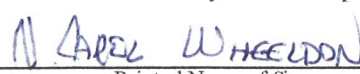
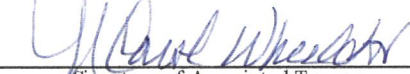


Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

| | | | |
|---|--|--|--------------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| MORGAN FOR MAYOR | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 28 KILBRIDE DRIVE PINEHURST, NC 28374 | | 09/28/2023 | |
| | | e. Phone Number | |
| | | (910) 295-6628 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2023 | 07/01/2023 | 09/26/2023 | N CAROL WHEELDON |
| 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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | 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 | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | 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 | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 6 | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| FIRST BANK | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CAMPAIGN RECEIPTS & EXPENSES | 1A | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 22,535.45 | | \$ |
| 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 | | | |
|  | |  | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | 09/28/2023 | |
| | | Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | _____ | Employee: | _____ |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | _____ | Employee: | _____ |
| Date Data Entered: | _____ | Employee: | _____ |
| | | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" 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 | |
| MORGAN FOR MAYOR | | 2023 Thirty-five-day | | | |
| Start of Election Cycle: January 1, 2023 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 22,535.45 | | \$ 0.00 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 175.00 | | \$ 325.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 8,458.23 | | \$ 33,431.61 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0.00 | | \$ 0.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0.00 | | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | | \$ 0.00 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0.00 | | \$ 0.00 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0.00 | | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 8,633.23 | | \$ 33,756.61 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 13,394.30 | | \$ 14,659.15 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 112.30 | | \$ 187.00 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 1,255.56 | | \$ 1,730.56 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 258.23 | | \$ 1,031.61 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 15,020.39 | | \$ 17,608.32 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 16,148.29 | | \$ 16,148.29 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0.00 | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 0.00 | | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0.00 | | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0.00 | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0.00 | | | |
| 25) Administrative Support (CRO-1710) | | \$ 0.00 | | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | | \$ 0.00 | | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0.00 | | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 1,255.56 | | \$ 1,730.56 | |

Aggregated Contributions from IndividualsPage 1 of 1**Amendment**☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add | 1A | Check | | 07/12/2023 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1A | Check | | 08/05/2023 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1A | Electric Funds Tran | | 07/14/2023 | \$ 25.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1A | Check | | 09/25/2023 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ 175.00 | |
| 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) | | | | | \$ 175.00 | |

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| JOHN BOESCH 35 MCMICHAEL DR PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/08/2023 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,001.70 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | In-Kind | MEET & GREET FOOD | 09/07/2023 | \$ 253.23 | |
| <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 | |
| GREGORY BRYANT 5 FOX HOUND RD PINEHURST, NC 28374 | | | MANAGING PARTNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BILT GROUP | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 09/08/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 603.23 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 2 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| LAWRENCE BURNAT 24 GLENBARR CT PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | 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"/> | 1A | Electric Funds Tran | | 07/27/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SHANNON CAVE 623 CRABBERY LN RALEIGH, NC 27609 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 07/27/2023 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN CONDON 66 GLASGOW DR PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | 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"/> | 1A | Check | | 09/11/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,200.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 3 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| NANCY FIORILLO 185 EVERETTE RD PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | 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"/> | 1A | Check | | 08/18/2023 | \$ 200.00 | |
| <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 | |
| KENNETH GIERUT 32 KILBRIDE DR PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | 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"/> | 1A | Electric Funds Tran | | 08/10/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| HAROLD HERRING 30 KILBRIDE CT PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/04/2023 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 600.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 4 of 10

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| DONALD HISCOTT 27 DEVON DR PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 09/25/2023 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHRIS JOHNSON 30 DUNVEGAN CT PINEHURST, NC 28374 | | | PHTSICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PSC | | e. Election Sum to Date | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Electric Funds Tran | | 07/14/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ERIC KUESTER 245 BEL AIR DR PINEHURST, NC 28374 | | | MARKETING | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PINEHURST RESORT | | e. Election Sum to Date | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Electric Funds Tran | | 08/31/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 5 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| FAISON KUESTER 4140 SHARON COMMONS LN CHARLOTTE, NC 28210 | | | DEVELOPER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | TGE KUESTER COMPANIES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Electric Funds Tran | | 08/23/2023 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| MARCUS LAROSE 85 PONTE VEDRA DR PINEHURST, NC 28374 | | | BROKER OWER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SANDHILLS RENTALS INC | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Electric Funds Tran | | 09/14/2023 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JASON LEE 155 QUAIL HOLLOW DR PINEHURST, NC 28374 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | LEE ELECTRICAL CONSTRUCTION | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/25/2023 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,750.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 6 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|---------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 |
| ALEXANDER LEMONS 770 LAKE DORNOCH DR PINEHURST, NC 28374 | | | | ORTHOPEDIC SPINE SURGEON | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | PINEHURST SURGICAL CLINIC | | |
| | | | | | | \$ 500.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Electric Funds Tran | | 08/30/2023 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| PHIL LEWIS 315 TWIN PONDS LN VASS, NC 28394 | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | 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"/> | 1A | Electric Funds Tran | | 08/18/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| JEAN LOFLIN 54 GREYABBEY PINEHURST, NC 28374 | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | 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"/> | 1A | Electric Funds Tran | | 08/23/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 7 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| PATRICK MOLAMPHY 120 SAINT MELLIONS PINEHURST, NC 28374 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NATIONWIDE INS | | e. Election Sum to Date | |
| | | | | \$ 1,000.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 09/25/2023 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JIMMIE MOON 27 NORTHAM CT PINEHURST, NC 28374 | | | RETIRED | | | |
| | | | 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"/> | 1A | Check | | 08/08/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANDREW MORGAN 1252 OAK ST WINNETKA, IL 60093 | | | MGMT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PICKARD CHINA | | e. Election Sum to Date | |
| | | | | \$ 250.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 09/12/2023 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,350.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 8 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374 | | | PHYSICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | VETERANS ADMIN | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 4,029.91 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | In-Kind | FILING FEE | 07/11/2023 | \$ 5.00 | |
| <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 | |
| JIM MORGAN 938 STONE SPRING DR EUREKA, MO 63025 | | | SR MGR BUSINESS CONTINUITY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CENTENE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Electric Funds Tran | | 07/17/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| LAURA NANCE 22 TRINITY DR LUMBERTON, NC 28358 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | 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"/> | 1A | Check | | 07/14/2023 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 305.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 9 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|---------------------|--------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 |
| BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374 | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/02/2023 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| CLIFTON SMITH 130 PONTE VEDRA DR PINEHURST, NC 28374 | | | | DENTIST | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | LIGHTWAVE | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 250.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/25/2023 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| CAROLE SOUTON 3 WHITE BIRCH LN PINEHURST, NC 28374 | | | | NOT CURRENTLY EMPLOYED | | |
| | | | | 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"/> | 1A | Check | | 08/08/2023 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 850.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Contributions from Individuals

Pg 10 of 10

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 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 | |
| RICK STEERE 73 STONYKIRK DR PINEHURST, NC 28374 | | | NOT CURRENTLY EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NOT CURRENTLY EMPLOYED | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 09/05/2023 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| KATHLEEN VELDHUIZEN 34 KILBRIDE DR PINEHURST, NC 28374 | | | THERAPIST/OFFICE MGR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/04/2023 | \$ 125.00 | |
| <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 | |
| ROGER VELDHUIZEN 34 KILBRIDE DR PINEHURST, NC 28374 | | | ENGINEER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1A | Check | | 08/04/2023 | \$ 125.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 8,458.23 | |

Disbursements

Pg 1 of 2

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 | |
| MORGAN FOR MAYOR | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| SPECTRUM REACH 7815 CRESCENT EXECUTIVE DR CHARLOTTE, NC 28217 | | | | 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: | | | |
| | | | | | | \$ 7,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1A | Draft | A | 09/15/2023 | \$ 7,000.00 | TV ADS | | |
| | | | | \$ | | | |
| 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 | |
| EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | | | | 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: | | | |
| | | | | | | \$ 1,679.35 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1A | Check | K | 08/08/2023 | \$ 500.00 | CAMPAIGN MGR | | |
| | | | | \$ | | | |
| 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 | |
| THE PILOT NEWSPAPER PO BOX 58 SOUTHERN PINES, NC 28387 | | | | 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: | | | |
| | | | | | | \$ 5,130.50 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1A | Check | A | 09/08/2023 | \$ 5,130.50 | NEWSPAPER ADS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 12,630.50 | |
| 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> | | | | | | \$ 13,394.30 | |
| 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 2 of 2

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 | |
| MORGAN FOR MAYOR | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 363.80 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1A | Check | B | 08/31/2023 | \$ 363.80 | RACK CARD HANDOUTS | | |
| | | | | \$ | | | |
| 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 | |
| WEEB PO BOX 1855 1650 MIDLAND RD SOUTHERN PINES, NC 28388 | | | | | | | |
| | | | | 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 | |
| | | | | | | \$ 400.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1A | Check | A | 08/31/2023 | \$ 400.00 | RADIO ADS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 763.80 | |
| 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) | | | | | | \$ 13,394.30 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

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

| | | | | | | |
|---|------------------------|---------------------------|------------------------|---|---------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 07/14/2023 | \$ 5.60 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 07/17/2023 | \$ 4.30 | COLLECTIOJ FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 07/27/2023 | \$ 4.30 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 08/10/2023 | \$ 4.30 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 08/18/2023 | \$ 4.30 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 08/23/2023 | \$ 24.60 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 08/30/2023 | \$ 20.30 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 08/31/2023 | \$ 4.30 | COLLECTION FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1A | Electric Funds Tran | O | 09/14/2023 | \$ 40.30 | COLLECTION FEE |
| 4. Total only this Page | | | | | \$ 112.30 | |
| 5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) | | | | | \$ 112.30 | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| B* - Printing | | C* - Fundraising | | D - To Another Candidate | | |
| E - Salaries | | F* - Equipment | | H* - Holding Public Office Expenses | | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | |
| O* - Other | | | | Q* - Donations to Legal Expense Fund | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 2

Amendment

☐ Yes ☒ No

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

| | | | | | |
|---|---------------------------|--|---|--------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | | <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: | | h. Original Receipt Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 08/03/2023 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 370.11 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| NOT CURRENTLY EMPLOYED | | | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 1,001.70 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1A | Check | MEET & GREET FOOD | | 08/03/2023 | \$ 370.11 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | | <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: | | h. Original Receipt Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 09/07/2023 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 290.76 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| NOT CURRENTLY EMPLOYED | | | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 1,001.70 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1A | Check | MEET & GREET FOOD | | 09/07/2023 | \$ 290.76 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | | <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: | | h. Original Receipt Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 09/22/2023 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 160.84 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| NOT CURRENTLY EMPLOYED | | | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 1,001.70 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1A | Check | MEET & GREET FOOD | | 09/22/2023 | \$ 160.84 |
| 4. Total only this Page | | | | | \$ 821.71 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 1,255.56 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit | | | | | |
| P* - Reimbursement of In-Kin O* - Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

Refunds/Reimbursements From the Committee Pg 2 of 2

Amendment
☐ Yes ☒ No

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

| | | | | | |
|---|---------------------------|--|--|--------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| MORGAN FOR MAYOR | | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 08/24/2023 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 69.95 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| IT | | SELF | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 0.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1A | Check | PIXELIED PRO | | 08/24/2023 | \$ 69.95 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 08/30/2023 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 363.90 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| IT | | SELF | | P | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 0.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 1A | Check | FACEBOOK PUSH | | 08/30/2023 | \$ 363.90 |
| 4. Total only this Page | | | | | \$ 433.85 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 1,255.56 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

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

| | | | |
|---|--|--|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| MORGAN FOR MAYOR | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | <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 | |
| | | d. Election Sum to Date | |
| | | \$ 1,001.70 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| MEET & GREET FOOD | | 09/07/2023 | \$ 253.23 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| JEFFREY MORGAN 28 KILBRIDE DR PINEHURST, NC 28374 | | <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 | |
| | | d. Election Sum to Date | |
| | | \$ 4,029.91 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FILING FEE | | 07/11/2023 | \$ 5.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 258.23 | |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 258.23 | |

Contributions to be Reimbursed

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

| | | | |
|---|-----------------------------|---|------------------|
| 1. Committee Full Name | | 2. ID Number | |
| MORGAN FOR MAYOR | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| MEET & GREET FOOD | 08/03/2023 | N | \$ 370.11 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| MEET & GREET FOOD | 09/07/2023 | N | \$ 290.76 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | | ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| MEET & GREET FOOD | 09/22/2023 | N | \$ 160.84 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | | EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| PIXELIED PRO | 08/24/2023 | N | \$ 69.95 |
| 4. Total only this Page | | \$ 891.66 | |
| 5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page CRO-1100) | | \$ 1,255.56 | |

Contributions to be Reimbursed

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

| | | | |
|--|-----------------------------|---|------------------|
| 1. Committee Full Name | | 2. ID Number | |
| MORGAN FOR MAYOR | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | | EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374 | |
| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
| FACEBOOK PUSH | 08/30/2023 | N | \$ 363.90 |
| 4. Total only this Page | | | \$ 363.90 |
| 5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | | \$ 1,255.56 |

CRO-1215

NC State Board of Elections

December 2007