

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

Committee to Elect Ann Petersen

RECEIVED

Oct 27 2025

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

545 Orchard Rd.
Southern Pines, NC 28387

c. ID Number

10/27/2025

d. Date Filed

910-315-8502

e. Phone Number

2. Report Year

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

2025

09/24/2025

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

10/20/2025

5. Treasurer Full Name

Clegg David Carpenter

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

None

9. Type of Report

(check only one type of report from one category)

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
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

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

First Bank

b. Purpose

All Campaign Expenses

c. Account Code

1

d. Period Begin Balance

\$ 1945.00 2050.00

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

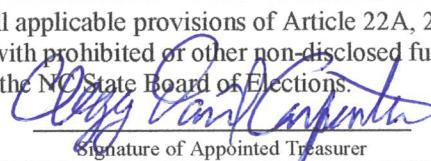
\$

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 of Elections.

CleggDavid Carpenter

Printed Name of Signer


Signature of Appointed Treasurer

10/27/2025

Date

FOR OFFICE USE ONLY

Date Received:

10/27/25

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

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

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	Pre-Election	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start	\$ 1945.00	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1362.49	\$ 3562.49
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ 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)	\$ 1362.49	\$ 3888.49
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 762.49	\$ 1017.49
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)	\$ 762.49	\$ 762.49
17) In-Kind Contributions (CRO-1510)	\$	\$ 326.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1524.98	\$ 2105.98
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1782.51	\$ 1782.51
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 (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$ 762.49	\$ 762.49

Contributions from Individuals

Pg 1 of 5

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 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 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 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					\$ 350.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3562.49

Contributions from Individuals

Pg 2 of 5 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	
Committee to Elect Ann Petersen					
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	
Jennifer R. Cunningham 545 Orchard Rd. Southern Pines, NC 28387 910-695-6606		Researcher			
		c. Employer's Name/Specific Field			
		Environmental Resource Mgmt In			
				e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		08/13/2025	\$ 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)		b. Job Title/Profession		d. Comments	
May Say LLC (Katherine Cunningham) 712 Superba Ave. Venice, CA 90291 910-315-9007		Producer/Director		See CRO-6300 Statement + Copy of Check Attached	
		c. Employer's Name/Specific Field			
		Self-Employed			
				e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		08/11/2025	\$ 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)		b. Job Title/Profession		d. Comments	
Ruth Petersen 116 Hanover Place Chapel Hill, NC 27516 919-942-0397		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		08/09/2025	\$ 150.00
<input type="checkbox"/>	1	Check		09/12/2025	\$ 250.00
<input type="checkbox"/>					\$
4. Total only this Page				\$ 1400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 3562.49	

Contributions from Individuals

Pg 3 of 5 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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession General Contractor		d. Comments	
Robert Alexander Bowness 15 James River Place Pinehurst, NC 28374 910-695-6606		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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Retired		d. Comments	
Ellie Collins 335 Driftwood Circle Unit B Southern Pines, NC 28387 910-315-9007		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 Retired		d. Comments	
Charlotte Lee Belmore 210 Weymouth Rd. Southern Pines, NC 28387 410-599-4789		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					\$ 450.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3562.49

Contributions from Individuals

Amendment

Pg 4 of 5 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) Brian J. Deaton 205 Highland Rd Southern Pines, NC 28387 910-603-8762			b. Job Title/Profession Retired		d. Comments			
			c. Employer's Name/Specific Field					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Beth K. Carpenter 565 Orchard Rd Southern Pines, NC 28387 910-690-3097			b. Job Title/Profession Book Club Manager		d. Comments			
			c. Employer's Name/Specific Field The Country Bookshop, LLC 140 NW Broad St Southern Pines, NC 28387					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ronald G. Adams 275 Hillside Dr Southern Pines, NC 28387			b. Job Title/Profession		d. Comments			
			c. Employer's Name/Specific Field					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove								
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		10/03/2025	\$ 100.00			
<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) Ronald G. Adams 275 Hillside Dr Southern Pines, NC 28387			b. Job Title/Profession		d. Comments			
			c. Employer's Name/Specific Field					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ronald G. Adams 275 Hillside Dr Southern Pines, NC 28387					e. Election Sum to Date			
					\$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount			
<input type="checkbox"/>	1	Check		10/06/2025	\$ 100.00			
<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) Ronald G. Adams 275 Hillside Dr Southern Pines, NC 28387			b. Job Title/Profession		d. Comments			
			c. Employer's Name/Specific Field					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ronald G. Adams 275 Hillside Dr Southern Pines, NC 28387					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		10/08/2025	\$ 50.00			
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
4. Total only this Page					\$ 250.00			
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3562.49			

Contributions from Individuals

Pg 5 of 5 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Amendment

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	
Ellen F. Airs 17 Village Green Cir Southern Pines, NC 28387 910-691-8760		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 type="checkbox"/>	1	Check		10/11/2025	\$ 100.00
<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	
Ann C. Petersen 545 Orchard Rd Southern Pines, NC 28387 910-315-8502		Self-Employed			
		c. Employer's Name/Specific Field			
				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		10/13/2025	\$ 250.00
<input type="checkbox"/>	APPersonal	CreditCard	2000 4x4 Cards	09/29/2025	\$ 714.34
<input type="checkbox"/>	APPersonal	CreditCard	150 8.5x11 Ltrs	10/03/2025	\$ 48.15
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				\$ 1112.49	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 3562.49	

In-Kind Contributions

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 type="button" value="Add"/> <input type="button" value="Remove"/>		
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>Moore County Democratic Party</p> <p>175 West New Hampshire Avenue</p> <p>Southern Pines, NC 28387</p> <p>(910)621-5565</p>	b. Type of Contributor	c. Comments
	<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		
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="button" value="Add"/> <input type="button" value="Remove"/>		
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>	b. Type of Contributor	c. Comments
	<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		
d. Election Sum to Date		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="button" value="Add"/> <input type="button" value="Remove"/>		
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>	b. Type of Contributor	c. Comments
	<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		
d. Election Sum to Date		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 326.00
5. Total of ALL CRO-1510 Pages		\$ 326.00
(This line must be on line 17 of Detailed Summary Page CRO-1100)		

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Committee to Elect Ann Petersen			
3. Contributor Information <input checked="" type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Printing Palace 2300 Lincoln Blvd Santa Monica, CA 90405		Ann C. Petersen 545 Orchard Rd Southern Pines, NC 28387	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
2000 4x4 Election cards print	09/29/2025	y	\$ 714.34
3. Contributor Information <input checked="" type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Staples 290 Turner St Aberdeen, NC 28315		Ann C. Petersen 545 Orchard Rd Southern Pines, NC 28387	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
150 8.5 x 11 Letters	10/03/2025	y	\$ 48.15
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page		\$ 762.49	<input checked="" type="checkbox"/>
5. Total of ALL CRO-1215 Pages		\$ 762.49	
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			

Contributions from Political Party Committees

Pg 1 of 1 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 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)
		Door Handle Bags (Qty 300)	09/16/2025
		Wire H-Stakes for Signs (Qty 207)	09/16/2025
			\$
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)
			\$
			\$
			\$
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)
			\$
			\$
			\$
4. Total only this Page		\$ 326.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>		\$ 326.00	

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		
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)			b. Coordinated Committee Name	d. Comments	
Ralitza M Tocheva 9111 McAlwaine Preserve Ave. Charlotte, NC 28277					
			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	
				\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/14/2025	\$250.00	
				\$	
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
Printing Palace 2300 Lincoln B Santa Monica, CA 90405					
			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	
				\$ 714.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
AP cr card	Credit Card	B	09/29/2025	\$714.34	
				\$	
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
Staples 290 Turner St Aberdeen, NC 28315					
			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	
				\$ 48.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
AP cr card	Credit Card	B	10/03/2025	\$48.15	
				\$	
5. Total only this Page			\$ 1012.49 762.49		
6. Total of ALL CRO-1310 Pages			\$ 1017.49		
<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>					
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

Pg 1 of 1 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		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
4. Payee Information		<input checked="" 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)	
Moore County Board of Elections 700 Pinehurst Ave. 910-947-3869 Carthage, NC 28327		d. Comments e. Election Sum to Date \$ 5,00	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
1 Check H 07/07/2025 \$ 3,00 Filing Fee			
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)	
		d. Comments e. Election Sum to Date \$	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> 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 c. Level Registered (Specify)	
		d. Comments e. Election Sum to Date \$	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
5. Total only this Page		\$ 5,00	
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)	
		\$ 10,17,49	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>			
A* - Media <input type="checkbox"/> B* - Printing <input type="checkbox"/> C* - Fundraising <input type="checkbox"/> D - To Another Candidate E - Salaries <input type="checkbox"/> F* - Equipment <input type="checkbox"/> G - Political Party <input type="checkbox"/> H* - Holding Public Office Expenses I - Postage <input type="checkbox"/> J - Penalties <input type="checkbox"/> K* - Office Expenses <input type="checkbox"/> Q* - Donation to Legal Expense Fund O* Other <input type="checkbox"/>			
* Codes require detailed explanation in required remarks field (k)			

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)

Committee to Elect Ann Petersen

3. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Ann C. Petersen 545 Orchard Rd Southern Pines, NC 28387		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	09/09/2025
b. Job Title/Profession		e. Level Registered (Specify)	i. Original Receipt Amount
Self-Employed		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	\$ 714.34
c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
		P	\$ 762.49
l. Form of Payment		g. Comments	k. Account Code
Check		Candidate paid by personal credit card	
m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Reimbursed for personal AMEX charge		10/08/2025	\$ 714.34

3. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
Ann C. Petersen 545 Orchard Rd Southern Pines, NC 28387		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	10/03/2025
b. Job Title/Profession		e. Level Registered (Specify)	i. Original Receipt Amount
Self-Employed		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	\$ 48.15
c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
		P	\$ 762.49
g. Comments		k. Account Code	
Candidate paid by personal credit card		1	
l. Form of Payment		m. Required Remarks	n. Date (mm/dd/yyyy)
Check		Reimbursed for personal AMEX charge	10/08/2025
o. Amount			\$ 48.15

3. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		e. Level Registered (Specify)	i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$
c. Employer's Name/Specific Field		f. Purpose Code	j. Election Sum to Date
			\$
g. Comments		k. Account Code	
l. Form of Payment		m. Required Remarks	n. Date (mm/dd/yyyy)
o. Amount			\$

4. Total only this Page

5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

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)