

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	c. ID Number
CARA MATHIS COMMITTEE TO ELECT TO VILLAGE COUNCIL (PBA MATHIS FOR PINEHURST)	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
80 McCASKILL RD W PINEHURST, NC 28374	7/13/2023
	e. Phone Number
	267 530 1578

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	7/13/2023	7/23/2023	CARA A. MATHIS

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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
○			

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST CITIZENS BANK	
b. Purpose	c. Account Code
CAMPAIGN ACCOUNT FOR RECEIPTS & EXPENDITURES	1
d. Period Begin Balance	
\$ ○	
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 of Elections.

CARA A. MATHIS

Printed Name of Signer

Signature of Appointed Treasurer

07/23/2023

Date

FOR OFFICE USE ONLY

Date Received:	7/24/2023	Employee:	APB	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

RECEIVED

JUL 24 2023

August 2008

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
MATHIS FOR PINEHURST	ORGANIZATIONAL	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 5	\$
6) Contributions from Individuals (CRO-1210)	\$ 2,560	\$
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 2,565	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 801.24	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 25.88	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 5	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 832.12	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,732.88	\$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

CRO-1100

RECEIVED
MOORE BOE

JUL 24 2023

NC State Board of Elections

August 2008

Contributions from Individuals

Pg 1 of 3 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		
MATHIS FOR PINEHURST						
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 FITNESS INSTRUCTOR	d. Comments	
KARA KRZAN BERASI 45 WILSON RD PINEHURST, NC 28374				c. Employer's Name/Specific Field FORTE FITNESS	e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	PAYPAL		07/19/2023	\$ 100	
<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 SAHM	d. Comments	
KATHERINE MELVIN 40 CYPRESS POINT DR. PINEHURST, NC 28374				c. Employer's Name/Specific Field SELF	e. Election Sum to Date \$ 60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	PAYPAL		07/21/2023	\$ 60	
<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 RETIRED	d. Comments	
MICHAEL STENGEL 325 DORAL DRIVE PINEHURST, NC 28374				c. Employer's Name/Specific Field HOSPITALITY / MARRIOTT	e. Election Sum to Date \$ 1,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	STRIPE		07/20/2023	\$ 1,000	
<input type="checkbox"/>					\$	
<input type="checkbox"/>			RECEIVED		\$	
4. Total only this Page					\$ 1,160	
5. Total of ALL CRO-1210 Pages JUL 24 2023 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,560	

Contributions from Individuals

Pg 2 of 3

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	
MATHIS FOR PINEHURST					
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	
MEREDITH MORSKI 335 LINDEN RD. PINEHURST, NC 28374			REALTOR		
			c. Employer's Name/Specific Field		
			SOTHEBY'S		
				e. Election Sum to Date	\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	STRIPE		07/19/2023	\$ 100
<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	
JEFFREY BUMGARDNER 214 RED DEVIL DR. HAILEY, ID 83333			OWNER/OPERATOR	BROTHER	
			c. Employer's Name/Specific Field		
			KINGSBURY LANE		
				e. Election Sum to Date	\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	STRIPE		07/13/2023	\$ 100
<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	
ARIEL MATTHEWS 203 N. MCNEILL ST. CARRASSE, NC 28327			ARCHIVIST		
			c. Employer's Name/Specific Field		
			MOORE CO. HISTORICAL SOCIETY		
				e. Election Sum to Date	\$ 50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	STRIPE		07/19/2023	\$ 50
<input type="checkbox"/>			RECEIVED		\$
<input type="checkbox"/>					\$
4. Total only this Page				JUL 24 2023	\$ 250
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,560

Contributions from Individuals

Pg 3 of 3 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			
MATHIS FOR PINEHURST							
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		
PAULA MATOS COPPOLA 262 WYNNGATE DR. CAMERON, NC 28326			SAHM / PIANIST				
			c. Employer's Name/Specific Field				
			SACRED HEART CHURCH		e. Election Sum to Date		
					\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	STRIPE			\$ 50		
<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 G. MATHIS 80 McCASKILL RD. W PINEHURST, NC 28374			CHIEF OF STAFF				
			c. Employer's Name/Specific Field				
			PRIME MOVERS LAB		e. Election Sum to Date		
					\$ 600		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	STRIPE		2023 07/13/2023	\$ 100		
<input type="checkbox"/>	1	CHECK		07/12/2023	\$ 500		
<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		
CARA MATHIS 80 McCASKILL RD. W PINEHURST, NC 28374			SELF-EMPLOYED / SAHM				
			c. Employer's Name/Specific Field				
			SELF / MATHIS ART CO.		e. Election Sum to Date		
					\$ 500		
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		07/12/2023	\$ 500		
<input type="checkbox"/>					\$		
<input type="checkbox"/>			RECEIVED		\$		
4. Total only this Page							\$ 1,150
5. Total of ALL CRO-1210 Pages JUL 24 2023							\$ 2,560
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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)

MATHIS FOR PINEHURST

2. ID Number

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information

Add Remove

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

PAR GOLF SUPPLY
550 PRATT AVE N.
SCHAUMBURG, IL
60193

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 126.25

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

ONLINE / CC

B

07/21/2023

\$ 126.25

TEES & MARKERS

\$

4. Payee Information

Add Remove

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

SIGNS ON THE CHEAP
11525 STONEHOLLOW DR.
B220
AUSTIN, TX
78758

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 397.24

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

ONLINE / CC

B

07/18/2023

\$ 397.24

SIGNS

\$

4. Payee Information

Add Remove

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

24 HOUR WRISTBANDS
14550 BEECHNUT ST.
HOUSTON, TX
77083

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 277.75

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

ONLINE / CC

B

\$ 277.75

TOTES & BUTTONS

\$

5. Total only this Page

\$ 801.24

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$

7. Purpose Codes (List detailed expenditure code in (h.) above)

RECEIVED

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 *JUL 24 2020*

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

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

RECEIVED

4. Total only this Page

\$ 25.88

5. Total of ALL CRO-1315 Pages

JUL 24 2023

\$ 25.88

6 Purpose Codes (List detailed expenditure code in (d) above)

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H*E Holding Public Office Expenses

E - Salaries I - Postage

K* - Office Expenses

Q* - Donations to Legal Expense Fund

O* - Other