

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 TAYLOR FOR MAYOR		c. ID Number																																					
b. Mailing Address (include City, State and Zip Code) 115 NE BROAD STREET SOUTHERN PINES, NC 28387		d. Date Filed 09/27/2023																																					
		e. Phone Number																																					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/01/2023	4. Period End Date (mm/dd/yy) 09/26/2023	5. Treasurer Full Name FRANK THIGPEN																																				
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) <table border="0"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
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<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
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<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one) <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:		10. Special Report Name 35 DAY																																					
8. Number of Fundraisers this Report 1																																							
3. Account Information		3. Account Information																																					
a. Financial Institution Full Name FIRST BANK OF NORTH CAROLINA		a. Financial Institution Full Name																																					
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES		b. Purpose RECEIVED SEP 28 2023																																					
		c. Account Code																																					
		d. Period Begin Balance \$ 3,147.49																																					
MOORE BOE																																							
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																																							
FRANK C. Thigpen Printed Name of Signer		Signature of Appointed Treasurer 09/27/2023 Date																																					
FOR OFFICE USE ONLY <table border="0"> <tr> <td>Date Received:</td> <td>9/28/2023</td> <td>Employee</td> <td>APB</td> <td>Delivery Method</td> </tr> <tr> <td>Date Postmarked:</td> <td></td> <td>Employee</td> <td></td> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned:</td> <td></td> <td>Employee</td> <td></td> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered:</td> <td></td> <td>Employee</td> <td></td> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>				Date Received:	9/28/2023	Employee	APB	Delivery Method	Date Postmarked:		Employee		<input type="checkbox"/> Normal Mail	Date Scanned:		Employee		<input type="checkbox"/> Registered Mail	Date Data Entered:		Employee		<input checked="" type="checkbox"/> Hand Delivered					<input type="checkbox"/> Electronically Filed					<input type="checkbox"/> Signer has not received mandatory training						
Date Received:	9/28/2023	Employee	APB	Delivery Method																																			
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				<input type="checkbox"/> Electronically Filed																																			
				<input type="checkbox"/> Signer has not received mandatory training																																			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																							

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
TAYLOR FOR MAYOR	2023 Special	
Start of Election Cycle: January 1, 2021		Total this Reporting Period
4) Cash on Hand at Start		\$ 3,147.49
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 270.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,857.27
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 4,127.27
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2,932.03
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 36.03
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 882.27
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,850.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,424.43
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

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
TAYLOR 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 <input type="checkbox"/> Remove	1	Check		08/23/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/23/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		08/23/2023	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/25/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/23/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/23/2023	\$ 50.00
4. Total only this Page					\$ 270.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 270.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 6

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	
TAYLOR FOR MAYOR						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES ANGLE 259 E NEW YORK AVE SOUTHERN PINES, NC 28387			b. Job Title/Profession RETIRED	d. Comments		
			c. Employer's Name/Specific Field ACCOUNTING			
				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"/>	1	Check		08/23/2023	\$ 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) KATHLEEN BEDDOW 19 EDINBURGH LANE PINEHURST, NC 28374			b. Job Title/Profession RETIRED	d. Comments		
			c. Employer's Name/Specific Field RETIRED			
				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"/>	1	Check		08/23/2023	\$ 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) ROBERT BOWNESS 15 JAMES RIVER PLACE PINEHURST, NC 28374			b. Job Title/Profession RETIRED	d. Comments		
			c. Employer's Name/Specific Field Construction of Buildings			
				e. Election Sum to Date \$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/23/2023	\$ 400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,857.27	

Contributions from Individuals

Pg 2 of 6

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										
TAYLOR FOR MAYOR																
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>HOMEMAKER</td> <td></td> </tr> <tr> <td rowspan="2">KATIE BOYLE 3121 ARUNDEL AVE ALEXANDRIA, VA 22306</td> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date</td> </tr> <tr> <td>HOMEMAKER</td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	HOMEMAKER		KATIE BOYLE 3121 ARUNDEL AVE ALEXANDRIA, VA 22306	c. Employer's Name/Specific Field	e. Election Sum to Date	HOMEMAKER	\$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
	HOMEMAKER															
KATIE BOYLE 3121 ARUNDEL AVE ALEXANDRIA, VA 22306	c. Employer's Name/Specific Field	e. Election Sum to Date														
	HOMEMAKER	\$ 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"/>	1	Electric Funds Tran		08/21/2023	\$ 100.00											
<input type="checkbox"/>					\$											
<input type="checkbox"/>					\$											
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>REGISTER OF DEEDS</td> <td></td> </tr> <tr> <td rowspan="2">WILLIAM BRITTON 108 GELDING GAP LANE CARTHAGE, NC 28315</td> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date</td> </tr> <tr> <td>MOORE COUNTY</td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	REGISTER OF DEEDS		WILLIAM BRITTON 108 GELDING GAP LANE CARTHAGE, NC 28315	c. Employer's Name/Specific Field	e. Election Sum to Date	MOORE COUNTY	\$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
	REGISTER OF DEEDS															
WILLIAM BRITTON 108 GELDING GAP LANE CARTHAGE, NC 28315	c. Employer's Name/Specific Field	e. Election Sum to Date														
	MOORE COUNTY	\$ 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"/>	1	Check		08/23/2023	\$ 100.00											
<input type="checkbox"/>					\$											
<input type="checkbox"/>					\$											
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>RETAIL</td> <td></td> </tr> <tr> <td rowspan="2">BAXTER CLEMENT 115 NE BROAD STREET SOUTHERN PINES, NC 28387</td> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date</td> </tr> <tr> <td>CASINO GUITARS</td> <td>\$ 500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	RETAIL		BAXTER CLEMENT 115 NE BROAD STREET SOUTHERN PINES, NC 28387	c. Employer's Name/Specific Field	e. Election Sum to Date	CASINO GUITARS	\$ 500.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
	RETAIL															
BAXTER CLEMENT 115 NE BROAD STREET SOUTHERN PINES, NC 28387	c. Employer's Name/Specific Field	e. Election Sum to Date														
	CASINO GUITARS	\$ 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"/>	1	In-Kind	EVENT MUSIC	08/23/2023	\$ 500.00											
<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)						\$ 3,857.27										

Contributions from Individuals

Page 3 of 6

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
TAYLOR FOR MAYOR						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TAYLOR G. CLEMENT 115 NE BROAD STREET SOUTHERN PINES, NC 28387 (910) 227-9251			b. Job Title/Profession OWNER	d. Comments CASINO GUITARS		
			c. Employer's Name/Specific Field CASINO GUITARS	e. Election Sum to Date \$ 185.60		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	CARDS, STATIONARY & WEBSITE	07/02/2023	\$ 136.94	
<input type="checkbox"/>	1	In-Kind	CAMPAIGN STICKERS	07/07/2023	\$ 20.33	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) RANDALL E COLTHORPE 2449 BAYVIEW AVE VIRGINIA BEACH, NC 23455			b. Job Title/Profession PILOT	d. Comments Air Transportation		
			c. Employer's Name/Specific Field Air Transportation	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"/>	1	Check		07/01/2023	\$ 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) MARGO DRAKOS 225 S WEYMOUTH AVE SOUTHERN PINES, NC 28387			b. Job Title/Profession CEO	d. Comments NATIONAL SERVICE		
			c. Employer's Name/Specific Field NATIONAL SERVICE	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"/>	1	Electric Funds Tran		08/21/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 357.27
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 3,857.27

Contributions from Individuals

Page 4 of 6

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	
TAYLOR FOR MAYOR						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CORKY GILLIS 125 BROOKLINE DRIVE PINEHURST, NC 28374			b. Job Title/Profession FINANCIAL SALES	d. Comments		
			c. Employer's Name/Specific Field SELF			
			e. Election Sum to Date \$ 225.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	EVENT FOOD & BEV	08/23/2023	\$ 225.00	
<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) ADAM KIKER 215 PINE BARRENS VISTA SOUTHERN PINES, NC 28387			b. Job Title/Profession ENGINEERING	d. Comments		
			c. Employer's Name/Specific Field LKC ENGINEERING			
			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"/>	1	Check		08/23/2023	\$ 300.00	
<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) MICAH NIEBAUER 154 BELLHAVEN DRIVE WHISPERING PINES, NC 28327			b. Job Title/Profession BREWER	d. Comments		
			c. Employer's Name/Specific Field SOUTHERN PINES BREWING CO			
			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"/>	1	Electric Funds Tran		08/23/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,025.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,857.27	

Contributions from Individuals

Pg 5 of 6

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	
TAYLOR FOR MAYOR						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANK THIGPEN 300 PINEHURST AVE SOUTHERN PINES, NC 28387			b. Job Title/Profession ATTORNEY	d. Comments THIGPEN & JENKINS		
			c. Employer's Name/Specific Field THIGPEN & JENKINS	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"/>	1	Check		07/07/2023	\$ 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) ROBERT THRUSH PO BOX 3371 PINEHURST, NC 28374			b. Job Title/Profession CONSULTING	d. Comments SELF		
				e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Money Order		08/13/2023	\$ 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) ALAN TUCKER 4 LATROBE COURT SOUTHERN PINES, NC 28387			b. Job Title/Profession REAL ESTATE	d. Comments COLDWELL BANKER ADVANTAGE		
				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"/>	1	Check		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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,857.27	

Contributions from Individuals

Page 6 of 6

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) TAYLOR FOR MAYOR					2. ID Number									
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHY VIRTUE PO BOX 2147 SOUTHERN PINES, NC 28388</td> <td style="width: 33%;">b. Job Title/Profession BUSINESS OWNER</td> <td style="width: 33%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field SELF</td> <td rowspan="2">e. Election Sum to Date \$ 100.00</td> </tr> <tr> <td colspan="2"></td> </tr> </table>							a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHY VIRTUE PO BOX 2147 SOUTHERN PINES, NC 28388	b. Job Title/Profession BUSINESS OWNER	d. Comments	c. Employer's Name/Specific Field SELF		e. Election Sum to Date \$ 100.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHY VIRTUE PO BOX 2147 SOUTHERN PINES, NC 28388	b. Job Title/Profession BUSINESS OWNER	d. Comments												
c. Employer's Name/Specific Field SELF		e. Election Sum to Date \$ 100.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	1	Electric Funds Tran		08/21/2023	\$	100.00								
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. Full Name, Mailing Address & Phone (include city, state, & zip) LACY WRIGHT JR 1620 HEDGELAWN WAY SOUTHERN PINES, NC 28387</td> <td style="width: 33%;">b. Job Title/Profession RETIRED</td> <td style="width: 33%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field ELECTED OFFICIAL</td> <td rowspan="2">e. Election Sum to Date \$ 125.00</td> </tr> <tr> <td colspan="2"></td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip) LACY WRIGHT JR 1620 HEDGELAWN WAY SOUTHERN PINES, NC 28387	b. Job Title/Profession RETIRED	d. Comments	c. Employer's Name/Specific Field ELECTED OFFICIAL		e. Election Sum to Date \$ 125.00				
a. Full Name, Mailing Address & Phone (include city, state, & zip) LACY WRIGHT JR 1620 HEDGELAWN WAY SOUTHERN PINES, NC 28387	b. Job Title/Profession RETIRED	d. Comments												
c. Employer's Name/Specific Field ELECTED OFFICIAL		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"/>	1	Check		09/25/2023	\$	125.00								
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
4. Total only this Page					\$	225.00								
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	3,857.27								

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) TAYLOR FOR MAYOR		2. ID Number							
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Full Name, Mailing Address & Phone (include city, state, & zip) AGE GRAPHICS 678 COLLINS RD LITTLE HOCKING, OH 45742</td> <td style="width: 30%;">b. Coordinated Committee Name</td> <td style="width: 30%;">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td rowspan="2">e. Election Sum to Date \$ 695.00</td> </tr> <tr> <td></td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) AGE GRAPHICS 678 COLLINS RD LITTLE HOCKING, OH 45742	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 695.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) AGE GRAPHICS 678 COLLINS RD LITTLE HOCKING, OH 45742	b. Coordinated Committee Name	d. Comments							
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 695.00							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Debit Card	B	09/18/2023	\$ 695.00	YARD SIGNS				
				\$					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip) SEAN DIESFELD 101 CEDAR STREET ABERDEEN, NC 28315			b. Coordinated Committee Name		d. Comments				
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 150.00							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Electric Funds Tran	C	08/23/2023	\$ 150.00	EVENT SOUND				
				\$					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip) PRINT PLACE 1130 AVE H EAST ARLINGTON, TX 76011			b. Coordinated Committee Name		d. Comments				
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 122.03							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Debit Card	B	09/22/2023	\$ 122.03	NAME TAGS / STICKERS				
				\$					
5. Total only this Page					\$ 967.03				
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>					\$ 2,932.03				
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

Page 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	
TAYLOR 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) THE NEON ROOSTER 114 KNIGHT STREET ABERDEEN, NC 28315		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date \$ 720.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	C	08/31/2023
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE PILOT 145 W PENNSYLVANIA AVE SOUTHERN PINES, NC 28387		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date \$ 1,245.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Debit Card	A	09/22/2023
5. Total only this Page \$ 1,965.00			
6. Total of ALL CRO-1310 Pages			
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> \$ 2,932.03 <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Aggregated Non-Media Expenditures

Page 1 of 1**Amendment** Yes No

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

1. Committee Full Name (and Fund if applicable) TAYLOR FOR MAYOR				2. ID Number		
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	1	Debit Card	B	09/14/2023	\$ 31.03	FUNDRAISING MATERIAL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	H	07/05/2023	\$ 5.00	FILING FEE
4. Total only this Page				\$ 36.03		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)				\$ 36.03		
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

In-Kind Contributions

Page 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	
TAYLOR 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	
BAXTER CLEMENT 115 NE BROAD STREET SOUTHERN PINES, NC 28387		<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	
e. Description		f. Date (mm/dd/yyyy)	
EVENT MUSIC		08/23/2023	
		\$ 500.00	
		\$	
		\$	
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	
TAYLOR G. CLEMENT 115 NE BROAD STREET SOUTHERN PINES, NC 28387 (910) 227-9251		<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	
e. Description		f. Date (mm/dd/yyyy)	
CARDS, STATIONARY & WEBSITE		07/02/2023	
\$ 136.94		\$	
CAMPAIGN STICKERS		07/07/2023	
\$ 20.33		\$	
		\$	
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	
CORKY GILLIS 125 BROOKLINE DRIVE 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	
e. Description		f. Date (mm/dd/yyyy)	
EVENT FOOD & BEV		08/23/2023	
\$ 225.00		\$	
		\$	
		\$	
4. Total only this Page		\$ 882.27	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 882.27	