

# 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	State/County	Referendum
	<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	<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"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			

## 8. Number of Fundraisers this Report

6

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST BANK	
b. Purpose	c. Account Code
CAMPAIGN RECEIPTS & EXPENSES	1A
	d. Period Begin Balance
	\$ 22,535.45
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

N Carol Wheeldon

Printed Name of Signer

N Carol Wheeldon

Signature of Appointed Treasurer

09/28/2023

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

**RECEIVED**

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

**SEP 29 2023**

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

**MOORE**

- 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	
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>
<b>4) Cash on Hand at Start</b>		\$ 22,535.45 \$ 0.00
<b>RECEIPTS</b>		
<b>5) Aggregated Contributions from Individuals</b>	(CRO-1205)	\$ 175.00 \$ 325.00
<b>6) Contributions from Individuals</b>	(CRO-1210)	\$ 8,458.23 \$ 33,431.61
<b>7) Contributions from Political Party Committees</b>	(CRO-1220)	\$ 0.00 \$ 0.00
<b>8) Contributions from Other Political Committees</b>	(CRO-1230)	\$ 0.00 \$ 0.00
<b>9) Loan Proceeds</b>	(CRO-1410)	\$ 0.00 \$ 0.00
<b>10) Refunds/Reimbursements to the Committee</b>	(CRO-1240)	\$ 0.00 \$ 0.00
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b>	(CRO-1250)	\$ 0.00 \$ 0.00
<b>11b) Contributions from Not-For-Profit Organizations</b>	(CRO-1250)	\$ 0.00 \$ 0.00
<b>11c) Outside Sources of Income</b>	(CRO-1250)	\$ 0.00 \$ 0.00
<b>11d) Legal Expense Fund - Other Sources</b>	(CRO-1270)	\$ 0.00 \$ 0.00
<b>11e) Exempt Purchase Price Sales</b>	(CRO-1265)	\$ 0.00 \$ 0.00
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 8,633.23 \$ 33,756.61
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b>	(CRO-1310)	\$ 13,394.30 \$ 14,659.15
<b>13b) Contributions to Candidates/Political Committees</b>	(CRO-1310)	\$ 0.00 \$ 0.00
<b>13c) Coordinated Party Expenditures</b>	(CRO-1310)	\$ 0.00 \$ 0.00
<b>14) Aggregated Non-Media Expenditures</b>	(CRO-1315)	\$ 112.30 \$ 187.00
<b>15) Loan Repayments</b>	(CRO-1420)	\$ 0.00 \$ 0.00
<b>16) Refunds/Reimbursements from the Committee</b>	(CRO-1320)	\$ 1,255.56 \$ 1,730.56
<b>17) In-Kind Contributions</b>	(CRO-1510)	\$ 258.23 \$ 1,031.61
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 15,020.39 \$ 17,608.32
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 16,148.29 \$ 16,148.29
<b>ADDITIONAL INFORMATION</b>		
<b>20) Non-Monetary Gifts Given to Other Committees</b>	(CRO-1330)	\$ 0.00
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	(CRO-1430)	\$ 0.00
<b>22) Debts and Obligations owed by the Committee</b>	(CRO-1610)	\$ 0.00
<b>23) Debts and Obligations owed to the Committee</b>	(CRO-1620)	\$ 0.00
<b>24) Account Transfers Within the Committee</b>	(CRO-1720)	\$ 0.00
<b>25) Administrative Support</b>	(CRO-1710)	\$ 0.00 \$ 0.00
<b>26) Forgiven Loans</b>	(CRO-1440)	\$ 0.00 \$ 0.00
<b>27) 48-Hour Notice Reports Sum</b>	(CRO-2220)	\$ 0.00 \$ 0.00
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 1,255.56 \$ 1,730.56

**Aggregated Contributions from Individuals**Page 1 of 1
 Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
MORGAN FOR MAYOR					
<b>3. Contributor Information</b>					
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Check		07/12/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Check		08/05/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Electric Funds Tran		07/14/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1A	Check		09/25/2023	\$ 50.00
<b>4. Total only this Page</b>				\$ 175.00	
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 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					
<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. Job Title/Profession</b> NOT CURRENTLY EMPLOYED	<b>d. Comments</b>	
JOHN BOESCH 35 MCMICHAEL DR PINEHURST, NC 28374					
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b> \$ 250.00	
<b>f. Prior</b> <b>g. Account Code</b> <b>h. Form of Payment</b> <b>i. In-Kind Description</b> <b>j. Date (mm/dd/yyyy)</b> <b>k. Amount</b>					
<input type="checkbox"/>	1A	Check		08/08/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<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. Job Title/Profession</b> NOT CURRENTLY EMPLOYED	<b>d. Comments</b>	
ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374					
			<b>c. Employer's Name/Specific Field</b>		
				<b>e. Election Sum to Date</b> \$ 1,001.70	
<b>f. Prior</b> <b>g. Account Code</b> <b>h. Form of Payment</b> <b>i. In-Kind Description</b> <b>j. Date (mm/dd/yyyy)</b> <b>k. Amount</b>					
<input type="checkbox"/>	1A	In-Kind	MEET & GREET FOOD	09/07/2023	\$ 253.23
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<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. Job Title/Profession</b> MANAGING PARTNER	<b>d. Comments</b>	
GREGORY BRYANT 5 FOX HOUND RD PINEHURST, NC 28374					
			<b>c. Employer's Name/Specific Field</b> BILT GROUP		
				<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b> <b>g. Account Code</b> <b>h. Form of Payment</b> <b>i. In-Kind Description</b> <b>j. Date (mm/dd/yyyy)</b> <b>k. Amount</b>					
<input type="checkbox"/>	1A	Check		09/08/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b> \$ 603.23					
<b>5. Total of ALL CRO-1210 Pages</b> \$ 8,458.23 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

# Contributions from Individuals

Pg 2 of 10

Yes  No

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

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

# Contributions from Individuals

Pg 3 of 10

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					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			NOT CURRENTLY EMPLOYED		
NANCY FIORILLO 185 EVERETTE RD PINEHURST, NC 28374			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"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			NOT CURRENTLY EMPLOYED		
KENNETH GIERUT 32 KILBRIDE DR 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"/>	1A	Electric Funds Tran		08/10/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			NOT CURRENTLY EMPLOYED		
HAROLD HERRING 30 KILBRIDE CT PINEHURST, NC 28374			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"/>					\$
<b>4. Total only this Page</b>					\$ 600.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,458.23

# Contributions from Individuals

Pg 4 of 10

Yes  No

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

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

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

# Contributions from Individuals

Pg 6 of 10

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

# Contributions from Individuals

Pg 7 of 10  Yes  No

Amendment

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

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

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

# Contributions from Individuals

Pg 9 of 10

Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> MORGAN FOR MAYOR				<b>2. ID Number</b>										
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374</td> <td><b>b. Job Title/Profession</b>  NOT CURRENTLY EMPLOYED</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b>  \$ 500.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374	<b>b. Job Title/Profession</b>  NOT CURRENTLY EMPLOYED	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>				<b>e. Election Sum to Date</b>  \$ 500.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374	<b>b. Job Title/Profession</b>  NOT CURRENTLY EMPLOYED	<b>d. Comments</b>												
	<b>c. Employer's Name/Specific Field</b>													
		<b>e. Election Sum to Date</b>  \$ 500.00												
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>									
<input type="checkbox"/>	1A	Check		08/02/2023	\$ 500.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove														
<table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CLIFTON SMITH 130 PONTE VEDRA DR PINEHURST, NC 28374</td> <td><b>b. Job Title/Profession</b>  DENTIST</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b>  LIGHTWAVE</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b>  \$ 250.00</td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CLIFTON SMITH 130 PONTE VEDRA DR PINEHURST, NC 28374	<b>b. Job Title/Profession</b>  DENTIST	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>  LIGHTWAVE				<b>e. Election Sum to Date</b>  \$ 250.00		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CLIFTON SMITH 130 PONTE VEDRA DR PINEHURST, NC 28374	<b>b. Job Title/Profession</b>  DENTIST	<b>d. Comments</b>												
	<b>c. Employer's Name/Specific Field</b>  LIGHTWAVE													
		<b>e. Election Sum to Date</b>  \$ 250.00												
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>									
<input type="checkbox"/>	1A	Check		08/25/2023	\$ 250.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove														
<table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CAROLE SOUTHON 3 WHITE BIRCH LN PINEHURST, NC 28374</td> <td><b>b. Job Title/Profession</b>  NOT CURRENTLY EMPLOYED</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b>  \$ 100.00</td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CAROLE SOUTHON 3 WHITE BIRCH LN PINEHURST, NC 28374	<b>b. Job Title/Profession</b>  NOT CURRENTLY EMPLOYED	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>				<b>e. Election Sum to Date</b>  \$ 100.00		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CAROLE SOUTHON 3 WHITE BIRCH LN PINEHURST, NC 28374	<b>b. Job Title/Profession</b>  NOT CURRENTLY EMPLOYED	<b>d. Comments</b>												
	<b>c. Employer's Name/Specific Field</b>													
		<b>e. Election Sum to Date</b>  \$ 100.00												
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>									
<input type="checkbox"/>	1A	Check		08/08/2023	\$ 100.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>4. Total only this Page</b>					\$ 850.00									
<b>5. Total of ALL CRO-1210 Pages</b> (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					
<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. Job Title/Profession</b> NOT CURRENTLY EMPLOYED	<b>d. Comments</b>	
RICK STEERE 73 STONYKIRK DR PINEHURST, NC 28374			<b>c. Employer's Name/Specific Field</b> NOT CURRENTLY EMPLOYED	<b>e. Election Sum to Date</b> \$ 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"/>					\$
<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. Job Title/Profession</b> THERAPIST/OFFICE MGR	<b>d. Comments</b>	
KATHLEEN VELDHUIZEN 34 KILBRIDE DR PINEHURST, NC 28374			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b> \$ 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"/>					\$
<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. Job Title/Profession</b> ENGINEER	<b>d. Comments</b>	
ROGER VELDHUIZEN 34 KILBRIDE DR PINEHURST, NC 28374			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b> \$ 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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,458.23

**Disbursements**

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b> MORGAN FOR MAYOR				<b>2. ID Number</b>															
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b> <input checked="" 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 30%;">b. Coordinated Committee Name</td> <td style="width: 30%;">d. Comments</td> </tr> <tr> <td rowspan="3" style="vertical-align: top; padding: 5px;">SPECTRUM REACH 7815 CRESCENT EXECUTIVE DR CHARLOTTE, NC 28217</td> <td colspan="2" style="border-top: none;">c. Level Registered (Specify)</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> Federal</td> <td style="border-top: none;"><input type="checkbox"/> County:</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> State</td> <td style="border-top: none;"><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">\$ 7,000.00</td> </tr> </table>						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)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date		\$ 7,000.00	
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)																		
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																	
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:																	
e. Election Sum to Date																			
\$ 7,000.00																			
<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>														
1A	Draft	A	09/15/2023	\$ 7,000.00	TV ADS														
				\$															
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 30%;">b. Coordinated Committee Name</td> <td style="width: 30%;">d. Comments</td> </tr> <tr> <td rowspan="3" style="vertical-align: top; padding: 5px;">EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374</td> <td colspan="2" style="border-top: none;">c. Level Registered (Specify)</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> Federal</td> <td style="border-top: none;"><input type="checkbox"/> County:</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> State</td> <td style="border-top: none;"><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">\$ 1,679.35</td> </tr> </table>						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)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date		\$ 1,679.35	
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)																		
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																	
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:																	
e. Election Sum to Date																			
\$ 1,679.35																			
<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>														
1A	Check	K	08/08/2023	\$ 500.00	CAMPAIGN MGR														
				\$															
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td style="width: 30%;">b. Coordinated Committee Name</td> <td style="width: 30%;">d. Comments</td> </tr> <tr> <td rowspan="3" style="vertical-align: top; padding: 5px;">THE PILOT NEWSPAPER PO BOX 58 SOUTHERN PINES, NC 28387</td> <td colspan="2" style="border-top: none;">c. Level Registered (Specify)</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> Federal</td> <td style="border-top: none;"><input type="checkbox"/> County:</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> State</td> <td style="border-top: none;"><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">\$ 5,130.50</td> </tr> </table>						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)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date		\$ 5,130.50	
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)																		
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																	
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:																	
e. Election Sum to Date																			
\$ 5,130.50																			
<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>														
1A	Check	A	09/08/2023	\$ 5,130.50	NEWSPAPER ADS														
				\$															
<b>5. Total only this Page</b> \$ 12,630.50																			
<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> \$ 13,394.30																			
<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																			
* Codes require detailed explanation in required remarks field (k)																			

**Disbursements**

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
MORGAN FOR MAYOR			
<b>3. Type of Disbursement</b> <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			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  VILLAGE PRINTERS 50 RATTLESNAKE TRAIL PINEHURST, NC 28374		<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
		<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> \$ 363.80	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1A	Check	B	08/31/2023
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  WEEB PO BOX 1855 1650 MIDLAND RD SOUTHERN PINES, NC 28388		<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
		<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> \$ 400.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1A	Check	A	08/31/2023
<b>5. Total only this Page</b> \$ 763.80			
<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> \$ 13,394.30			
<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
<b>O* Other</b> * 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 <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 112.30		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	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

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

## Refunds/Reimbursements From the Committee Pg 2 of 2

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

## In-Kind Contributions

Pg 1 of 1

**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.

# 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			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>  ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>  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
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>  ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>  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
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>  ELAINE BOLOGNA 91 ABBOTSFORD DR PINEHURST, NC 28374		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>  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
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>  EMILY STACK 400 SPRING LAKE DR PINEHURST, NC 28374		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>  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
<b>4. Total only this Page</b>			\$ 891.66
<b>5. Total of ALL CRO-1215a Pages</b> <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 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 Reimburssee (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