

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 MORGAN FOR MAYOR		RECEIVED JUL 05 2023 MOORE BOE																																					
b. Mailing Address (include City, State and Zip Code) 28 KILBRIDE DRIVE PINEHURST, NC 28374		c. ID Number 136864																																					
d. Date Filed 07/05/2023		e. Phone Number (910) 295-6628																																					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 04/01/2023	4. Period End Date (mm/dd/yy) 06/30/2023	5. Treasurer Full Name N CAROL WHEELDON																																				
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </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																																					
<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																																						
7. Type of Fund (if applicable, check one) <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:		10. Special Report Name _____																																					
8. Number of Fundraisers this Report 0																																							
3. Account Information a. Financial Institution Full Name FIRST BANK		3. Account Information a. Financial Institution Full Name _____																																					
b. Purpose CAMPAIGN RECEIPTS & EXPENSES	c. Account Code 1A	b. Purpose d. Period Begin Balance \$ 1,000.00	c. Account Code d. Period Begin Balance \$																																				
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board																																							
<u>N CAROL WHEELDON</u> Printed Name of Signer		<u>Carol Wheelton</u> Signature of Appointed Treasurer																																					
		07/05/2023 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	7/5/23	Employee:	<u>NH</u>																																				
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

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
MORGAN FOR MAYOR	2023 Mid Year Semi-Annual	136864
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start	\$ 1,000.00	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 150.00	\$ 150.00
6) Contributions from Individuals (CRO-1210)	\$ 23,973.38	\$ 24,973.38
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)	\$ 24,123.38	\$ 25,123.38
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,264.85	\$ 1,264.85
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)	\$ 74.70	\$ 74.70
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 475.00	\$ 475.00
17) In-Kind Contributions (CRO-1510)	\$ 773.38	\$ 773.38
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,587.93	\$ 2,587.93
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 22,535.45	\$ 22,535.45
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 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)	\$ 475.00	\$ 475.00

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		
MORGAN FOR MAYOR			136864		
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		06/08/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1A	Check		06/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1A	Check		06/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 150.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 150.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 12

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	
MORGAN FOR MAYOR				136864	
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	
			INTERIOR DECORATOR	e. Election Sum to Date \$ 150.00	
ANDREA ALE 5 PIN OAK CT PINEHURST, NC 28374			c. Employer's Name/Specific Field		
			SELF		
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		06/15/2023	\$ 150.00
<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	
			PHYSICIAN	e. Election Sum to Date \$ 150.00	
DONALD ALGEO 105 FEATHERSTONE PT WEST END, NC 27376			c. Employer's Name/Specific Field		
			DHA		
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		06/12/2023	\$ 150.00
<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	
			NOT CURRENTLY EMPLOYED	e. Election Sum to Date \$ 150.00	
SHERRY BAILEY 1105 LONGLEAF DR NW PINEHURST, NC 28374			c. Employer's Name/Specific Field		
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		06/12/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 23,973.38

Contributions from Individuals

Pg 2 of 12

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			
MORGAN FOR MAYOR					136864			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH BARNARD 285 SUGAR GUM LANE UNIT 50 PINEHURST, NC 28374			b. Job Title/Profession	d. Comments				
			NOLT CURRENTLY EMPLOYED					
			c. Employer's Name/Specific Field					
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"/>	1A	Check		06/26/2023	\$ 150.00			
<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) KATHY BEDDOW 19 EDINBURGH LANE PINEHURST, NC 28374			b. Job Title/Profession	d. Comments				
			NOT CURRENTLY EMPLOYED					
			c. Employer's Name/Specific Field					
e. Election Sum to Date			\$ 1,000.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount			
<input type="checkbox"/>	1A	Check		06/26/2023	\$ 1,000.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374			b. Job Title/Profession	d. Comments				
			NOT CURRENTLY EMPLOYED					
			c. Employer's Name/Specific Field					
e. Election Sum to Date			\$ 748.47					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount			
<input type="checkbox"/>	1A	In-Kind	FUNDRAISER FOOD, SAMS	06/22/2023	\$ 135.87			
<input type="checkbox"/>	1A	In-Kind	FUNDRAISER DRINKS	06/22/2023	\$ 171.77			
<input type="checkbox"/>	1A	In-Kind	FUNDRAISER FOOD	06/22/2023	\$ 440.83			
4. Total only this Page					\$ 1,898.47			
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,973.38			

Contributions from Individuals

Pg 3 of 12

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		
MORGAN FOR MAYOR			136864		
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 NOT CURRENTLY EMPLOYED	d. Comments	
			c. Employer's Name/Specific Field ANNE CHRISTENSON 315 ADAMS CIRCLE PINEHURST, NC 28374		
e. Election Sum to Date \$ 300.00					
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		06/12/2023	\$ 300.00
<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 ADMIN MGR	d. Comments	
			c. Employer's Name/Specific Field DAN DALY 3 GADSTEN CT PINEHURST, NC 28374		
e. Election Sum to Date \$ 500.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		06/26/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession LIAISON MILITARY AFFAIRS	d. Comments	
			c. Employer's Name/Specific Field JESSICA FELCH 8 LODGE POLE LANE PINEHURST, NC 28374		
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 \$ 900.00					
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 23,973.38					

Contributions from Individuals

Pg 4 of 12

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	
MORGAN FOR MAYOR				136864	
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	
			OWNER	e. Election Sum to Date	
KIMBERLY GILLEY PO BOX 2139 PINEHURST, NC 28374			c. Employer's Name/Specific Field		
			GILLEY PRINTERS, INC		
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"/>					\$
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	
			PARTNER	e. Election Sum to Date	
SCOTT GREENBLATT 1 CARTER LANE PINEHURST, NC 28374			c. Employer's Name/Specific Field		
			VETERANS GUARDIAN		
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		05/25/2023	\$ 5,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			NOT CURRENTLY EMPLOYED	e. Election Sum to Date	
ROBERT HANSEN 52 HIGHLAND VIEW DR SOUTHERN PINES, NC 28387			c. Employer's Name/Specific Field		
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		06/12/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 6,100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,973.38

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		
MORGAN FOR MAYOR			136864		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DONALD HUNTER 110 HIGHLAND RD SOUTHERN PINES, NC 28387			b. Job Title/Profession	d. Comments	
			COO		
			c. Employer's Name/Specific Field		
			COUNTRY CLUB OF NORTH CAROLINA		
e. Election Sum to Date \$ 250.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Electric Funds Tran		06/30/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGO JACOBS 201 DYKEMAN RD DICKSON, TN 37055			b. Job Title/Profession	d. Comments	
			NOT CURRENTLY EMPLOYED		
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$ 250.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		04/11/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALEXANDER JACOBY 1325 BURNING TREE RD PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			REALTOR		
			c. Employer's Name/Specific Field		
			JACOBY REAL ESTATE		
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	Check		06/26/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 600.00					
5. Total of ALL CRO-1210 Pages \$ 23,973.38 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 6 of 12

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) MORGAN FOR MAYOR					2. ID Number <i>136864</i>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DANIELLE KAYS 23 ABINGTON DR PINEHURST, NC 28374			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments		
			c. Employer's Name/Specific Field RSI INC			
			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"/>	1A	Electric Funds Tran		06/23/2023	\$ 150.00	
<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) JAMES LEXO 15 BEL AIR PINEHURST, NC 28374			b. Job Title/Profession RETIRED	d. Comments		
			c. Employer's Name/Specific Field RSI INC			
			e. Election Sum to Date	\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Check		06/26/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA LONGEWAY 26 GLASGOW DR PINEHUST, NC 28374			b. Job Title/Profession NOT CURRENTLY EMPLOYED	d. Comments		
			c. Employer's Name/Specific Field RSI INC			
			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"/>	1A	Check		06/26/2023	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 23,973.38	

Contributions from Individuals

Pg 7 of 12 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	
MORGAN FOR MAYOR					136864	
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	
			NOT CURRENTLY EMPLOYED		e. Election Sum to Date	
KEN LONGEWAY 26 GLASGOW DR PINEHURST, NC 28374			c. Employer's Name/Specific Field			
					\$ 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"/>	1A	Check		06/26/2023	\$ 150.00	
<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	
			NOT CURRENTLY EMPLOYED		e. Election Sum to Date	
CONSTANCE LOVELL 45 CYPRESS POINT DR PINEHURST, NC 28374			c. Employer's Name/Specific Field			
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1A	Electric Funds Tran		06/06/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			DEVELOPER		e. Election Sum to Date	
MARTY R MCKENZIE PO BOX 1553 PINEHURST, NC 28374			c. Employer's Name/Specific Field			
			SELF		\$ 5,000.00	
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		05/05/2023	\$ 5,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 5,650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,973.38	

Contributions from Individuals

Pg 8 of 12

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	
MORGAN FOR MAYOR				136864	
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	
			DIRECTOR	c. Employer's Name/Specific Field PARTNERS FOR CHILDREN AND FAMILIES	
STUART MILLS PO BOX 1479 PINEHURST, NC 28374			e. Election Sum to Date		
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Electric Funds Tran		06/19/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			PHYSICIAN	c. Employer's Name/Specific Field VETERANS ADMIN	
JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374			e. Election Sum to Date		
				\$ 4,024.91	
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		04/10/2023	\$ 3,000.00
<input type="checkbox"/>	1A	In-Kind	THANK YOU CARDS	06/27/2023	\$ 24.91
<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	
				c. Employer's Name/Specific Field ITW MORTGAGE INVESTMENTS LI, INC	
RICHARD MORGAN 2527J MARCY AVE EVANSTON, IL 60201			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"/>	1A	Check		06/30/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3,424.91
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 23,973.38

Contributions from Individuals

Pg 9 of 12

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	
MORGAN FOR MAYOR				136864	
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	
			c. Employer's Name/Specific Field		
SARAH MOUSER 1370 RUSS RD LUMBERTON, NC 28358			OCCUPATIONAL SOUND SOLUTIONS		
			e. Election Sum to Date \$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Electric Funds Tran		06/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			PHYSICIAN		
SCOTT MOUSER 1370 RUSS RD LUMBERTON, NC 28358			c. Employer's Name/Specific Field		
			SOUTHEASTERN EYE CARE		
			e. Election Sum to Date \$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Electric Funds Tran		06/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			ATTY, ASST DA		
YOHAN NAMKUNG 633 COLLINWOOD DR RAEFORD, NC 28376			c. Employer's Name/Specific Field		
			MIKE HARDIN, DISTRICT ATTY6		
			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	Check		06/26/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,973.38

Contributions from Individuals

Pg 10 of 12

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			
MORGAN FOR MAYOR		136864			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHIE PARSON 180 EVERETTE RD PINEHURST, NC 28374					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHIE PARSON 180 EVERETTE RD PINEHURST, NC 28374		b. Job Title/Profession	d. Comments		
		DESIGNER			
		c. Employer's Name/Specific Field			
		MWP DESIGN	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	Check		06/26/2023	\$ 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) MARK REINEMANN 165 BEL AIR DR PINEHURST, NC 28374				b. Job Title/Profession	d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK REINEMANN 165 BEL AIR DR PINEHURST, NC 28374		RETIRED			
		c. Employer's Name/Specific Field			
		USGA OFFICIAL	e. Election Sum to Date		
			\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Electric Funds Tran		06/26/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) LEO SANTOWASSO 340 BARTON HILLS CT PINEHURST, NC 28374				b. Job Title/Profession	d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) LEO SANTOWASSO 340 BARTON HILLS CT PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED			
		c. Employer's Name/Specific Field			
			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"/>	1A	Check		06/16/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 23,973.38	

Contributions from Individuals

Pg 11 of 12

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			
MORGAN FOR MAYOR		136864			
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	
		OWNER		c. Employer's Name/Specific Field CLUB HOUSE PROPERTIES	
		STEPHEN SAYE 5 MCDONALD RD E PINEHURST, NC 28374			
		\$ 500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		06/26/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		PHYSICIAN		c. Employer's Name/Specific Field PINEHURST SURGICAL	
		STEPHEN SZABO 140 WOODLAND DR PINEHURST, NC 28374			
		\$ 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"/>	1A	Check		06/26/2023	\$ 150.00
<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	
		OWNER		c. Employer's Name/Specific Field VETERANS GUARDIAN	
		WILLIAM C TAYLOR JR 22 WHITEHAVEN DR PINEHURST, NC 28374			
		\$ 2,500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		06/26/2023	\$ 2,500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3,150.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 23,973.38

Contributions from Individuals

Pg 12 of 12

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) MORGAN FOR MAYOR		2. ID Number 136864						
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) MATT WEST 205 OAKMONT CIRCLE PINEHURST, NC 28374 </td> <td style="width: 30%; vertical-align: top;"> b. Job Title/Profession CONSULTANT </td> <td style="width: 40%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="2"> c. Employer's Name/Specific Field INTANGIBLES, UC </td> <td rowspan="2" style="vertical-align: middle;"> e. Election Sum to Date \$ 150.00 </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) MATT WEST 205 OAKMONT CIRCLE PINEHURST, NC 28374	b. Job Title/Profession CONSULTANT	d. Comments	c. Employer's Name/Specific Field INTANGIBLES, UC		e. Election Sum to Date \$ 150.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) MATT WEST 205 OAKMONT CIRCLE PINEHURST, NC 28374	b. Job Title/Profession CONSULTANT	d. Comments						
c. Employer's Name/Specific Field INTANGIBLES, UC		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"/>	1A	Check		06/26/2023	\$ 150.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
4. Total only this Page					\$ 150.00			
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 23,973.38			

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 1 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			
MORGAN FOR MAYOR		136864			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
ANEDOT NC		d. Comments e. Election Sum to Date \$ 160.20			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Electric Funds Tran	O	06/12/2023	\$ 85.50	COLLECTION FEE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,179.35	
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	O	04/23/2023	\$ 500.00	CAMPAIGN MGMT
1A	Check	A	04/26/2023	\$ 179.35	WIX.COM
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,179.35	
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1A	Check	O	06/17/2023	\$ 500.00	CAMPAIGN MGMT
				\$	
5. Total only this Page					\$ 1,264.85
6. Total of ALL CRO-1310 Pages					\$ 1,264.85
(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)					\$ 1,264.85
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)					

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)			2. ID Number			
MORGAN FOR MAYOR			136864			
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	06/06/2023	\$ 20.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/08/2023	\$ 2.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/15/2023	\$ 6.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/19/2023	\$ 10.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/23/2023	\$ 6.30	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/26/2023	\$ 18.90	COLLECTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran	O	06/30/2023	\$ 10.30	COLLECTION FEE
4. Total only this Page				\$ 74.70		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 74.70		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	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

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

Amendment

1. Committee Full Name (and Fund if applicable)		2. ID Number		
MORGAN FOR MAYOR		136864		
3. Payee Information		<input type="checkbox"/>	Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		h. Original Receipt Date 06/28/2023		
		i. Original Receipt Amount \$ 475.00		
b. Job Title/Profession		c. Employer's Name/Specific Field		
IT		SELF		
		f. Purpose Code P		
		j. Election Sum to Date \$ 0.00		
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A	Check	YARD SIGNS, FLYERS	06/28/2023	\$ 475.00
4. Total only this Page				\$ 475.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 475.00
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-Kin		O* Other		
* Codes require detailed explanation in required remarks field (m)				

GRO-1320

NC State Board of Elections

July 2007

In-Kind ContributionsPg 1 of 1
 Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
MORGAN FOR MAYOR		136864		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments		
		d. Election Sum to Date		
		\$ 748.47		
		e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		FUNDRAISER FOOD, SAMS	06/22/2023	\$ 135.87
FUNDRAISER DRINKS	06/22/2023	\$ 171.77		
FUNDRAISER FOOD	06/22/2023	\$ 440.83		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments		
		d. Election Sum to Date		
		\$ 4,024.91		
		e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		THANK YOU CARDS	06/27/2023	\$ 24.91
		\$		
		\$		
4. Total only this Page		\$ 773.38		
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 773.38		

Contributions to be ReimbursedPg 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	
MORGAN FOR MAYOR		132864	
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)	
EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
YARD SIGNS, FLYERS	06/28/2023	N	\$ 475.00
4. Total only this Page		\$ 475.00	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 475.00	

CRO-1215

NC State Board of Elections

December 2007