

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

Amendment

Yes

No

1. Committee Information

| | |
|---|---------------|
| a. Full Name | c. ID Number |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 80 McCASKILL RD W PINEHURST, NC 28374 | |
| 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 | | 10/03/23 | CARA 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 <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <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 | State/County <input 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 | | | |

| | |
|--|------------------------------------|
| 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 | RECEIVED |
| \$ 1732.88 | OCT 02 2023 |
| b. Purpose | 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.

| | | |
|--------------------------|----------------------------------|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |
| FOR OFFICE USE ONLY | | |
| Date Received: 10/2/2023 | Employee: APB | Delivery Method |
| Date Postmarked: | Employee: | <input type="checkbox"/> Normal Mail |
| Date Scanned: | Employee: | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | Employee: | <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 |
|---|-------------------|------------------------------------|
| CARA MATHIS, COMMITTEE TO ELECT TO VILL.CO. | 35 - DAY | |
| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period |
| 4) Cash on Hand at Start | | \$ 1732.88 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 5,205 |
| 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) | \$ 79.22 |
| 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) | | \$ 7,017.10 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 3,003.36 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 202.28 |
| 15) Loan Repayments | (CRO-1420) | \$ |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ 1,050 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 4,255.64 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2,761.46 |
| 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) | \$ |

Contributions from Individuals

Pg 1 of 7 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 | | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | |
| 3. Contributor Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) KIM GEDDES 232 BOWMAN RD. ABERDEEN, NC 28315 | | |
| | | b. Job Title/Profession | RETired ENGINEER | |
| | | c. Employer's Name/Specific Field | ENGINEERING | |
| | | e. Election Sum to Date | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | |
| | 1 | STRiPE | | |
| | | | 08/29/2023 | |
| | | | \$ | |
| | | | \$ | |
| 3. Contributor Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) JILL GIMBEL 10 ST. ANDREWS DR. PINEHURST, NC 28374 | | |
| | | b. Job Title/Profession | SAHM | |
| | | c. Employer's Name/Specific Field | SAHM | |
| | | e. Election Sum to Date | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | |
| | 1 | STRiPE | | |
| | | | 09/07/23 | |
| | | | \$ | |
| | | | \$ | |
| 3. Contributor Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHEN WOODWARD 180 LINDEN RD. PINEHURST, NC 28374 | | |
| | | b. Job Title/Profession | RETired | |
| | | c. Employer's Name/Specific Field | RETired | |
| | | e. Election Sum to Date | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | |
| | 1 | STRiPE | | |
| | | | 09/07/23 | |
| | | | \$ | |
| | | | \$ | |
| 4. Total only this Page | | | | \$ 300 |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | \$ |

Contributions from Individuals

Pg 2 of 7 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">JIM BUMGARDNER 1 HEARTHSTONE PL PINEHURST, NC 28374</td> <td colspan="3">RETIRED / SURGEON</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">GVH / ORTHO</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">\$ 1,000</td> </tr> </table> | | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | JIM BUMGARDNER 1 HEARTHSTONE PL PINEHURST, NC 28374 | | RETIRED / SURGEON | | | | | c. Employer's Name/Specific Field | | | | | GVH / ORTHO | | | | | e. Election Sum to Date | | | | | \$ 1,000 | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JIM BUMGARDNER 1 HEARTHSTONE PL PINEHURST, NC 28374 | | RETIRED / SURGEON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | c. Employer's Name/Specific Field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | GVH / ORTHO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 | | 09/07/2023 | \$ 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">SANDY BUMGARDNER 1 HEARTHSTONE PL PINEHURST, NC 28374</td> <td colspan="3">RETIRED / PSYCHOL.</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">CHC / PSYCHOLOGY</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">\$ 1,000</td> </tr> </table> | | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | SANDY BUMGARDNER 1 HEARTHSTONE PL PINEHURST, NC 28374 | | RETIRED / PSYCHOL. | | | | | c. Employer's Name/Specific Field | | | | | CHC / PSYCHOLOGY | | | | | e. Election Sum to Date | | | | | \$ 1,000 | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SANDY BUMGARDNER 1 HEARTHSTONE PL PINEHURST, NC 28374 | | RETIRED / PSYCHOL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | c. Employer's Name/Specific Field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | CHC / PSYCHOLOGY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 | | 09/07/2023 | \$ 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">KARLA CERASO 103 WHITECRAIGS CT. PINEHURST, NC 28374</td> <td colspan="3">SMALL BUS. OWNER</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">PINEHURST PICNIC CO.</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">\$ 150</td> </tr> </table> | | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | KARLA CERASO 103 WHITECRAIGS CT. PINEHURST, NC 28374 | | SMALL BUS. OWNER | | | | | c. Employer's Name/Specific Field | | | | | PINEHURST PICNIC CO. | | | | | e. Election Sum to Date | | | | | \$ 150 | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KARLA CERASO 103 WHITECRAIGS CT. PINEHURST, NC 28374 | | SMALL BUS. OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | c. Employer's Name/Specific Field | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PINEHURST PICNIC CO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | e. Election Sum to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | 09/07/2023 | \$ 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Total only this Page \$ 2,150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Total of ALL CRO-1210 Pages \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Contributions from Individuals

Pg 3 of 7

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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | |
| 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 | |
| KAY TURNER 90 PINE MEADOWS RD. PINEHURST, NC 28374 | | | R N | e. Election Sum to Date \$ 20 | |
| | | | c. Employer's Name/Specific Field | | |
| | | | FIRST HEALTH | | |
| 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 | | 09/16/2023 | \$ 20 |
| <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 | |
| DOMINIQUE WILBUR 10 OPAL LN. PINEHURST, NC 28374 | | | MILITARY | e. Election Sum to Date \$ 150 | |
| | | | c. Employer's Name/Specific Field | | |
| | | | U.S. ARMY | | |
| 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 | | 09/16/2023 | \$ 150 |
| <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 | |
| CHRISTINA McMASTER 3 NORFOLK CT. PINEHURST, NC 28374 | | | | e. Election Sum to Date \$ 50 | |
| | | | 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"/> | 1 | STRIPE | | 09/16/2023 | \$ 50 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 220 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ |

Contributions from Individuals

Pg 4 of 7 Yes No

Amendment

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 | | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | | |
| 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 | | |
| NICHOLAS GRDINA 3 SCOTT LN PINEHURST, NC 28374 | | | VP | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PAYZEN | | | |
| e. Election Sum to Date | | | | | | |
| \$ 75 | | | | | | |
| 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 | | 09/16/2023 | \$ 75 | |
| <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 | | |
| VICTORIA VINCENT 901 N. NELSON ST. APT. 407 ARLINGTON, VA 22203 | | | c. Employer's Name/Specific Field | | | |
| | | | 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 | | 09/17/2023 | \$ 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 | | |
| RHEA KENNEY 6 BELMONT CT. PINEHURST, NC 28374 | | | SALES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PINEHURST OLIVE OIL CO. | | | |
| | | | 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 | | 09/19/2023 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page \$ 275 | | | | | | |
| 5. Total of ALL CRO-1210 Pages \$ | | | | | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | |

Contributions from Individuals

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**

CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL

3. Contributor Information Add Removea. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Comments

RICHARD KEATING
45 MCLEOD RD.
PINEHURST, NC

RETIRED

c. Employer's Name/Specific Field

WACHOVIA

e. Election Sum to Date

\$ 150

| 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 | | 09/21/2023 | \$ 150 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Removea. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Comments

JOEY HARRIS
21 PLANTATION DR.
SOUTHERN PINES, NC

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 10

| 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 | | 09/16/2023 | \$ 10 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Removea. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Comments

CHELSEY HILLMAN
2770 HOFFMAN RD.
JACKSON SPRINGS, NC
27281

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 200

| 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 | | 07/31/2023 | \$ 200 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 360**5. Total of ALL CRO-1210 Pages** \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 6 of 7 Yes No

Amendment

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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | |
| 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 | | |
| LAURIE KOURNEGAY 105 WOODS RD. PINEHURST, NC 28374 | | | 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 | | 07/28/2023 | \$ 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 | |
| | | | c. Employer's Name/Specific Field | | |
| STUART MILLS 75 SHAW RD. SW PINEHURST, NC 28374 | | | e. Election Sum to Date | | |
| | | | \$ 250 | | |
| 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 | | 07/26/2023 | \$ 250 |
| <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 | |
| | | | c. Employer's Name/Specific Field | | |
| DAVID TRAN 315 BRIGHTLEAF DR. WHISPERING PINES, NC 28327 | | | 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 | | EVENT SPACE | 09/22/2023 | \$ 500 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 850 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ |

Contributions from Individuals

Pg 7 of 7 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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | |
| 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 | |
| AMANDA REEVES 179 Boiling Springs Circle Southern Pines NC 28387 | | | OWNER | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | MAISONETTE | e. Election Sum to Date | |
| | | | | \$ 200 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 1 | | MOBILE COFFEE BAR USE | 09/16/2023 | \$ 200 |
| <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 | |
| MARY SCHLAFF 304 E. SOUTH ST. ABERDEEN, NC | | | OWNER | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | VILLAGE WINE SHOP | e. Election Sum to Date | |
| | | | | \$ 350 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 1 | | SPACE RENTAL / 2 HRS | | \$ 350 |
| <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 | |
| FRANK THIGPEN 40 SHAW RD SW PINEHURST, NC 28374 | | | c. Employer's Name/Specific Field | | |
| | | | | | |
| | | | 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 | | 09/08/2023 | \$ 500 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page \$ | | | | | |
| 5. Total of ALL CRO-1210 Pages \$ | | | | | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | |

In-Kind Contributions

Pg 1 of 1 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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID TRAN 315 BRIGHTLEAF DR. WHISPERING PINES, NC 28327 | 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 \$ 500 |
| | | | |
| e. Description AGORA EVENT SPACE | f. Date (mm/dd/yyyy) 09/22/2023 | g. Fair Market Amount \$ 500 | |
| | | \$ | |
| | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) AMANDA REEVES | 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 \$ 200 |
| | | | |
| e. Description MAISONETTE BAR | f. Date (mm/dd/yyyy) 09/16/2023 | g. Fair Market Amount \$ 200 | |
| | | \$ | |
| | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY SCHLAFF 304 E. SOUTH ST. ABERDEEN, NC | 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 \$ 350 |
| | | | |
| e. Description EVENT SPACE | f. Date (mm/dd/yyyy) | g. Fair Market Amount \$ 350 | |
| | | \$ | |
| | | \$ | |
| 4. Total only this Page | | \$ 1050 | |
| 5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> | | \$ 1050 | |

Refunds/Reimbursements To the Committee

Pg 1 of 1 Yes No

Amendment

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| | | | | |
|--|---------------------------|--|-----------------------------|--------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| PAYPAL | | e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| REIMBURSEMENT FOR ORDER (\$66.39) + SHIPPING (\$12.83) | | h. Original Expenditure Date <input type="checkbox"/> i. Original Expenditure Amt \$ 79.22 79.22 | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose |
| | | | | j. Election Sum to Date \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount |
| 1 | PAYPAL | | 08/30/2023 | \$ 79.22 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| PAYPAL | | e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose |
| | | | | j. Election Sum to Date \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | 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: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose |
| | | | | j. Election Sum to Date \$ |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | \$ |
| 4. Total only this Page \$ | | | | |
| 5. Total of ALL CRO-1240 Pages \$ | | | | |
| <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i> | | | | |

Disbursements

Amendment

Pg 1 of 5

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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| VISTAPRINT HUDSONWEG 8 VENLO, NETHERLANDS | | | 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: | | |
| | | | | | \$ 765.92 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | PAYPAL | B | 08/18/2023 | \$ 79.22 | SWAG + LEAVE-BEHINDS |
| 1 | PAYPAL | B | 08/25/2023 | \$ 190.92 | STICKERS + CARDS SWAG + LEAVE-BEHINDS |
| 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 |
| | | | | | |
| VISTAPRINT HUDSONWEG 8 VENLO, NETHERLANDS | | | 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: | | |
| | | | | | \$ 765.92 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | PAYPAL | B | 09/16/2023 | \$ 180.07 | SWAG + LEAVE-BEHINDS |
| | | | | \$ | |
| 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 |
| | | | | | |
| VISTAPRINT HUDSONWEG 8 VENLO, NETHERLANDS | | | 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: | | |
| | | | | | \$ 765.92 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | PAYPAL | B | 09/08/2023 | \$ 203.54 | SWAG + LEAVE-BEHINDS |
| 1 | PAYPAL | B | 09/11/2023 | \$ 112.17 | BANNER SWAG + LEAVE-BEHINDS |
| 5. Total only this Page | | | | | \$ 765.92 |
| 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> | | | | | \$ |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

Amendment

Pg 2 of 5 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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | |
| 4. Payee Information | | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) STICKER MULE 411 LAFAYETTE ST. FL. 6 NYC, NY | | 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 \$ 171.20 | |
| f. Account Code 1 g. Form of Payment PAYPAL h. Purpose Code i. Date (mm/dd/yyyy) 09/05/2023 j. Amount \$ 31.03 k. Required Remarks PINS | | | |
| 1 PAYPAL | | 09/20/2023 \$ 140.17 STICKERS / LABELS | |
| 4. Payee Information | | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) APRIL COLLINS 5 MARKET SQUARE PINEHURST, NC 28374 | | 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 \$ 250 | |
| f. Account Code 1 g. Form of Payment PAYPAL h. Purpose Code 0 i. Date (mm/dd/yyyy) 09/20/2023 j. Amount \$ 250 k. Required Remarks QUARTET | | | |
| | | \$ | |
| 4. Payee Information | | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DIGITAL ROOM, LLC / UPRINTING 10930 SANTA MONICA BLVD. W LOS ANGELES, CA 90025 | | 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 \$ 186.85 | |
| f. Account Code 1 g. Form of Payment PAYPAL h. Purpose Code B i. Date (mm/dd/yyyy) 09/20/2023 j. Amount \$ 186.85 k. Required Remarks LABELS | | | |
| | | \$ | |
| 5. Total only this Page | | \$ 608.05 | |
| 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> | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | |
| A* - Media | | B* - Printing | |
| E - Salaries | | F* - Equipment | |
| I - Postage | | J - Penalties | |
| O* Other | | C* - Fundraising | |
| | | G - Political Party | |
| | | K* - Office Expenses | |
| | | D - To Another Candidate | |
| | | H* - Holding Public Office Expenses | |
| | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | |

Disbursements

Pg 3 of 5 Yes No

Amendment

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 | |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| SARAH REAGAN 72 SHADOW LN. WHISPERING PINES, NC | | | 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 |
| | | | \$ 300 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | PAYPAL | 0 | 09/23/2023 | \$ 300 | CHARCUTERIE |
| | | | | \$ | |
| 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 |
| | | | | | |
| BANNER BUZZ 415 HORIZON DR. #350 SUWANEE, GA 30024 | | | 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 |
| | | | \$ 144.34 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CARD | B | 08/14/2023 | \$ 144.34 | BANNER CAR MAGNETS |
| | | | | \$ | |
| 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 |
| | | | | | |
| CUSTOM INK 2910 DISTRICT AVE. FAIRFAX, VA | | | 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 |
| | | | \$ 534.73 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | CARD | A | 08/14/2023 | \$ 534.73 | TEES |
| | | | | \$ | |
| 5. Total only this Page \$ 979.07 | | | | | |
| 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) | | | | | |

Disbursements

Amendment
Pg 4 of 5 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 | | | | | | | | | | | | | | | | | | | |
|--|--------------------|-------------------------------|--|-----------------|---------------------|-----------------|----------------------|-----------|---------------------|---|------|---|------------|-----------|----------------|--|--|--|--|----|--|
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | | | | | | | | | | | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | | | | | | | | | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | | | | | | | | | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | d. Comments | | | | | | | | | | | | | | | | | | |
| AMAZON.COM 410 TERRY AVE. N SEATTLE, WA 98109 | | 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 | \$ 43.86 | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th>k. Required Remarks</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CARD</td> <td>A</td> <td>09/13/2023</td> <td>\$ 43.86</td> <td>PENCILS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table> | | | | f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | 1 | CARD | A | 09/13/2023 | \$ 43.86 | PENCILS | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | | | | | | | | | | | | | | | |
| 1 | CARD | A | 09/13/2023 | \$ 43.86 | PENCILS | | | | | | | | | | | | | | | | |
| | | | | \$ | | | | | | | | | | | | | | | | | |
| 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. B 220 AUSTIN, TX 78758 | | 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 | \$ 804.11 | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th>k. Required Remarks</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CARD</td> <td>B</td> <td>09/15/2023</td> <td>\$ 406.87</td> <td>SIGNS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table> | | | | f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | 1 | CARD | B | 09/15/2023 | \$ 406.87 | SIGNS | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | | | | | | | | | | | | | | | |
| 1 | CARD | B | 09/15/2023 | \$ 406.87 | 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 | | | | | | | | | | | | | | | | | | |
| DOLLAR TREE 116 WESTGATE DR. WEST END, NC | | 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 | \$ 72.76 | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th>k. Required Remarks</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CARD</td> <td>O</td> <td>09/21/2023</td> <td>\$ 72.76</td> <td>PARTY SUPPLIES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table> | | | | f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | 1 | CARD | O | 09/21/2023 | \$ 72.76 | PARTY SUPPLIES | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | | | | | | | | | | | | | | | |
| 1 | CARD | O | 09/21/2023 | \$ 72.76 | PARTY SUPPLIES | | | | | | | | | | | | | | | | |
| | | | | \$ | | | | | | | | | | | | | | | | | |
| 5. Total only this Page | | | | \$ 523.49 | | | | | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | | | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | | | | | | | | | | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | | | | | | | | | | | | | | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | | | | | | | | | | | | | | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | | | | | | | | | | | | | | | | | |
| O* Other | | | | | | | | | | | | | | | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | | | | | | | | | | | | | | | |

Disbursements

Pg 5 of 5

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 |
| CARA MATHIS, COMMITTEE TO ELECT TO VILLAGE COUNCIL | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| DOLLAR GENERAL 1800 NC-5 ABERDEEN, NC 28315 | | | | | | |
| | | | 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 | |
| | | | | | \$ 126.83 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | CARD | 0 | 09/22/2023 | \$ 126.83 | PARTY SUPPLIES | |
| | | | | \$ | | |
| 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 | |
| | | | | | | |
| | | | 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 | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 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 | |
| | | | | | | |
| | | | 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 | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ |
| 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> | | | | | | \$ |
| 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

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

5. 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* - Holding Public Office Expenses

I - Postage

K* - Office Expenses

Q* - Donations to Legal Expense Fund

0* - Other

* Codes require detailed explanation in required remarks field (g)