

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		
CLAIRE FOR COUNCIL			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
3 PETTIT COURT PINEHURST, NC 28374	10/25/2023		
	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	09/27/2023	10/23/2023	CAROL WHEELDON

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
3			

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST BANK	
b. Purpose	c. Account Code
CONTRIBUTIONS AND EXPENSES	1A
	d. Period Begin Balance
	\$ 2,483.80
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

Carol Wheeldon
 Signature of Appointed Treasurer

10/25/2023
 Date

FOR OFFICE USE ONLY

Date Received:	10/25/2023	Employee:	RECEIVED	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:	OCT 25 2023	
Date Data Entered:		Employee:	MOORE BOE	<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

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CLAIRES FOR COUNCIL	2023 Pre-Election	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 2,483.80 \$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00 \$ 175.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,461.00 \$ 7,511.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,611.00 \$ 7,686.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 1,494.68 \$ 4,820.54
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 8.60 \$ 111.94
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 185.14 \$ 347.14
17) In-Kind Contributions	(CRO-1510)	\$ 111.00 \$ 111.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,799.42 \$ 5,390.62
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,295.38 \$ 2,295.38
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00 \$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00 \$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00 \$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 185.14 \$ 347.14

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		
CLAIRe FOR COUNCIL					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1A	Check		10/04/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1A	Electric Funds Tran		10/19/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 150.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 150.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 2

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	
CLAIRES FOR COUNCIL					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments
HOLLY DAVIS 60 CAROLINA VISTA DR PINEHURST, NC 28374				OWNER	
				c. Employer's Name/Specific Field	
				CYPRESS INTERNATIONAL INC	
				e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		09/29/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments
ANNIE HALLINAN 145 CREST RD SOUTHERN PINES, NC 28387				NOT CURRENTLY EMPLOYED	
				c. Employer's Name/Specific Field	
				e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		10/04/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments
MONICA LOFERSKI 8 CANTERBURY CIRCLE PINEHURST, NC 28374				NOT CURRENTLY EMPLOYED	
				c. Employer's Name/Specific Field	
				e. Election Sum to Date	
				\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1A	Check		10/04/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 950.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,461.00

Contributions from Individuals

Pg 2 of 2

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																	
CLAIRES FOR COUNCIL																			
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374</td> <td>NOT CURRENTLY EMPLOYED</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$ 611.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED			c. Employer's Name/Specific Field			e. Election Sum to Date			\$ 611.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED																	
		c. Employer's Name/Specific Field																	
		e. Election Sum to Date																	
		\$ 611.00																	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)															
<input type="checkbox"/>	1A	In-Kind	MEET & GREET	10/03/2023															
<input type="checkbox"/>				\$															
<input type="checkbox"/>				\$															
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">PEGGY RANEY 275 DORAL DR PINEHURST, NC 28374</td> <td>NOT CURRENTLY EMPLOYED</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$ 300.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	PEGGY RANEY 275 DORAL DR PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED			c. Employer's Name/Specific Field			e. Election Sum to Date			\$ 300.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
PEGGY RANEY 275 DORAL DR PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED																	
		c. Employer's Name/Specific Field																	
		e. Election Sum to Date																	
		\$ 300.00																	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)															
<input type="checkbox"/>	1A	Check		10/13/2023															
<input type="checkbox"/>				\$															
<input type="checkbox"/>				\$															
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">KEVIN REED 205 MCCASKILL RD EAST 114 PINEHURST, NC 28374</td> <td>NOT CURRENTLY EMPLOYED</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$ 100.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	KEVIN REED 205 MCCASKILL RD EAST 114 PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED			c. Employer's Name/Specific Field			e. Election Sum to Date			\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
KEVIN REED 205 MCCASKILL RD EAST 114 PINEHURST, NC 28374		NOT CURRENTLY EMPLOYED																	
		c. Employer's Name/Specific Field																	
		e. Election Sum to Date																	
		\$ 100.00																	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)															
<input type="checkbox"/>	1A	Electric Funds Tran		10/06/2023															
<input type="checkbox"/>				\$															
<input type="checkbox"/>				\$															
4. Total only this Page				\$ 511.00															
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 1,461.00															

Disbursements

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	
CLAIRES FOR COUNCIL			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
MUIRFIELD BROADCASTING 200 SHORT ST SOUTHERN PINES, NC 28387		d. Comments e. Election Sum to Date \$ 500.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
1A	Check	A	10/12/2023 \$ 500.00 RADIO ADS
			\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
THE PILOT NEWSPAPER PO BOX 58 SOUTHERN PINES, NC 28387		d. Comments e. Election Sum to Date \$ 1,555.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
1A	Debit Card	A	10/17/2023 \$ 575.00 NEWSPAPER ADS
			\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
VILLAGE WINE SHOP 80 MAGNOLIA RD PINEHURST, NC 28374		d. Comments e. Election Sum to Date \$ 419.68	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
1A	Debit Card	C	10/02/2023 \$ 419.68 MEET & GREET
			\$
5. Total only this Page \$ 1,494.68			
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> \$ 1,494.68			
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 Expenses Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number			
CLAIRES FOR COUNCIL						
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	1A	Electric Funds Tran	O	10/06/2023	\$ 4.30	COLLECTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1A	Electric Funds Tran	O	10/19/2023	\$ 4.30	COLLECTION FEE
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 8.60	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 8.60	
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 1

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CLAIRES FOR COUNCIL				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: 10/11/2023 <input type="checkbox"/> State <input type="checkbox"/> Municipality: i. Original Receipt Amount \$ 185.14	
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code P	
REALTOR		BERKSHIRE	g. Comments j. Election Sum to Date \$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1A	Check	REIMB META	10/11/2023	\$ 185.14
4. Total only this Page			\$ 185.14	
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>			\$ 185.14	
6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

Pg 1 of 1

Amendment

 Yes No

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

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

1. Committee Full Name (and Fund if applicable) CLAIRES FOR COUNCIL		2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) BART J O'CONNOR 535 DONALD ROSS DR PINEHURST, NC 28374	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
d. Election Sum to Date \$ 611.00		
e. Description MEET & GREET	f. Date (mm/dd/yyyy) 10/03/2023	g. Fair Market Amount \$ 111.00
		\$
		\$
4. Total only this Page \$ 111.00		
5. Total of ALL CRO-1510 Pages \$ 111.00 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		

NC State Board of Elections

December 2007

CRO-1510

Contributions to be ReimbursedPg 1 of 1

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	
CLAIRe FOR COUNCIL			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) CLAIRe BERGGREN 2 PETTIT COURT PINEHURST, NC 28374		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) CLAIRe BERGGREN 2 PETTIT COURT PINEHURST, NC 28374	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
REIMB META	10/11/2023	N	\$ 185.14
4. Total only this Page		\$ 185.14	
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>		\$ 185.14	

CRO-1215

NC State Board of Elections

December 2007