

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 FITZPATRICK FOR PINEHURST	c. ID Number
b. Mailing Address (include City, State and Zip Code) 10 BEASLEY DR PINEHURST, NC 28374	d. Date Filed 10/25/2025
	e. Phone Number (202) 340-8686

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 09/24/2025	4. Period End Date (mm/dd/yy) 10/20/2025	5. Treasurer Full Name LINDA GOODWIN
------------------------	---	---	---

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

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIDELITY BANK		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 070353	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4640.16		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

Linda S. Goodwin Linda S. Goodwin 10/25/2025
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10/27/25 Employee DM
Date Postmarked: _____ Employee _____
Date Scanned: _____ Employee _____
Date Data Entered: _____ Employee _____

Delivery Method

☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

☐ 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) FITZPATRICK FOR PINEHURST		2. Type of Report 2025 Pre-Election		3. ID Number	
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4640.16 4,635.16		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 225.00		\$ 305.00	
6) Contributions from Individuals (CRO-1210)		\$ 3,156.60		\$ 15,892.56	
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)		\$ 3,381.60		\$ 16,197.56	
		8021.76		16202.56	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5,111.46		\$ 12,778.50	
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)		\$ 10.00		\$ 76.95 107.80	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 561.60		\$ 977.56	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,683.06		\$ 13,863.86	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,333.70		\$ 2,333.70	
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-2020)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals

Page 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	
FITZPATRICK FOR PINEHURST					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add	070353	Check		10/01/2025	\$ 25.00
☐ Remove					
☐ Add	070353	Check		10/08/2025	\$ 50.00
☐ Remove					
☐ Add	070353	Check		09/30/2025	\$ 50.00
☐ Remove					
☐ Add	070353	Check		09/24/2025	\$ 25.00
☐ Remove					
☐ Add	070353	Check		10/17/2025	\$ 25.00
☐ Remove					
☐ Add	070353	Check		10/03/2025	\$ 50.00
☐ Remove					
4. Total only this Page				\$	\$225.00
5. Total of ALL CRO-1205 Pages				\$	\$225.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 8

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	
FITZPATRICK FOR PINEHURST						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KIRK ADKINS 70 CAROLINA VISTA PINEHURST, NC 28374 (910) 992-0227				CORPORATE EXECUTIVE (RETIRED)		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HANES BRANDS, INC (RETIRED)		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		10/05/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RICHARD AGNEW 7 GREENVILLE LN PINEHURST, NC 28374				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/24/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROBERT BABCOCK 22 BEASLEY DR PINEHURST, NC 28374 (559) 287-4000				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/26/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60	

Contributions from Individuals

Pg 2 of 8

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) FITZPATRICK FOR PINEHURST					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LINDA COX 7 BEASLEY DR PINEHURST, NC 28374			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field RETIRED		d. Comments 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	
☐	070353	Check		10/13/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOSEPH DEROSA 259 JUNIPER CREEK BLVD PINEHURST, NC 28374 (914) 456-7361			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field RETIRED		d. Comments e. Election Sum to Date \$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Electric Funds Tran		10/11/2025	\$ 20.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LEIGH ANN ESHELMAN 11 GRANGER DR PINEHURST, NC 28374 (630) 253-1624			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field RETIRED		d. Comments e. Election Sum to Date \$ 275.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	In-Kind	WINE, BEER, BOTTLED WATER, CRACKERS,	09/29/2025	\$ 275.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 395.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60	

Contributions from Individuals

Pg 3 of 8

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	
FITZPATRICK FOR PINEHURST						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JANET FARRELL 21 GREY ABBEY DR PINEHURST, NC 28374 (910) 992-2371				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED - CISCO SYSTEMS		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		10/04/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHARON HARRELL 9 GREENBRIER LN PINEHURST, NC 28374 (910) 690-9930				DENTIST		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				FIRST HEALTH OF THE CAROLINAS		
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/29/2025	\$ 125.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SARA HILLIARD 23 GREENVILLE LN PINEHURST, NC 28374				SR MARKETING DIRECTOR		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				INFIRST HEALTH CARE		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/24/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60	

Contributions from Individuals

Pg 4 of 8 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) FITZPATRICK FOR PINEHURST					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRUCE HOCKMAN 118 DEERWOOD LN PINEHURST, NC 28374 (215) 439-9010				b. Job Title/Profession RETIRED		d. Comments
				c. Employer's Name/Specific Field RETIRED		
				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	
☐	070353	Check		09/25/2025	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SUSAN KEY 60 RUTLEDGE LN PINEHURST, NC 28374 (910) 315-2565				b. Job Title/Profession FINANCE TECHNICIAN		d. Comments
				c. Employer's Name/Specific Field VILLAGE OF PINEHURST		
				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	
☐	070353	Check		09/27/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBORAH LALOR P O BOX 3557 PINEHURST, NC 28374 (757) 710-2631				b. Job Title/Profession RETIRED - COMMUNITY HEALTH CENTER MGR		d. Comments
				c. Employer's Name/Specific Field EASTERN SHORE RURAL HEALTH		
				e. Election Sum to Date \$ 310.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	In-Kind	3 BOTTLES OF WINE AND VARIOUS APPETIZERS	09/29/2025	\$ 60.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 360.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60	

Contributions from Individuals

Pg 5 of 8

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	
FITZPATRICK FOR PINEHURST						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
GORDON LAVIN 1022 HOMER ST DURHAM, NC 27707 (919) 606-1591				PSYCHIATRIST - RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		10/09/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
VAN MITCHELL 120 SHORT RD PINEHURST, NC 28374 (410) 570-1984				CEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				MSI INC		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/24/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANN-BOYD NEWMAN P O BOX 5329 PINEHURST, NC 28374 (910) 215-9835				ARTIST - FINE ARTS		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		10/01/2025	\$ 100.00	
☐					\$	
☐					\$	
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)					\$ 3,156.60	

Contributions from Individuals

Pg 6 of 8

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	
FITZPATRICK FOR PINEHURST						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RALPH NEWMAN JR P O BOX 5329 PINEHURST, NC 28374 (910) 215-9835				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		10/01/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MICHAEL PEARCE 73 JUNIPER CREEK BLVD PINEHURST, NC 28374 (910) 342-9073				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/24/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLENE ROHR 1 VILLAGE LN PINEHURST, NC 28374 (910) 295-593				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	070353	Check		09/26/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 450.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60	

Contributions from Individuals

Pg 7 of 8

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	
FITZPATRICK FOR PINEHURST						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHN STRICKLAND P O BOX 755 PINEHURST, NC 28370				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	070353	Check		09/26/2025		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CARL TWIGG 46 DEERWOOD LN PINEHURST, NC 28374 (828) 777-9926				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	070353	Check		10/13/2025		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HENRY VESS 18 LAKE PINEHURST VILLAS RD PINEHURST, NC 28374 (630) 510-8235				RETIRED ATTORNEY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	070353	Check		10/06/2025		\$ 200.00
☐						\$
☐						\$
4. Total only this Page					\$ 400.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60	

Contributions from Individuals

Pg 8 of 8

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	
FITZPATRICK FOR PINEHURST					
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
ELIZABETH WEBSTER 11 OXTON CIR PINEHURST, NC 28374 (919) 491-4417			LAWYER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			SELF-EMPLOYED		
					\$ 476.60
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	070353	In-Kind	FOOD, BEVERAGES AND PAPER PRODUCTS FOR	10/01/2025	\$ 226.60
☐					\$
☐					\$
4. Total only this Page					\$ 226.60 ✓
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,156.60

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment
Pg 1 of 3 ☐ 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) FITZPATRICK FOR PINEHURST				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRISTY'S FLOWER STALL 111 CENTRAL PARK, SUITE I PINEHURST, NC 28374 (910) 704-5057			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 254.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
070353	Debit Card	O	09/30/2025	\$ 66.34	FLOWERS FOR MEET &
070353	Debit Card	O	10/01/2025	\$ 66.34	GREET HOSTESS LEIGH FLOWERS FOR MEET & GREET HOSTESS -

132.68

4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRISTY'S FLOWER STALL 111 CENTRAL PARK, SUITE I PINEHURST, NC 28374 (910) 704-5057			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 254.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
070353	Debit Card	O	10/14/2025	\$ 55.64	FLOWERS FOR MEET &
070353	Debit Card	O	10/17/2025	\$ 66.34	GREET HOSTESS - FRAND FLOWERS FOR MEET & GREET HOSTESS -

121.98

4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GOOGLE 1600 AMPHITHEATER PARKWAY MOUNTAIN VIEW, CA 94043			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
070353	Debit Card	A	10/14/2025	\$ 10.00	CAMPAIGN ADS ON
070353	Debit Card	A	10/20/2025	\$ 50.00	YOUTUBE ADS ON YOUTUBE

5. Total only this Page	\$ 314.66
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>	\$ 5,111.46

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

Amendment
Pg 2 of 3 ☐ 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) FITZPATRICK FOR PINEHURST	2. ID Number
--	--------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)		
☒ Operating Expenses	☐ Contributions to Candidates/Political Committees	☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JELLISON PRESS 160 PINEHURST AVE, SUITE I SOUTHERN PINES, NC 28387 (910) 692-8041			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 818.55
f. Account Code 070353	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/13/2025	j. Amount \$ 187.25	k. Required Remarks 500 FITZPATRICK FOR PINEHURST RACK CARDS

4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE PILOT 145 W PENNSYLVANIA AVE SOUTHERN PINE, NC 28387 (910) 692-7271			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 5,828.55
f. Account Code 070353	g. Form of Payment Debit Card	h. Purpose Code A	i. Date (mm/dd/yyyy) 09/26/2025	j. Amount \$ 776.00	k. Required Remarks ADVERTISING 10/1 TAR
070353	Debit Card	A	09/29/2025	\$ 236.00	ADVERTISING UPGRADE PP 10/1 TAR TO 1/2 PAGE

4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE PILOT 145 W PENNSYLVANIA AVE SOUTHERN PINE, NC 28387 (910) 692-7271			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 5,828.55
f. Account Code 070353	g. Form of Payment Debit Card	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/02/2025	j. Amount \$ 563.85	k. Required Remarks PILOT 2ND AD 4XRATE
070353	Debit Card	A	10/02/2025	\$ 624.00	10/8 PILOT TAR PKG 10/5 - 11/4/2025

5. Total only this Page	\$ 2,387.10
-------------------------	-------------

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)	\$ 5,111.46
--	-------------

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

Amendment

Pg 3 of 3 ☐ 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) FITZPATRICK FOR PINEHURST						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE PILOT 145 W PENNSYLVANIA AVE SOUTHERN PINE, NC 28387 (910) 692-7271				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 5,828.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
070353	Debit Card	A	10/08/2025	\$ 563.85	PILOT AD 10/15/2025		
070353	Debit Card	A	10/08/2025	\$ 624.00	PILOT AD 10/12/2025		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE PILOT 145 W PENNSYLVANIA AVE SOUTHERN PINE, NC 28387 (910) 692-7271				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 5,828.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
070353	Debit Card	A	10/14/2025	\$ 624.00	PILOT AD 10/19/25 PLUS		
070353	Debit Card	A	10/17/2025	\$ 563.85	WEB ADD 10/19 AND PILOT 1/2 PAGE AD ON 10/22/2025		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WIX.COM LTD YUNITSMAN 5 TEL AVIV 1-415-639-9034				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 68.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
070353	Debit Card	A	09/30/2025	\$ 34.00	MONTHLY CHARGE FOR FACEBOOK		
5. Total only this Page						\$ 2,409.70	
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)						\$ 5,111.46	
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 ExpendituresPage 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) FITZPATRICK FOR PINEHURST					2. ID Number	
3. Payee Information						
a. Amend ☐ Add ☐ Remove	b. Account Code 070353	c. Form of Payment Debit Card	d. Purpose Code B	e. Date (mm/dd/yyyy) 10/01/2025	f. Amount \$ 10.00	g. Required Remarks OUTSTANDING PRINTING BALANCE
4. Total only this Page					\$ 10.00	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 10.00 ✓	
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

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FITZPATRICK FOR PINEHURST			
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
LEIGH ANN ESHELMAN 11 GRANGER DR PINEHURST, NC 28374 (630) 253-1624		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 275.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WINE, BEER, BOTTLED WATER, CRACKERS, CHEESE, CURED MEATS, NUTS AND PAPER PRODUCTS FOR MEET & GREET EVENT		09/29/2025	\$ 275.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DEBORAH LALOR P O BOX 3557 PINEHURST, NC 28374 (757) 710-2631		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 310.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
3 BOTTLES OF WINE AND VARIOUS APPETIZERS FOR MEET & GREET		09/29/2025	\$ 60.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ELIZABETH WEBSTER 11 OXTON CIR PINEHURST, NC 28374 (919) 491-4417		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 476.60	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD, BEVERAGES AND PAPER PRODUCTS FOR MEET & GREET WITH CANDIDATE		10/01/2025	\$ 226.60
			\$
			\$
4. Total only this Page		\$ 561.60	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 561.60	