

# 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

MOORE COUNTY  
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Amendment  
☐ Yes ☒ No

| 1. Committee Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| a. Full Name<br><div style="font-size: 1.2em; font-family: cursive;">Committee to Elect Eddie Callahan</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | c. ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |
| b. Mailing Address (include City, State and Zip Code)<br><div style="font-size: 1.2em; font-family: cursive;">440 Etta Grove Ct,<br/>Vass, NC. 28394</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | d. Date Filed<br><div style="font-size: 1.2em; font-family: cursive;">10/25/2021</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | OCT 25 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | e. Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| 2. Report Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5. Treasurer Full Name |
| 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09/22/2021                      | 10/18/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Eddie Callahan         |
| 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<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Municipal</b><br/> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Thirty-five day<br/> <input type="checkbox"/> Pre-primary<br/> <input checked="" type="checkbox"/> Pre-election<br/> <input type="checkbox"/> Pre-runoff<br/> <input type="checkbox"/> Semi-annual<br/> <input type="checkbox"/> Mid Year<br/> <input type="checkbox"/> Year End<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Special         </div> <div style="width: 48%;"> <b>State/County</b><br/> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Quarterly<br/> <input type="checkbox"/> First<br/> <input type="checkbox"/> Second<br/> <input type="checkbox"/> Third<br/> <input type="checkbox"/> Fourth<br/> <input type="checkbox"/> Semi-annual<br/> <input type="checkbox"/> Mid Year<br/> <input type="checkbox"/> Year End<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Special         </div> </div> |                        |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Referendum</b><br/> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Pre-referendum<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Supplemental Final<br/> <input type="checkbox"/> Annual<br/> <input type="checkbox"/> Special         </div> <div style="width: 48%;"> <b>10. Special Report Name</b><br/> <div style="height: 40px;"></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| 8. Number of Fundraisers this Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| 11. Account Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 11. Account Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |
| a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
| b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| c. Account Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | c. Account Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| d. Period Begin Balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | d. Period Begin Balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |
| \$ 700.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, &amp; 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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <div style="font-size: 1.2em; font-family: cursive; text-align: center;">EDDIE CALLAHAN</div> <div style="text-align: center; font-size: 0.8em;">Printed Name of Signer</div> </div> <div style="width: 30%;"> <div style="font-size: 1.2em; font-family: cursive; text-align: center;">[Signature]</div> <div style="text-align: center; font-size: 0.8em;">Signature of Appointed Treasurer</div> </div> <div style="width: 30%;"> <div style="font-size: 1.2em; font-family: cursive; text-align: center;">10/25/2021</div> <div style="text-align: center; font-size: 0.8em;">Date</div> </div> </div> |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10-25-21                        | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [Signature]            |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |
| <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| <p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |

# Detailed Summary

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Amendment

Yes

☒

No

Use this form to summarize all disclosure reporting forms and to total monetary information.

|                                                                              |  |                                    |  |                                  |  |
|------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| Committee to Elect Eddie Callahan                                            |  | Pre Election                       |  |                                  |  |
| <b>Start of Election Cycle:</b>                                              |  | <b>January 1,</b>                  |  | <b>2021</b>                      |  |
|                                                                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                     |  | \$ 700.00                          |  | \$                               |  |
| <b>RECEIPTS</b>                                                              |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                                 |  | \$                               |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 800.00                          |  | \$ 1858.16                       |  |
| 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)                           |  | \$                                 |  | \$                               |  |
| 11 e) Exempt Purchase Price Sales (CRO-1265)                                 |  | \$                                 |  | \$                               |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 1500.00                         |  | \$ 1858.16                       |  |
| <b>EXPENDITURES</b>                                                          |  |                                    |  |                                  |  |
| 13) Disbursements                                                            |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 1482.28                         |  | \$ 1482.28                       |  |
| 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)                                         |  | \$                                 |  | \$ 358.16                        |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 1482.28                         |  | \$ 1840.44                       |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 17.72                           |  | \$ 17.72                         |  |
| <b>ADDITIONAL INFORMATION</b>                                                |  |                                    |  |                                  |  |
| 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)                                  |  | \$                                 |  | \$                               |  |

# Contributions from Individuals

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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            |  |
| Comm. Htee to Elect Eddie Callahan                                                                |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| <del>Steve</del> Sally Cameron<br>204 Fairwinds<br>Cary, NC                                       |                 |                    | Retired                           |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                   |                 |                    | not employed                      |                      |                         |  |
|                                                                                                   |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                   |                      | \$ 150.00               |  |
| 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              |                                   | 9/24/2021            | \$ 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<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| Eddie Callahan<br>440 Etta Grove Rd<br>Vass NC 28394                                              |                 |                    | Purchasing                        |                      |                         |  |
|                                                                                                   |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                   |                 |                    | S.E. Tool/DIE                     |                      |                         |  |
|                                                                                                   |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                   |                 |                    |                                   |                      | \$ 700.16               |  |
| 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              |                                   | 09/28/2021           | \$ 700                  |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(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               |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                          |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                           |                 |                    |                                   |                      | \$ 800.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                                   |                      | \$ 800.00               |  |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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Page 1 of 3 ☐ Yes ☒ No

| 1. Committee Full Name (and Fund if applicable)                                                        |                    |                                                                           |                                                                                                                                                       |                                                         |                             | 2. ID Number                        |
|--------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------|-------------------------------------|
| Committee to Elect Eddie Calahan                                                                       |                    |                                                                           |                                                                                                                                                       |                                                         |                             |                                     |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)            |                    |                                                                           |                                                                                                                                                       |                                                         |                             |                                     |
| <input 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<br>(include city, state, & zip)                                  |                    |                                                                           | b. Coordinated Committee Name                                                                                                                         |                                                         | d. Comments                 |                                     |
| Wael Mart<br>Southern Pines, NC                                                                        |                    |                                                                           |                                                                                                                                                       |                                                         | Meet + Greet<br>Supplies    |                                     |
|                                                                                                        |                    |                                                                           | c. Level Registered (Specify)                                                                                                                         |                                                         | e. Election Sum to Date     |                                     |
|                                                                                                        |                    |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                                         | \$ 233.07                   |                                     |
| f. Account Code                                                                                        | g. Form of Payment | h. Purpose Code                                                           | i. Date (mm/dd/yyyy)                                                                                                                                  | j. Amount                                               | k. Required Remarks         |                                     |
| 1                                                                                                      | ck                 | 0                                                                         | 09/27/2021                                                                                                                                            | \$ 233.07                                               |                             |                                     |
|                                                                                                        |                    |                                                                           |                                                                                                                                                       | \$                                                      |                             |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                    |                                                                           |                                                                                                                                                       |                                                         |                             |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                  |                    |                                                                           | b. Coordinated Committee Name                                                                                                                         |                                                         | d. Comments                 |                                     |
| Sandhill Signs<br>Aberdeen, NC<br>28315                                                                |                    |                                                                           |                                                                                                                                                       |                                                         | Sign + Banner<br>+ Stickers |                                     |
|                                                                                                        |                    |                                                                           | c. Level Registered (Specify)                                                                                                                         |                                                         | e. Election Sum to Date     |                                     |
|                                                                                                        |                    |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                                         | \$ 529.65                   |                                     |
| f. Account Code                                                                                        | g. Form of Payment | h. Purpose Code                                                           | i. Date (mm/dd/yyyy)                                                                                                                                  | j. Amount                                               | k. Required Remarks         |                                     |
| 1                                                                                                      | ck                 | B                                                                         | 09/27/2021                                                                                                                                            | \$ 529.65                                               |                             |                                     |
|                                                                                                        |                    |                                                                           |                                                                                                                                                       | \$                                                      |                             |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                    |                                                                           |                                                                                                                                                       |                                                         |                             |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                  |                    |                                                                           | b. Coordinated Committee Name                                                                                                                         |                                                         | d. Comments                 |                                     |
| 24 Hour Wristbands<br>Online                                                                           |                    |                                                                           |                                                                                                                                                       |                                                         | Campaign Fund               |                                     |
|                                                                                                        |                    |                                                                           | c. Level Registered (Specify)                                                                                                                         |                                                         | e. Election Sum to Date     |                                     |
|                                                                                                        |                    |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                                                         | \$ 490.88                   |                                     |
| f. Account Code                                                                                        | g. Form of Payment | h. Purpose Code                                                           | i. Date (mm/dd/yyyy)                                                                                                                                  | j. Amount                                               | k. Required Remarks         |                                     |
| 1                                                                                                      | ck                 | 0                                                                         | 09/29/2021                                                                                                                                            | \$ 465.88                                               |                             |                                     |
| 1                                                                                                      | ck                 | 0                                                                         | 10/08/2021                                                                                                                                            | \$ 25.00                                                |                             |                                     |
| 5. Total only this Page                                                                                |                    |                                                                           |                                                                                                                                                       |                                                         | \$ 1253.60                  |                                     |
| 6. Total of ALL CRO-1310 Pages                                                                         |                    |                                                                           |                                                                                                                                                       |                                                         | \$ 1482.28                  |                                     |
| (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)                                     |                    |                                                                           |                                                                                                                                                       |                                                         |                             |                                     |

# Disbursements

MOORE COUNTY Pg 2 of 3  
PUBLIC COPY

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)<br><b>Comm, H e e 10 Elect Eddie Callahan</b>                                                                                                                                                                                                      |                    |                 |                               |           |                                 | 2. ID Number |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                                                                                                                                 |                    |                 |                               |           |                                 |              |
| <input 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<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 | b. Coordinated Committee Name |           | d. Comments                     |              |
| Harris Teeter<br>Aberdeen, NC                                                                                                                                                                                                                                                                      |                    |                 |                               |           | Meet & Greet<br>Snacks for Vol. |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               |           | e. Election Sum to Date         |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               |           | \$ 34.93                        |              |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)          | j. Amount | k. Required Remarks             |              |
| 1                                                                                                                                                                                                                                                                                                  |                    | 0               | 10/01/2021                    | \$ 14.52  |                                 |              |
| 1                                                                                                                                                                                                                                                                                                  |                    | 0               | 10/12/2021                    | \$ 20.41  |                                 |              |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                               |           |                                 |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 | b. Coordinated Committee Name |           | d. Comments                     |              |
| Dollar General<br>Vass, NC                                                                                                                                                                                                                                                                         |                    |                 |                               |           | Meet & Greet<br>Supplies        |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               |           | e. Election Sum to Date         |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               |           | \$ 105.66                       |              |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)          | j. Amount | k. Required Remarks             |              |
| 1                                                                                                                                                                                                                                                                                                  |                    | 0               | 10/02/2021                    | \$ 41.46  |                                 |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               | \$        |                                 |              |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |                    |                 |                               |           |                                 |              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |                    |                 | b. Coordinated Committee Name |           | d. Comments                     |              |
| Dollar General<br>Vass, NC                                                                                                                                                                                                                                                                         |                    |                 |                               |           | Meet & Greet<br>Supplies        |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               |           | e. Election Sum to Date         |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               |           | \$ 105.66                       |              |
| f. Account Code                                                                                                                                                                                                                                                                                    | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)          | j. Amount | k. Required Remarks             |              |
| 1                                                                                                                                                                                                                                                                                                  |                    | 0               | 10/02/2021                    | \$ 64.20  |                                 |              |
|                                                                                                                                                                                                                                                                                                    |                    |                 |                               | \$        |                                 |              |
| 5. Total only this Page                                                                                                                                                                                                                                                                            |                    |                 |                               |           |                                 | \$ 140.59    |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                                                                                                                                     |                    |                 |                               |           |                                 | \$ 1482.28   |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(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<br>E - Salaries    F* - Equipment    G - Political Party    H* - Holding Public Office Expenses<br>I - Postage    J - Penalties    K* - Office Expenses    Q* - Donation to Legal Expense Fund<br>O* - Other           |                    |                 |                               |           |                                 |              |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                 |                    |                 |                               |           |                                 |              |

# Disbursements

Pg 3 of 3 ☐ 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                        |
|--------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|-------------------------------------|
| Committee to Elect Eddie Callahan                                                                      |                    |                                                                           |                                                                                                                                            |                                                         |                         |                                     |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)            |                    |                                                                           |                                                                                                                                            |                                                         |                         |                                     |
| <input 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<br>(include city, state, & zip)                                  |                    |                                                                           | b. Coordinated Committee Name                                                                                                              |                                                         | d. Comments             |                                     |
| Vass Hardware + Mercantile<br>Vass, NC 28384                                                           |                    |                                                                           |                                                                                                                                            |                                                         | Meet & Greet            |                                     |
|                                                                                                        |                    |                                                                           | c. Level Registered (Specify)                                                                                                              |                                                         | e. Election Sum to Date |                                     |
|                                                                                                        |                    |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                                         | \$ 38.52                |                                     |
| f. Account Code                                                                                        | g. Form of Payment | h. Purpose Code                                                           | i. Date (mm/dd/yyyy)                                                                                                                       | j. Amount                                               | k. Required Remarks     |                                     |
| 1                                                                                                      | ck                 | 0                                                                         | 10/02/2021                                                                                                                                 | \$ 38.52                                                |                         |                                     |
|                                                                                                        |                    |                                                                           |                                                                                                                                            | \$                                                      |                         |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                    |                                                                           |                                                                                                                                            |                                                         |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                  |                    |                                                                           | b. Coordinated Committee Name                                                                                                              |                                                         | d. Comments             |                                     |
| Bojangles<br>Aberdeen, NC                                                                              |                    |                                                                           |                                                                                                                                            |                                                         | Lunch for Volunteers    |                                     |
|                                                                                                        |                    |                                                                           | c. Level Registered (Specify)                                                                                                              |                                                         | e. Election Sum to Date |                                     |
|                                                                                                        |                    |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                                         | \$ 49.57                |                                     |
| f. Account Code                                                                                        | g. Form of Payment | h. Purpose Code                                                           | i. Date (mm/dd/yyyy)                                                                                                                       | j. Amount                                               | k. Required Remarks     |                                     |
| 1                                                                                                      |                    | 0                                                                         | 10/12/2021                                                                                                                                 | \$ 6.84                                                 |                         |                                     |
|                                                                                                        |                    |                                                                           | 10/12/2021                                                                                                                                 | \$ 42.73                                                |                         |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                    |                                                                           |                                                                                                                                            |                                                         |                         |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                  |                    |                                                                           | b. Coordinated Committee Name                                                                                                              |                                                         | d. Comments             |                                     |
|                                                                                                        |                    |                                                                           |                                                                                                                                            |                                                         |                         |                                     |
|                                                                                                        |                    |                                                                           | c. Level Registered (Specify)                                                                                                              |                                                         | e. Election Sum to Date |                                     |
|                                                                                                        |                    |                                                                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> 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                                                                                |                    |                                                                           |                                                                                                                                            |                                                         |                         | \$ 88.09                            |
| 6. Total of ALL CRO-1310 Pages                                                                         |                    |                                                                           |                                                                                                                                            |                                                         |                         | \$ 1482.28                          |
| (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)                                     |                    |                                                                           |                                                                                                                                            |                                                         |                         |                                     |