

Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 1518	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <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 State/County <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 Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN ACCOUNT FOR RECEIPTS & EXPENDITURES	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
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		07/23/2023	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	7/24/2023	Employee:	ARB
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.			

CRO-1000

NC State Board of Elections

JUL 24 2023

August 2008

MOORE BOE

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
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

NC State Board of Elections

August 2008

Contributions from Individuals

Pg 1 of 3

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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
KARA KRZAN BERASI 45 WILSON RD PINEHURST, NC 28374			FITNESS INSTRUCTOR		
			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		d. Comments
KATHERINE MELVIN 40 CYPRESS POINT DR. PINEHURST, NC 28374			SAHM		
			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		d. Comments
MICHAEL STENGEL 325 DORAL DRIVE PINEHURST, NC 28374			RETIRED		
			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"/>					\$
4. Total only this Page					\$ 1,160
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,560

CRO-1210

NC State Board of Elections
MOORE BOE

April 2007

RECEIVED

JUL 24 2023

Contributions from Individuals

Pg 2 of 3

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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		e. Election Sum to Date
				SOTHEY'S		
						\$ 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		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				KINGSBURY LANE		
						\$ 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. CARTRAGE, NC 28327				ARCHIVIST		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				MOORE CO. HISTORICAL SOCIETY		
						\$ 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"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page (CRO 1100))					\$ 2,560	

CRO-1210

NC State Board of Elections

April 2007

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JUL 24 2023

MOORE BOE

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		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"/>					\$	
4. Total only this Page					\$ 1,150	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,560	

RECEIVED

JUL 24 2023

Disbursements

Pg 1 of

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	
MATHIS FOR PINEHURST						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PAR GOLF SUPPLY 550 PRATT AVE N. SCHAUMBURG, IL 60193				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SIGNS ON THE CHEAP 11525 STONEHOLLOW DR. 8220 AUSTIN, TX 78758				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
24 HOUR WRISTBANDS 14550 BEECHNUT ST. HOUSTON, TX 77083				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 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)						
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.)						

