
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

ROLLANDE SAMPSON

Printed Name of Signer

Signature of Appointed Treasurer

11/02/2022

Date

FOR OFFICE USE ONLY

Date Received:	11/2/22	Employee:	<u>Y</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		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

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	
SAMPSON FOR BOE	2022 Third Quarter		
Start of Election Cycle: January 1, 2021		Total this Reporting Period	
4) Cash on Hand at Start		\$ 1,250.78 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 770.00 \$ 1,334.00	
6) Contributions from Individuals	(CRO-1210)	\$ 1,838.00 \$ 4,305.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 0.00	
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)		\$ 2,608.00 \$ 5,639.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,157.33 \$ 4,747.44	
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 \$ 69.11	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 313.00 \$ 434.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,470.33 \$ 5,250.55	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 388.45 \$ 388.45	
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)	\$ 3,124.70	
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

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)			2. ID Number		
SAMPSON FOR BOE					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	Credit Card		10/07/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/11/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/10/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/01/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/01/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/20/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/10/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/12/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/10/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/04/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Debit Card		10/11/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		10/22/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		10/22/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Debit Card		10/13/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/06/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		10/22/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/18/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		10/19/2022	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 770.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 770.00	

Contributions from Individuals

Pg 1 of 4

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)

SAMPSON FOR BOE

2. ID Number

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

NICKOLAS CHRISTOPHER
180 LAMPLIGHTER VILLAGE DR
PINEHURST, NC 28374

b. Job Title/Profession

RETIRED, US ARMY

d. Comments

c. Employer's Name/Specific Field

NONE

e. Election Sum to Date

\$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		10/22/2022	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

GEORGE GRIFFIN
200 Midland Drive
PINEHURST, NC 28374

b. Job Title/Profession

RETIRED

d. Comments

c. Employer's Name/Specific Field

MOORE COUNTY SCHOOLS

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"/>	01	Credit Card		10/09/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JUDITH HAVENSTEIN
10 OXTON CIRCLE
PINEHURST, NC 28374

b. Job Title/Profession

RETIRED

d. Comments

c. Employer's Name/Specific Field

NONE

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
<input type="checkbox"/>	01	Credit Card		10/13/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 675.00

5. Total of ALL CRO-1210 Pages \$ 1,838.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 2 of 4

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	
SAMPSON FOR BOE					
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	
			RETIRED		
CARL HAYES 55 LINDEN RD PINEHURST, NC 28375			c. Employer's Name/Specific Field	e. Election Sum to Date	
			NONE	\$ 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"/>	01	Credit Card		10/18/2022	\$ 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	
			RETIRED, US ARMY		
PATRICK NIEMANN 15 TIMUQUANA TRAIL PINEHURST, NC 28374-9105			c. Employer's Name/Specific Field	e. Election Sum to Date	
			NONE	\$ 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"/>	01	Credit Card		10/13/2022	\$ 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	
			RETIRED		
LAURA PITTS 3182 7 Lakes West WEST END, NC 27376			c. Employer's Name/Specific Field	e. Election Sum to Date	
			RETIRED	\$ 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"/>	01	Credit Card		10/01/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,838.00

Contributions from Individuals

Pg 3 of 4 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			
SAMPSON FOR BOE					
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		
HELEN PROBST MILLS Post Office Box 1479 PINEHURST, NC 28370		EXECUTIVE			
		c. Employer's Name/Specific Field			
		New Rural Project			
		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"/>	01	Credit Card		10/09/2022	\$ 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		
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387		COUNSELOR			
		c. Employer's Name/Specific Field			
		NA			
		e. Election Sum to Date			
		\$ 145.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	In-Kind	WEBSITE FEE - CAMPAIGNPARTNERS.C	07/09/2022	\$ 29.00
<input type="checkbox"/>	01	In-Kind	WEBSITE FEE - CAMPAIGNPARTNERS.C	08/09/2022	\$ 29.00
<input type="checkbox"/>	01	In-Kind	WEBSITE FEE - CAMPAIGNPARTNERS.C	09/09/2022	\$ 29.00
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		
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387		COUNSELOR			
		c. Employer's Name/Specific Field			
		NA			
		e. Election Sum to Date			
		\$ 145.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	In-Kind	WEBSITE FEE - CAMPAIGNPARTNERS.C	10/09/2022	\$ 29.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 366.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,838.00

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			
SAMPSON FOR BOE					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANK THIGPEN 40 BEULAH HILL DR PINEHURST, NC 28374			b. Job Title/Profession ATTORNEY	d. Comments	
			c. Employer's Name/Specific Field THIGPEN & JENKIS, L.L.P., ATTORNEYS AT LAW	e. Election Sum to Date \$ 197.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	In-Kind	FOOD DONATION - CANDIDATE MEET AND	10/17/2022	\$ 197.00
<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) FRED YOUNG 3161 SEVEN LAKES WEST WEST END, NC 27376			b. Job Title/Profession COLLEGE PROFESSOR	d. Comments	
			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"/>	01	Check		10/22/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 297.00					
5. Total of ALL CRO-1210 Pages \$ 1,838.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 4 Yes No

Amendment

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
SAMPSON FOR BOE						
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	
CUSTOM INK, INC. 2910 DISTRICT AVE FAIRFAX, VA 22031 (800) 293-4232			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 \$ 244.22	
f. Account Code 01			g. Form of Payment Debit Card		h. Purpose Code B	
					i. Date (mm/dd/yyyy) 08/29/2022	
					j. Amount \$ 244.22	
					k. Required Remarks CAMPAIGN T-SHIRTS FOR VOLUNTEERS	
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	
LOWE'S FOODS 1740 Old Morganton Road SOUTHERN PINES, NC 28387 (910) 246-2235			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 \$ 202.76	
f. Account Code 01			g. Form of Payment Debit Card		h. Purpose Code O	
					i. Date (mm/dd/yyyy) 07/25/2022	
					j. Amount \$ 101.38	
					k. Required Remarks FOOD - VOLUNTEER KICKOFF/THANK YOU	
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	
MUIRFIELD BROADCASTING 200 SHORT ROAD SOUTHERN PINES, NC 28387 (910) 695-0044			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 \$ 339.90	
f. Account Code 01			g. Form of Payment Debit Card		h. Purpose Code A	
					i. Date (mm/dd/yyyy) 10/05/2022	
					j. Amount \$ 339.90	
					k. Required Remarks ADVERTISING - RADIO AD - STAR 102.5 FM	
5. Total only this Page						\$ 685.50
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>						\$ 3,157.33
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						
<i>* Codes require detailed explanation in required remarks field (k)</i>						

Disbursements

Pg 2 of 4 Yes No

Amendment

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) SAMPSON FOR BOE						2. ID Number <ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 				
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 <ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 				
c. Level Registered (Specify)						d. Comments				
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						e. Election Sum to Date \$ 55.58				
f. Account Code 01						g. Form of Payment Debit Card	h. Purpose Code O	i. Date (mm/dd/yyyy) 09/20/2022	j. Amount \$ 55.58	k. Required Remarks PARADE SUPPLIES - TAYLORTOWN EVENT
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 <ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 				
c. Level Registered (Specify)						d. Comments				
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						e. Election Sum to Date \$ 307.00				
f. Account Code 01						g. Form of Payment Debit Card	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/18/2022	j. Amount \$ 307.00	k. Required Remarks FULL PAGE ADVERTISEMENT -
5. Total only this Page						\$ 844.08				
6. Total of ALL CRO-1310 Pages						\$ 3,157.33				
<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>										
7. Purpose Codes (List detailed expenditure code in (h.) above)						A* - Media E - Salaries I - Postage O* Other	B* - Printing F* - Equipment J - Penalties C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
<i>* Codes require detailed explanation in required remarks field (k)</i>										

Disbursements

Pg 3 of 4 Yes No

Amendment

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			
SAMPSON FOR BOE					
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		
STAPLES 290 TURNER STREET ABERDEEN, NC 28315 (910) 692-2781					
		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			
		\$ 235.38			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	08/29/2022	\$ 117.69	CAMPAIGN MATERIALS
01	Debit Card	B	10/18/2022	\$ 117.69	CAMPAIGN MATERIALS
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		
STRIPE 185 Berry St #550 SAN FRANCISCO, CA 94107					
		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			
		\$ 198.03			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Electric Funds Tran	C	10/20/2022	\$ 198.03	ONLINE FEE FOR DONATIONS
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, LLC PO BOX 58 SOUTHERN PINES, NC 28388 (910) 692-7271					
		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			
		\$ 1,080.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	A	09/30/2022	\$ 1,080.00	ADVERTISING PKG - PRINT AND WEB
5. Total only this Page				\$ 1,513.41	
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>				\$ 3,157.33	
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
D - To Another Candidate					
H* - Holding Public Office Expenses					
Q* - Donation to Legal Expense Fund					
O* Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment
Pg 4 of 4 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		
SAMPSON FOR BOE				
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	
WALMART 250 TURNER STREET ABERDEEN, NC 28315 (910) 695-1255				
		c. Level Registered (Specify)	e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 114.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	
01	Debit Card	O	09/06/2022	
5. Total only this Page				
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)				
7. Purpose Codes (List detailed expenditure code in (h.) above)				
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties	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

In-Kind Contributions

Pg 1 of 1 Yes No

Amendment

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	
SAMPSON FOR BOE			
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	
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387		<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	
		\$	145.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBSITE FEE - CAMPAIGNPARTNERS.COM		07/09/2022	\$ 29.00
WEBSITE FEE - CAMPAIGNPARTNERS.COM		08/09/2022	\$ 29.00
WEBSITE FEE - CAMPAIGNPARTNERS.COM		09/09/2022	\$ 29.00
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	
ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387		<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	
		\$	145.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBSITE FEE - CAMPAIGNPARTNERS.COM		10/09/2022	\$ 29.00
			\$
			\$
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	
FRANK THIGPEN 40 BEULAH HILL DR PINEHURST, NC 28374		<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	
		\$	197.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD DONATION - CANDIDATE MEET AND GREET		10/17/2022	\$ 197.00
			\$
			\$
4. Total only this Page		\$	313.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	313.00

Debts and Obligations Owed By the Committee

Pg 1 of 1

Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable) SAMPSON FOR BOE		2. ID Number													
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387</td> <td colspan="2">Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.</td> </tr> <tr> <td>b. Description of Creditor PRINTING & OFFICE EXPENSES</td> <td colspan="2"></td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.		b. Description of Creditor PRINTING & OFFICE EXPENSES									
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROLLANDE SAMPSON 120 TINGLEY COURT SOUTHERN PINES, NC 28387	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.														
b. Description of Creditor PRINTING & OFFICE EXPENSES															
c. Beginning Balance \$ 1,751.32	d. Total Amount Paid \$ 0.00	e. Total Amount Incurred \$ 1,373.38	f. Remaining Balance \$ 3,124.70												
g. Incurred Debts (what the committee received this period)															
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT NORTH AMERICA 95 Hayden Ave LEXINGTON, MA 02421 (781) 676-7310		g2. Date (mm/dd/yyyy) 09/22/2022	g3. Amount \$ 1,373.38												
		g4. Purpose Code B	g5. Required Remarks CAMPAIGN YARD SIGNS												
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount \$												
		g4. Purpose Code	g5. Required Remarks												
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount \$												
		g4. Purpose Code	g5. Required Remarks												
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount \$												
		g4. Purpose Code	g5. Required Remarks												
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount \$												
		g4. Purpose Code	g5. Required Remarks												
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 3,124.70													
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 3,124.70													
6. Purpose Codes (List detailed expenditure code in (g4.)) <table border="1"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>O* - Other</td> </tr> </table>				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	O* - Other
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	O* - Other												
* Codes require detailed explanation in required remarks field (g5.)															