

# 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

RECEIVED

## 1. Committee Information

a. Full Name

DRUM FOR MAYOR

OCT 03 2023

c. ID Number

b. Mailing Address (include City, State and Zip Code)

41 S HAW RD SW  
PINEHURST, NC 28374

MOORE BOE

d. Date Filed

10/3/23

e. Phone Number

910.603.0477

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	7/1/23	9/29/23	KEVIN DRUM

## 6. Type of Committee (Check One)

Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

## 9. Type of Report (check only one type of report from one category)

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
Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	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	

## 10. Special Report Name

## 7. Type of Fund (if applicable, check one)

Booster Fund  
 Building Fund  
 Other:

## 8. Number of Fundraisers this Report

3

## 11. Account Information

### a. Financial Institution Full Name

FIRST CITIZENS BANK

### b. Purpose

CONTRIBUTIONS  
+  
EXPENSES

### c. Account Code

1A

### d. Period Begin Balance

\$ 2420.70

## 11. Account Information

### a. Financial Institution Full Name

### 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.

KEVIN DRUM

Printed Name of Signer

KEVIN DRUM

Signature of Appointed Treasurer

10/3/23

Date

## FOR OFFICE USE ONLY

Date Received: 10-3-23

Employee: ✓

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

Employee:

Signer has not received mandatory training

Date Scanned:

Employee:

Date Data Entered:

Employee:

**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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Start of Election Cycle: January 1, _____		Total this Reporting Period
4) Cash on Hand at Start		\$ _____
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ _____
6) Contributions from Individuals	(CRO-1210)	\$ <u>10,208.74</u> _____
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)		\$ <u>10,208.74</u> <u>12768.74</u> _____
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ <u>7732.92</u> _____
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ _____
13c) Coordinated Party Expenditures	(CRO-1310)	\$ _____
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ _____
15) Loan Repayments	(CRO-1420)	\$ _____
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ _____
17) In-Kind Contributions	(CRO-1510)	\$ <u>7456.65</u> _____
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>10,189.57</u> <u>2456.65</u> <u>10268.87</u> _____
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>19.17</u> <u>2439.87</u> _____
<b>ADDITIONAL INFORMATION</b>		
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 8

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)

DRUM FOR MAYOR

## 2. ID Number

## 3. Contributor Information

Add  Remove

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

LAWRENCE MARTIN  
 57 MCDONALD ROAD WEST  
 PINEHURST, NC 28374

b. Job Title/Profession

RETIRING

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 1041.98

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		DIGITAL		9/11/23	\$ 1041.98
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

Add  Remove

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

MARTIN CAMILIERI NORRIS  
 119 JUNIPER CREEK BLD  
 PINEHURST, NC 28374

b. Job Title/Profession

RETIRING

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>				8/17/23	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

Add  Remove

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

DARREN Rodgers  
 P.O. BOX 4942  
 PINEHURST, NC 28374

b. Job Title/Profession

CONSULTANT

d. Comments

c. Employer's Name/Specific Field

RNE CONSULTING

e. Election Sum to Date

\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		DIGITAL		8/12/23	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 1291.98

5. Total of ALL CRO-1210 Pages

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

\$

## Contributions from Individuals

Pg 2 of 8 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			
DRUM FOR MAYOR					
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	
ROBERT THURST P.O. BOX 3371 PINEHURST, NC 28374			c. Employer's Name/Specific Field		
			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"/>		CASHIERS CHECK		8/10/23	\$ 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	
CORNELIA THURST P.O. BOX 3371 PINEHURST, NC 28374			c. Employer's Name/Specific Field		
			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"/>		CASHIERS CHECK		8/10/23	\$ 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	
HUGHT HILTON 111 895 NC Hwy 22 WEET END, NC 27376			OWNER		
			c. Employer's Name/Specific Field		
			SELF		
			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"/>		CHECK		8/10/23	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 300.00					
5. Total of ALL CRO-1210 Pages \$					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

# Contributions from Individuals

Pg 3 of 8 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		
<i>DRUM FOR MAYOR</i>						
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		
<i>BOB HEINO 40 McCASLILL West PINEHURST, NC 28374</i>			<i>RETIRERED</i>			
			c. Employer's Name/Specific Field			
e. Election Sum to Date \$ <i>104.48</i>						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>DIGITAL</i>		<i>7/9/23</i>	\$ <i>104.48</i>	
<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		
<i>TOM PUZAK 60 SHADOWCREEK PINEHURST, NC 28374</i>			<i>RETIRERED</i>			
			c. Employer's Name/Specific Field			
e. Election Sum to Date \$ <i>300.00</i>						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>CHECK</i>		<i>8/17/23</i>	\$ <i>300.00</i>	
<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		
<i>LOUIS THOMAS 150 QUAL RUN PINEHURST, NC 28374</i>			<i>RETIRERED</i>			
			c. Employer's Name/Specific Field			
e. Election Sum to Date \$ <i>100.00</i>						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>CHECK</i>		<i>8/10/23</i>	\$ <i>100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ <i>504.48</i>
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 8 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
<i>DRUM FOR MAYOR</i>						
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		
<i>JACK BACOT 402 39<sup>th</sup> AVENUE SOUTH NORTH MYRTLE BEACH, SC 29582</i>			<i>CEO</i>			
			c. Employer's Name/Specific Field  <i>TB MEDIA</i>			
						e. Election Sum to Date  <i>\$ 104.48</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>DIGITAL</i>		<i>7/11/23</i>	<i>\$ 104.48</i>	
<input type="checkbox"/>					<i>\$</i>	
<input type="checkbox"/>					<i>\$</i>	
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		
<i>JAMES LEACHT P.O. BOX 1790 PINELAKE, NC 28374</i>			<i>OWNER</i>			
			c. Employer's Name/Specific Field  <i>JAMES LEACHT INSURANCE</i>			
						e. Election Sum to Date  <i>\$ 250.00</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>DIGITAL</i>		<i>7/10/23</i>	<i>\$ 250.00</i>	
<input type="checkbox"/>					<i>\$</i>	
<input type="checkbox"/>					<i>\$</i>	
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		
<i>GREG BRYANT 5 FOX HOUND RUN PINELAKE, NC 28374</i>			<i>ATTORNEY/OWNER</i>			
			c. Employer's Name/Specific Field  <i>BILT GROUP</i>			
						e. Election Sum to Date  <i>\$ 500.00</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		<i>DIGITAL</i>			<i>\$ 500.00</i>	
<input type="checkbox"/>					<i>\$</i>	
<input type="checkbox"/>					<i>\$</i>	
4. Total only this Page						<i>\$ 854.48</i>
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						<i>\$</i>



# Contributions from Individuals

Pg 5 of 8

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																																
<u>DRUM FOR MAYOR</u>																																			
<p>3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove</p> <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td><u>ROBERT WINDUS</u> <u>176 RIVER PARK DR.</u> <u>GREAT FALLS, VA 22066</u></td> <td><u>ATTORNEY</u></td> <td colspan="4"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="4"></td> </tr> <tr> <td colspan="2"><u>GOLF</u></td> <td colspan="4"></td> </tr> <tr> <td colspan="6"> e. Election Sum to Date  \$ <u>100.00</u> </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				<u>ROBERT WINDUS</u> <u>176 RIVER PARK DR.</u> <u>GREAT FALLS, VA 22066</u>	<u>ATTORNEY</u>					c. Employer's Name/Specific Field						<u>GOLF</u>						e. Election Sum to Date \$ <u>100.00</u>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																														
<input type="checkbox"/>		<u>CHECK</u>		<u>8/20/23</u>	\$ <u>100.00</u>																														
<input type="checkbox"/>					\$																														
<input type="checkbox"/>					\$																														
<p>3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove</p> <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td><u>WILLIAM BRADY</u> <u>DOBBS CHAPEL RD</u> <u>WEST END, NC</u> <u>27376</u></td> <td><u>RETIRED</u></td> <td colspan="4"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="4"></td> </tr> <tr> <td colspan="6"> e. Election Sum to Date  \$ <u>250.00</u> </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				<u>WILLIAM BRADY</u> <u>DOBBS CHAPEL RD</u> <u>WEST END, NC</u> <u>27376</u>	<u>RETIRED</u>					c. Employer's Name/Specific Field						e. Election Sum to Date \$ <u>250.00</u>											
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																														
<input type="checkbox"/>		<u>CHECK</u>		<u>8/20/23</u>	\$ <u>250.00</u>																														
<input type="checkbox"/>					\$																														
<input type="checkbox"/>					\$																														
<p>3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove</p> <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td><u>KEVIN DRUM</u> <u>41 SHAW RD SW</u> <u>PINEHURST, NC 28374</u></td> <td><u>ENTREPRENEUR</u></td> <td colspan="4"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="4"></td> </tr> <tr> <td colspan="6"> e. Election Sum to Date  \$ <u>5500.00</u> </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				<u>KEVIN DRUM</u> <u>41 SHAW RD SW</u> <u>PINEHURST, NC 28374</u>	<u>ENTREPRENEUR</u>					c. Employer's Name/Specific Field						e. Election Sum to Date \$ <u>5500.00</u>											
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																	
<u>KEVIN DRUM</u> <u>41 SHAW RD SW</u> <u>PINEHURST, NC 28374</u>	<u>ENTREPRENEUR</u>																																		
c. Employer's Name/Specific Field																																			
e. Election Sum to Date \$ <u>5500.00</u>																																			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																														
<input type="checkbox"/>		<u>DIGITAL</u>		<u>9/15/23</u>	\$ <u>1000.00</u>																														
<input type="checkbox"/>		<u>DIGITAL</u>		<u>9/15/23</u>	\$ <u>1000.00</u>																														
<input type="checkbox"/>		<u>DIGITAL</u>		<u>8/20/23</u>	\$ <u>1000.00</u>																														
<p>4. Total only this Page</p>						\$ <u>3350</u>																													
<p>5. Total of ALL CRO-1210 Pages</p> <p>(This line must be on line 6 of Detailed Summary Page CRO-1100)</p>						\$																													

# Contributions from Individuals

Pg 6 of 8 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																
DPRUM FOR MAYOR																				
<b>3. Contributor Information</b> <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: 33%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 33%;">b. Job Title/Profession</td> <td style="width: 33%;">d. Comments</td> </tr> <tr> <td>HARRY COCHARIAN 8926 JEFFERY RD GREAT FALLS, NC 22066</td> <td>CONTRACTOR</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>SELF</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 104.48</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	HARRY COCHARIAN 8926 JEFFERY RD GREAT FALLS, NC 22066	CONTRACTOR			c. Employer's Name/Specific Field			SELF			e. Election Sum to Date	\$ 104.48
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
HARRY COCHARIAN 8926 JEFFERY RD GREAT FALLS, NC 22066	CONTRACTOR																			
	c. Employer's Name/Specific Field																			
	SELF																			
	e. Election Sum to Date	\$ 104.48																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>		DIGITAL		7/24/23	\$ 104.48															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
<b>3. Contributor Information</b> <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: 33%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 33%;">b. Job Title/Profession</td> <td style="width: 33%;">d. Comments</td> </tr> <tr> <td>PETER CRAVEN 404 S PITT ST ALEXANDRIA, VA 22314</td> <td></td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 52.40</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	PETER CRAVEN 404 S PITT ST ALEXANDRIA, VA 22314				c. Employer's Name/Specific Field			e. Election Sum to Date	\$ 52.40			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
PETER CRAVEN 404 S PITT ST ALEXANDRIA, VA 22314																				
	c. Employer's Name/Specific Field																			
	e. Election Sum to Date	\$ 52.40																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>				7/23/23	\$ 52.40															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
<b>3. Contributor Information</b> <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: 33%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 33%;">b. Job Title/Profession</td> <td style="width: 33%;">d. Comments</td> </tr> <tr> <td>CHRIS RAY 1940 SHADY LANE COLUMBIA, SC 29206</td> <td>CEO</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 104.48</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	CHRIS RAY 1940 SHADY LANE COLUMBIA, SC 29206	CEO			c. Employer's Name/Specific Field			e. Election Sum to Date	\$ 104.48			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
CHRIS RAY 1940 SHADY LANE COLUMBIA, SC 29206	CEO																			
	c. Employer's Name/Specific Field																			
	e. Election Sum to Date	\$ 104.48																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>		DIGITAL		7/14/23	\$ 104.48															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
<b>4. Total only this Page</b> \$ 261.36																				
<b>5. Total of ALL CRO-1210 Pages</b> \$ <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>																				

# Contributions from Individuals

Pg 1 of 8 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	
<b>DRUM FOR MAYOR</b>					
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	
JAY CARUEN 404 S. PITT ST. ALEXANDRIA, VA 22314			CFO		
			c. Employer's Name/Specific Field		
			BAKERY DE FRANCE	e. Election Sum to Date	
				\$ 26.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		DIGITAL		8/12/23	\$ 26.35
<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	
STEPHEN WOODWARD 180 LINEN ROAD PINEHURST, NC 28374			RETIRIED		
			c. Employer's Name/Specific Field		
				e. Election Sum to Date	
				\$ 313.44	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		DIGITAL		7/8/23	\$ 104.48
<input type="checkbox"/>		DIGITAL		8/8/23	\$ 104.48
<input type="checkbox"/>		DIGITAL		9/8/23	\$ 104.48
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	
STEWART MILLS P.O. BOX 1479 PINEHURST, NC 28374			NON-PROFIT DIRECTOR		
			c. Employer's Name/Specific Field		
			PARTNERS FOR CHILDREN & FAMILIES	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"/>		DIGITAL		7/24/23	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 589.79
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

# Contributions from Individuals

Pg 8 of 8

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)

DRUM FOR MAYOR

## 2. ID Number

### 3. Contributor Information

Add  Remove

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

JENNIFER WINDUS  
 176 RIVER PARK DR  
 GREAT FALLS, VA 22066

b. Job Title/Profession

RETINER

d. Comments

c. Employer's Name/Specific Field

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"/>		CHECK		8/20/23	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

### 3. Contributor Information

Add  Remove

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

ROLAND "PULLY" MALLAR  
 P. O. BOX 3953  
 PINEHURST, NC 28374

b. Job Title/Profession

OWNER

d. Comments

c. Employer's Name/Specific Field

ROLAND MALLAR  
 STABLES

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"/>		CHECK		8/20/23	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

### 3. Contributor Information

Add  Remove

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

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 600.00

5. Total of ALL CRO-1210 Pages \$ 1152.09  
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

# Disbursements

Pg 1 of 4

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	
<i>DRUM FOR MAYOR</i>			
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
<i>FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025</i>		<i>DRUM FOR MAYOR</i>	
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1921.97	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
	<i>DEBIT</i>		<i>8/31/23 \$ 1085.77 ADVERTISING</i>
	<i>DEBIT</i>		<i>9/26/23 \$ 836.20 ADVERTISING</i>
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
<i>QUICKBOOKS 2700 COAST AVE MOUNTAIN VIEW, CA</i>		<i>DRUM FOR MAYOR</i>	
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 27.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
	<i>DEBIT</i>		<i>8/20/23 \$ 18.00 ACCOUNTS PAYABLE</i>
	<i>DEBIT</i>		<i>9/20/23 \$ 9.00</i>
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
<i>DIXON + ASSOCIATES 140 HAROLD BRANCH RD WEST END, NC 27376</i>		<i>DRUM FOR MAYOR</i>	<i>ANOTHER ENTRY ON NEXT PAGE</i>
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2900.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
	<i>CHECK</i>		<i>7/31/23 \$ 1000.00 SOCIAL MEDIA</i>
	<i>CHECK</i>		<i>8/28/23 \$ 900.00 SOCIAL MEDIA</i>
5. Total only this Page \$ 4848.97			
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 <i>(List detailed expenditure code in (h.) above)</i>			
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 7 of 4 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									
DRUM FOR MAYOR											
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									
DIXON + ASSOCIATES 140 HARDY BRANCH RD WEST END, NC 27376		DRUM FOR MAYOR									
c. Level Registered (Specify)		d. Comments									
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		TOTALS ON PREVIOUS PAGE									
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
		CHECK				9/11/23		\$ 1000.00		SOCIAL MEDIA	
								\$			
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							
BOARD OF ELECTION 700 PINEHURST AVE CARTHAGE, NC 28327		DRUM FOR MAYOR									
c. Level Registered (Specify)		e. Election Sum to Date									
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 18.76									
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
		CHECK				7/13/23		\$ 5.00		REGISTER	
		CHECK				7/27/23		\$ 43.76		DATA RECORDS	
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							
STAPLES 290 TURNER ST ABERDEEN, NC 28715											
c. Level Registered (Specify)		e. Election Sum to Date									
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 375.37									
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
		DEBIT				8/18/23		\$ 195.39		INVITATIONS	
		DEBIT				9/13/23		\$ 179.98		INVITATIONS	
5. Total only this Page								\$ 1424.13			
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

Pg

3 of 4

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			
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>LIBERTY PRINTING 421 E SWANNANOA AVE - LIBERTY, NC 27298</i>		<b>b. Coordinated Committee Name</b> <i>DRUM FOR MAYOR</i>	<b>d. Comments</b>		
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <i>\$ 2907.55</i>			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>		
	<i>DEBIT</i>		<i>8/21/23</i>		
	<i>DEBIT</i>		<i>9/7/23</i>		
				<b>j. Amount</b>	<b>k. Required Remarks</b>
				<i>\$ 1246.55</i>	<i>SIGNS</i>
				<i>\$ 1661.00</i>	<i>SIGNS</i>
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				<b>b. Coordinated Committee Name</b> <i>DRUM FOR MAYOR</i>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>VISITA PRINT 275 WYMAN ST WALTHAM, MA 02451</i>		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <i>\$ 207.68</i>	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
			<i>9/11/23</i>	<i>\$ 161.57</i>	<i>CARDS</i>
			<i>9/18/23</i>	<i>\$ 46.11</i>	<i>CARDS</i>
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				<b>b. Coordinated Committee Name</b> <i>DRUM FOR MAYOR</i>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>WEBB RADIO 1650 MIDLAND RD SOUTHERN PINES, NC 28388</i>		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <i>\$ 784.00</i>	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
			<i>9/18/23</i>	<i>\$ 784.00</i>	<i>ADVERTISING</i>
<b>5. Total only this Page</b>				<i>\$ 1282.23</i>	
<b>6. Total of ALL CRO-1310 Pages</b> <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>				<i>\$</i>	
<b>7. Purpose Codes</b> (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					
<i>* Codes require detailed explanation in required remarks field (k)</i>					

# Disbursements

Pg 4 of 4 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	
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)  FIRST CITIZENS 40 PAGE CIRCLE PINEHURST, NC 28374		b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
		d. Comments  e. Election Sum to Date  \$ 128.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
	DRAFT		9/11/23
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  AN ELDOT INC 1201 W. PEACHTREE ST. NW SUITE 2625 ATLANTA, GA 30303		b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
		d. Comments  e. Election Sum to Date  \$ 128.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
			9/11/23
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 checked="" type="checkbox"/> Municipality:	
		d. Comments  e. Election Sum to Date  \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
5. Total only this Page		\$ 177.59	
6. Total of ALL CRO-1310 Pages		\$ 7732.92	
(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 <i>(List detailed expenditure code in (h.) above)</i>			
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)			

## In-Kind Contributions

Pg 1 of 1  Yes  No

Amendment

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	
<u>DOWN FOR MAYOR</u>			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b> <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	
<u>STEPHEN WOODWARD</u> <u>180 LINDEN RD</u> <u>PINEHURST, NC 28374</u>		<b>c. Comments</b>      <b>d. Election Sum to Date</b> <u>\$ 1577.26</u>	
<b>e. Description</b> <u>MEET AND GREET</u>		<b>f. Date (mm/dd/yyyy)</b> <u>8/10/23</u>	<b>g. Fair Market Amount</b> <u>\$ 1263.82</u>
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b> <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	
<u>DREG &amp; MARION BRYANT</u> <u>S FOX HOUND RUN</u> <u>PINEHURST, NC 28374</u>		<b>c. Comments</b>      <b>d. Election Sum to Date</b> <u>\$ 1125.83</u>	
<b>e. Description</b> <u>MEET &amp; GREET</u>		<b>f. Date (mm/dd/yyyy)</b> <u>8/17/23</u>	<b>g. Fair Market Amount</b> <u>\$ 625.83</u>
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b> <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	
<u>TOM PUZAK</u> <u>60 SHADOWCREEK</u> <u>PINEHURST, NC 28374</u>		<b>c. Comments</b>      <b>d. Election Sum to Date</b> <u>\$ 867.00</u>	
<b>e. Description</b> <u>MEET + GREET</u>		<b>f. Date (mm/dd/yyyy)</b> <u>8/21/23</u>	<b>g. Fair Market Amount</b> <u>\$ 567.00</u>
			\$
			\$
<b>4. Total only this Page</b> <u>\$ 2456.65</u>			
<b>5. Total of ALL CRO-1510 Pages</b> <u>\$</u> <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>			