

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information																																								
a. Full Name CLAIRE FOR COUNCIL			<div style="font-size: 2em; color: blue; opacity: 0.5;">RECEIVED</div> <div style="font-size: 2em; color: blue; opacity: 0.5;">MOORE BOE</div>																																					
			c. ID Number 075814																																					
b. Mailing Address (include City, State and Zip Code) 3 PETTIT COURT PINEHURST, NC 28374			d. Date Filed 07/04/2023																																					
			e. Phone Number (910) 295-6628																																					
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name																																								
2023		05/02/2023	06/30/2023	CAROL WHEELDON																																				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Municipal</th> <th style="width: 33%;">State/County</th> <th style="width: 33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																						
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																						
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<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																						
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																						
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																						
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																						
<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																							
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																							
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																							
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																								
8. Number of Fundraisers this Report																																								
0																																								
3. Account Information		3. Account Information																																						
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name																																						
b. Purpose CONTRIBUTIONS AND EXPENSES		b. Purpose																																						
c. Account Code 1A		c. Account Code																																						
d. Period Begin Balance \$ 1,000.00		d. Period Begin Balance \$																																						
CERTIFICATION																																								
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board																																								
<u>N CAROL WHEELDON</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		07/04/2023 Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	7/5/23	Employee:	NH																																					
Date Postmarked:		Employee:																																						
Date Scanned:		Employee:																																						
Date Data Entered:		Employee:																																						
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training																																								
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																								

Detailed Summary

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number		
CLAIRE FOR COUNCIL		2023 Mid Year Semi-Annual		075814		
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start			\$ 1,000.00		\$ 0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 25.00		\$ 25.00	
6) Contributions from Individuals (CRO-1210)			\$ 1,600.00		\$ 2,600.00	
7) Contributions from Political Party Committees (CRO-1220)			\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)			\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)			\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)			\$ 0.00		\$ 0.00	
11) Other Receipt Sources						
11a) Interest on Bank Accounts (CRO-1250)			\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)			\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)			\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)			\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)			\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 1,625.00		\$ 2,625.00	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures (CRO-1310)			\$ 51.35		\$ 51.35	
13b) Contributions to Candidates/Political Committees (CRO-1310)			\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)			\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)			\$ 42.84		\$ 42.84	
15) Loan Repayments (CRO-1420)			\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)			\$ 162.00		\$ 162.00	
17) In-Kind Contributions (CRO-1510)			\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 256.19		\$ 256.19	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 2,368.81		\$ 2,368.81	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)			\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)			\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)			\$ 0.00			
25) Administrative Support (CRO-1710)			\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)			\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)			\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)			\$ 162.00		\$ 162.00	

Aggregated Contributions from IndividualsPage 1 of 1**Amendment**☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CLAIRE FOR COUNCIL					075814	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1A	Electric Funds Tran		06/26/2023	\$ 25.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 25.00	
5. Total of ALL CRO-1205 Pages					\$ 25.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 2

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	
CLAIRE FOR COUNCIL					075814	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KIMBERLY GILLEY PO BOX 2139 PINEHURST, NC 28374			OWNER			
			c. Employer's Name/Specific Field			
			GILLEY PRINTERS, INC		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Electric Funds Tran		06/30/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES LEXO 15 BEL AIR PINEHURST, NC 28374			RETIRED			
			c. Employer's Name/Specific Field			
			RSI INC		e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Check		06/26/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MONICA LOFERSKI 8 CANTERBURY CIRCLE PINEHURST, NC 28374			NOT CURRENTLY EMPLOYED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 2,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Check		06/14/2023	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,600.00	

Contributions from Individuals

Pg 2 of 2

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	
CLAIRE FOR COUNCIL					075814	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JENNIFER NGUYEN 1020 ST ANDREWS DR PINEHURST, NC 28374			REALTOR			
			c. Employer's Name/Specific Field			
			BERKSHIRE HATHOWAY		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Check		05/04/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JACKIE ROSS 29 STRATHAVEN DR PINEHURST, NC 28374			BROKER			
			c. Employer's Name/Specific Field			
			BERKSHIRE HATHOWAY		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Electric Funds Tran		06/26/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,600.00	

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CLAIRE FOR COUNCIL				075814	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTA PRINT 275 WYMAN ST WALTHAM, MA 02451			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 51.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Debit Card	B	06/05/2023	\$ 51.35	BUSINESS CARDS
				\$	
5. Total only this Page					\$ 51.35
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 51.35
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) CLAIRE FOR COUNCIL					2. ID Number 075814	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/26/2023	\$ 5.60	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/30/2023	\$ 4.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Draft	K	05/02/2023	\$ 32.94	PRINTED CHECKS
4. Total only this Page					\$ 42.84	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 42.84	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CLAIRE FOR COUNCIL				075814	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
CLAIRE BERGGREN 2 PETTIT COURT PINEHURST, NC 28374 (910) 295-6628			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		05/08/2023
					i. Original Receipt Amount
					\$ 162.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
REALTOR	BERKSHIRE	P		\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
1A	Check	COMPUTER DOMAIN	05/08/2023	\$ 162.00	
4. Total only this Page				\$ 162.00	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 162.00	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

Contributions to be Reimbursed

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
CLAIRE FOR COUNCIL		025814	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
CLAIRE BERGGREN 2 PETTIT COURT PINEHURST, NC 28374		CLAIRE BERGGREN 2 PETTIT COURT PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
COMPUTER DOMAIN	05/08/2023	N	\$ 162.00
4. Total only this Page			\$ 162.00
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 162.00

CRO-1215

NC State Board of Elections

December 2007