

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		
Committee to Elect Ann Petersen			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
545 Orchard Rd. Southern Pines, NC 28387			
	e. Phone Number		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/18/25	09/23/25	Clegg David Carpenter

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"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> 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	<input type="checkbox"/> 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"/> Other:				
8. Number of Fundraisers this Report				
None				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
All Campaign Expenses	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 95.00		\$

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.

CleggDavid Carpenter

Printed Name of Signer

Clegg David Carpenter

Date

FOR OFFICE USE ONLY			
Date Received:	9/29/25	Employee:	<i>ADM</i>
Date Postmarked:	RECEIVED	Employee:	
Date Scanned:	SEP 29 2025	Employee:	
Date Data Entered:		Employee:	
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			

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
Committee to Elect Ann Petersen	35 Day	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start	\$ 95.00	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 2100.00	\$ 2200.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 326.00	\$ 326.00
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2426.00	\$ 2526.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$ 5.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 250.00	\$ 250.00
17) In-Kind Contributions (CRO-1510)	\$ 326.00	\$ 326.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 576.00	\$ 581.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1945.00	\$ 1945.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support	RECEIVED (CRO-1710)	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	SEP 29 2025 (CRO-2220)	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Pg 1 of 3

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	
Committee to Elect Ann Petersen					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Mario T. Tochev 9111 McAlwaune Ave. Charlotte, NC 28277 704-907-3139			Driver		
			c. Employer's Name/Specific Field		
			United Parcel Service		
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		08/18/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Gail R. Monroe 350 Newton Dr. Southern Pines, NC 28387 910-690-7969			Assistant		
			c. Employer's Name/Specific Field		
			Pinehurst Animal Hospital		
e. Election Sum to Date \$ 50.00					
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		08/25/2025	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Elizabeth S. McClure 724 Edwards St. Crockett, CA 08072025 478-361-8586			Teacher		
			c. Employer's Name/Specific Field		
			John Swett High School		
e. Election Sum to Date \$ 50.00					
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		08/07/2025	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page RECEIVED \$ 350.00					
5. Total of ALL CRO-1210 Pages \$ 2200.00					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

SEP 29 2025

MOORE BCE

Contributions from Individuals

Pg 2 of 3

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	
Committee to Elect Ann Petersen					
3. Contributor Information <input checked="" type="checkbox"/>			Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Jennifer R. Cunningham 545 Orchard Rd. Southern Pines, NC 28387 910-695-6606			Researcher		e. Election Sum to Date \$ 500.00
			c. Employer's Name/Specific Field		
			Environmental Resource Mgmt In		
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		08/13/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/>			Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
May Say LLC (Katherine Cunningham) 712 Superba Ave. Venice, CA 90291 910-315-9007			Producer/Director		e. Election Sum to Date \$ 500.00
			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"/>	1	Check		08/11/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/>			Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Ruth Petersen 116 Hanover Place Chapel Hill, NC 27516 919-942-0397			Retired		e. Election Sum to Date \$ 400.00
			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"/>	1	Check		08/09/2025	\$ 150.00
<input type="checkbox"/>	1	Check		09/12/2025	\$ 250.00
<input type="checkbox"/>					\$
4. Total only this Page RECEIVED					\$ 1400.00
5. Total of ALL CRO-1210 Pages					\$ 2200.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)					SEP 29 2025

Contributions from Individuals

Pg 3 of 3

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		
Committee to Elect Ann Petersen					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Robert Alexander Bowness 15 James River Place Pinehurst, NC 28374 910-695-6606		General Contractor			
c. Employer's Name/Specific Field		Self-Employed			
			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		09/01/2025	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Ellie Collins 335 Driftwood Circle Unit B Southern Pines, NC 28387 910-315-9007		Retired			
c. Employer's Name/Specific Field					
			e. Election Sum to Date \$ 50.00		
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		08/29/2025	\$ 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)		b. Job Title/Profession		d. Comments	
Charlotte Lee Belmore 210 Weymouth Rd. Southern Pines, NC 28387 410-599-4789		Retired			
c. Employer's Name/Specific Field					
			e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	1	Check		07/07/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page			RECEIVED		\$ 450.00
5. Total of ALL CRO-1210 Pages					\$ 2200.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)			SEP 29 2025		

Contributions from Political Party Committees

Pg 1 of 1

Amendment Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number				
Committee to Elect Ann Petersen							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments				
Moore County Democratic Party							
175 West New Hampshire Avenue Southern Pines, NC 28387							
			c. Election Sum to Date \$ 326.00				
d. Account Code			e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				Door Handle Bags (Qty 300)	09/16/2025	\$ 26.00	
				Wire H-Stakes for Signs (Qty 207)	09/16/2025	\$ 300.00	
						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments				
			c. Election Sum to Date		\$		
d. Account Code			e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
						\$	
						\$	
						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments				
			c. Election Sum to Date		\$		
d. Account Code			e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
						\$	
						\$	
						\$	
4. Total only this Page			RECEIVED			\$ 326.00	✓
5. Total of ALL CRO-1220 Pages						\$ 326.00	
(This line must be on line 7 of Detailed Summary Page CRO-1100) SEP 29 2025							

4. Total only this Page

RECEIVED

\$ 326.00

5. Total of ALL CRO-1220 Pages

SEP 29 2025

\$ 326.00

CBQ-1220

NC State Board of Elections

April 2007

MOORE BCE

Disbursements

Pg 1 of 1

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	
Committee to Elect Ann Petersen						
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) Ralitza M Tocheva 9111 McAlwaine Preserve Ave. Charlotte, NC 28277		b. Coordinated Committee Name		d. Comments		
		c. Level Registered (Specify)				
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" 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	
1	Check		09/14/2025	\$250.00	Refund of Contribution	
				\$		
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		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 (include city, state, & zip)		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					\$ 250.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <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>					\$ 250.00 <input checked="" type="checkbox"/>	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media <input type="checkbox"/> B* - Printing <input type="checkbox"/> C* - Fundraising E - Salaries <input type="checkbox"/> F* - Equipment <input type="checkbox"/> G - Political Party I - Postage <input type="checkbox"/> J - Penalties <input type="checkbox"/> K* - Office Expenses			D - To Another Candidate <input type="checkbox"/> H* - Holding Public Office Expenses <input type="checkbox"/> Q* - Donation to Legal Expense Fund <input type="checkbox"/>			
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

Amendment

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
Committee to Elect Ann Petersen		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Moore County Democratic Party 175 West New Hampshire Avenue Southern Pines, NC 28387 (910)621-5565	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source c. Comments	
	d. Election Sum to Date \$ 326.00	
	e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount	
	Door Handle Bags (300) 09162025 \$ 26	
	Wire H-stakes for signs (207) Used 09162025 \$ 300	
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 <input 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 \$	
	e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount	
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 <input 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 \$	
	e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount	
RECEIVED		
4. Total only this Page		\$ 326.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 326.00 