

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

Amendment

Yes

No

1. Committee Information

a. Full Name

Amy 4 Moore Schools

c. ID Number

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

625 Black Hawk Rd

Vass, NC 28394

d. Date Filed

07/10/2024

e. Phone Number

910 639-7479

2. Report Year

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

2024

12/13/23

06/30/24

Amy Dahl

6. Type of Committee (Check One)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser
<input type="checkbox"/> Expenditure	
<input type="checkbox"/> Legal Expense Fund	

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

<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other:

8. Number of Fundraisers this Report

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

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	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 checked="" 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	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

State Employees Credit Union

b. Purpose

c. Account Code
d. Period Begin Balance
\$

11. Account Information

a. Financial Institution Full Name

RECEIVED

b. Purpose

JUL 10 2024

c. Account Code

d. Period Begin Balance

\$

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 of Elections.

Amy Dahl

Printed Name of Signer

Signature of Appointed Treasurer

Date

7-10-2024

FOR OFFICE USE ONLY

Date Received:

7/10/2024

Employee:

QPB

Delivery Method

<input type="checkbox"/> Normal Mail
<input type="checkbox"/> Registered Mail
<input checked="" type="checkbox"/> Hand Delivered
<input type="checkbox"/> Electronically Filed
<input type="checkbox"/> Signer has not received mandatory training

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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
Amy 4 Moore Schools	Organizational	
Start of Election Cycle: <u>January 1, 2021</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 124.40	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 2064.97	\$ 3580.12
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0.07	\$ 0.07
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>	\$	\$
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>	\$ 2065.04	\$ 3580.19
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 384.93	\$ 400.53
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 604.97	\$ 1980.12
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>	\$ 989.90	\$ 2380.65
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>	\$ 1199.54	\$ 1199.54
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$	
25) Administrative Support <i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$

Contributions from Individuals

Pg 1 of 4 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			
Amy 4 Moore Schools					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Scott Greenblatt 100 Brookhaven Road Pinehurst, NC 28374		b. Job Title/Profession CEO/consultant		d. Comments e. Election Sum to Date \$ 500.00	
		c. Employer's Name/Specific Field VA Claims Consulting			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03/09/2024	\$ 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) Karin Kent 25 Dove Run Pinehurst NC 28394		b. Job Title/Profession Retired		d. Comments e. Election Sum to Date \$ 250.00	
		c. Employer's Name/Specific Field 			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03-16-2024	\$ 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) David Nugent 744 7Lks N 105 Roundtree Rd. Seven Lakes, NC 27376		b. Job Title/Profession Teacher		d. Comments e. Election Sum to Date \$ 50	
		c. Employer's Name/Specific Field Montgomery County Schools			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03/16/2024	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 800
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2064.97

Contributions from Individuals

Pg 2 of 4 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	
Amy 4 Moore Schools					
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gretchen Montesanto 320 Piney Lane Southern Pines, NC 28387			b. Job Title/Profession mental health counselor		d. Comments e. Election Sum to Date \$ 10.00
			c. Employer's Name/Specific Field self employed		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03/17/2024	\$ 10.00
<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) Lisa Wells 7 Dewberry Dr Whispering Pines, NC 28387			b. Job Title/Profession Consultant		d. Comments e. Election Sum to Date \$ 50.00
			c. Employer's Name/Specific Field Wells & Co.		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03-17-2024	\$ 50.00
<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) Robyn Lam 242 Luss Ln Southern Pines, NC 28387			b. Job Title/Profession retired		d. Comments e. Election Sum to Date \$ 50
			c. Employer's Name/Specific Field e. Election Sum to Date \$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03/19/2024	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 110
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2064.97

Contributions from Individuals

Pg 3 of 4 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	
Amy 4 Moore Schools					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) James Dunlap 7079 Ossie Hayes Rd. Seagrove, NC 27341			b. Job Title/Profession Teacher	d. Comments e. Election Sum to Date \$ 500.00	
			c. Employer's Name/Specific Field Montgomery County Schools		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		03/23/2024	\$ 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 Thiel 1454 Mill Rd. Jackson Springs, NC 27281			b. Job Title/Profession Physician	d. Comments e. Election Sum to Date \$ 50.00	
			c. Employer's Name/Specific Field FirstHealth Moore Regional Hos		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit car		05/19/2024	\$ 50.00
<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) Lisa Wells 7 Dewberry Dr. Whispering Pines, NC 28387			b. Job Title/Profession Consultant	d. Comments e. Election Sum to Date \$ 425.00	
			c. Employer's Name/Specific Field Wells & Co		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-kind	Website develop	06/08/2024	\$ 375.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 925.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2064.97

Contributions from Individuals

Pg 4 of 4 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	
Amy 4 Moore Schools						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Amy Dahl 625 Black Hawk Rd Vass, NC 28394			b. Job Title/Profession Teacher/candidate		d. Comments printing	
			c. Employer's Name/Specific Field Montgomery County Schools			
e. Election Sum to Date \$ 1592.12						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-kind		02/26/2024	\$ 229.97	
<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	
			c. Employer's Name/Specific Field			
e. Election Sum to Date \$						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
			c. Employer's Name/Specific Field			
e. Election Sum to Date \$						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 229.97	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2064.97	

Other Receipt Sources

Pg 1

Amendment

Yes

No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable) Amy 4 Moore Schools			2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) State Employees Credit Union 160 Savannah Garden Dr. Carthage, NC 28327			b. Not-for-Profit Federal ID # c. Outside Source Explanation d. Comments dividends	
			e. Election Sum to Date \$ 0.07	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
			06/18/2024	\$ 0.07
				\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID # c. Outside Source Explanation d. Comments	
			e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID # c. Outside Source Explanation d. Comments	
			e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
5. Total only this Page			\$	
6. Total of ALL CRO-1250 Pages				
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>			\$	

Disbursements

Pg 1 of 2

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Amy 4 Moore Schools				
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:		d. Comments bank fees
State Employees Credit Union 160 Savannah Garden Dr. Carthage, NC 28327				
				e. Election Sum to Date \$ 4.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1	debit	O	06/18/2024	\$4.00
				\$
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:		d. Comments
Staples 65 Merrimon Ave Asheville NC 28801				
				e. Election Sum to Date \$ 299.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
	debit card	B	06/09/2024	\$299.56
				\$
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:		d. Comments Proc. fees
GoDaddy, Inc.				
				e. Election Sum to Date \$ 41.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
1	debit		05/19/25	\$38.58
				\$
5. Total only this Page		\$ 342.14		
6. Total of ALL CRO-1310 Pages		(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)		
7. Purpose Codes (List detailed expenditure code in (h.) above)		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
A* - Media E - Salaries I - Postage O* - Other		B* - Printing F* - Equipment J - Penalties		
C* - Fundraising G - Political Party K* - Office Expenses				

* 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.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Amy 4 Moore Schools					
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 <i>(include city, state, & zip)</i> Staples Turner St. Aberdeen, NC			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
					\$ 42.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	debit card	B	03/23/2024	\$42.79	bus. cards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 42.79
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>					\$ 384.93
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)					

In-Kind Contributions

Pg 1 of 1 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													
Amy4MooreSchools															
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 <table border="1"> <tr><td><input checked="" type="checkbox"/> Individual</td><td>c. Comments</td></tr> <tr><td><input type="checkbox"/> Candidate</td><td></td></tr> <tr><td><input type="checkbox"/> Party</td><td></td></tr> <tr><td><input type="checkbox"/> PAC</td><td></td></tr> <tr><td><input type="checkbox"/> Referendum</td><td></td></tr> <tr><td><input type="checkbox"/> Other Receipt Source</td><td></td></tr> </table>		<input checked="" type="checkbox"/> Individual	c. Comments	<input type="checkbox"/> Candidate		<input type="checkbox"/> Party		<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Other Receipt Source	
<input checked="" type="checkbox"/> Individual	c. Comments														
<input type="checkbox"/> Candidate															
<input type="checkbox"/> Party															
<input type="checkbox"/> PAC															
<input type="checkbox"/> Referendum															
<input type="checkbox"/> Other Receipt Source															
Lisa Wells PO Box 113 Lakeview, NC 28350		d. Election Sum to Date \$ 425.00													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
Website development		06/18/24	\$ 375.00												
			\$												
			\$												
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 <table border="1"> <tr><td><input type="checkbox"/> Individual</td><td>c. Comments</td></tr> <tr><td><input checked="" type="checkbox"/> Candidate</td><td></td></tr> <tr><td><input type="checkbox"/> Party</td><td></td></tr> <tr><td><input type="checkbox"/> PAC</td><td></td></tr> <tr><td><input type="checkbox"/> Referendum</td><td></td></tr> <tr><td><input type="checkbox"/> Other Receipt Source</td><td></td></tr> </table>		<input type="checkbox"/> Individual	c. Comments	<input checked="" type="checkbox"/> Candidate		<input type="checkbox"/> Party		<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Other Receipt Source	
<input type="checkbox"/> Individual	c. Comments														
<input checked="" type="checkbox"/> Candidate															
<input type="checkbox"/> Party															
<input type="checkbox"/> PAC															
<input type="checkbox"/> Referendum															
<input type="checkbox"/> Other Receipt Source															
Amy Dahl 625 Black Hawk Rd Vass, NC 28394		d. Election Sum to Date \$ 1592.12													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
Printing--palm cards (Staples)		02/29/2024	\$ 229.97												
			\$												
			\$												
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 <table border="1"> <tr><td><input type="checkbox"/> Individual</td><td>c. Comments</td></tr> <tr><td><input type="checkbox"/> Candidate</td><td></td></tr> <tr><td><input type="checkbox"/> Party</td><td></td></tr> <tr><td><input type="checkbox"/> PAC</td><td></td></tr> <tr><td><input type="checkbox"/> Referendum</td><td></td></tr> <tr><td><input type="checkbox"/> Other Receipt Source</td><td></td></tr> </table>		<input type="checkbox"/> Individual	c. Comments	<input type="checkbox"/> Candidate		<input type="checkbox"/> Party		<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Other Receipt Source	
<input type="checkbox"/> Individual	c. Comments														
<input type="checkbox"/> Candidate															
<input type="checkbox"/> Party															
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<input type="checkbox"/> Referendum															
<input type="checkbox"/> Other Receipt Source															
		d. Election Sum to Date \$													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
			\$												
			\$												
			\$												
4. Total only this Page		\$ 604.97													
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 604.97													