

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 HUNTER MOORE		CAB-MAB6VX-C-001																																					
b. Mailing Address (include City, State and Zip Code)		d. Date Filed																																					
4817 MT PLEASANT RD ROCKWELL, NC 28138		10/29/2018																																					
		e. Phone Number																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																				
2018	07/01/2018	10/20/2018	FRANK RUSH																																				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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 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	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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 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																																						
7. Type of Fund (if applicable, check one)		10. Special Report Name																																					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																							
8. Number of Fundraisers this Report																																							
0																																							
3. Account Information		3. Account Information																																					
a. Financial Institution Full Name		a. Financial Institution Full Name																																					
FIRST BANK																																							
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																				
CAMPAIGN FINANCE	1001																																						
	d. Period Begin Balance		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																																							
<u>Frank W. Rush</u> Printed Name of Signer		<u>Frank W. Rush</u> Signature of Appointed Treasurer																																					
		<u>10/29/2018</u> Date																																					
FOR OFFICE USE ONLY																																							
Date Received: CABARRUS COUNTY BOARD OF ELECTIONS	Employee: <u>AK</u>	Delivery Method																																					
Date Postmarked: OCT 29 2018	Employee: _____	<input type="checkbox"/> Normal Mail																																					
Date Scanned: <u>10/30/2018</u>	Employee: <u>SMG</u>	<input type="checkbox"/> Registered Mail																																					
Date Data Entered: RECEIVED	Employee: _____	<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

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	
COMMITTEE TO ELECT HUNTER MOORE		2018 Third Quarter		CAB-MAB6VX-C-001	
Start of Election Cycle: January 1,		2017		Total this	
				Reporting Period	
				Total this	
				Election Cycle	
4) Cash on Hand at Start		\$ 396,497		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ ✓100.00	
6) Contributions from Individuals		(CRO-1210)		\$ ✓1961.10	
7) Contributions from Political Party Committees		(CRO-1220)		\$	
8) Contributions from Other Political Committees		(CRO-1230)		\$ ✓200.00	
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)				\$ ✓2261.10	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ ✓1864.80	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$	
13c) Coordinated Party Expenditures		(CRO-1310)		\$	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ ✓15.17	
15) Loan Repayments		(CRO-1420)		\$	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$	
17) In-Kind Contributions		(CRO-1510)		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ ✓1879.97	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ ✓777.60 ✓	
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)		\$	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT HUNTER MOORE				CAB-MAB6VX-C-001	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1001	Cash		09/01/2018	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1001	Cash		08/02/2018	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 100.00	
5. Total of ALL CRO-1205 Pages				\$ 100.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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 HUNTER MOORE						CAB-MAB6VX-C-00	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
GODADDY.COM 14455 HAYDEN RD SCOTTSDALE, AZ 85260							
				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	
						\$ 194.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1001	Debit Card	O	08/03/2018	\$ 179.64	WEBSITE DOMAIN		
				\$			
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	
KS IMAGE SOLUTIONS, LLC 4464 RACEWAY DR SUITE B CONCORD, NC 28027 (704) 786-7763							
				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	
						\$ 2,181.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1001	Debit Card	B	10/16/2018	\$ 1,685.16	CAMPAIGN SIGNS		
				\$			
5. Total only this Page						\$ 1,864.80	
6. Total of ALL CRO-1310 Pages						\$ 1,864.80	
<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)							

Contributions from Individuals

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 HUNTER MOORE						CAB-MAB6VX-C-001	
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	
MICHAEL ANDERSON 705 TRATON CIRCLE CONCORD, NC 28025				PHOTOGRAPHER AND OWNER			
				c. Employer's Name/Specific Field MICHAEL A ANDERSON PHOTOGRAPHY			
						e. Election Sum to Date \$ <input checked="" type="checkbox"/> 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"/>	1001	Check		10/01/2018	\$ <input checked="" type="checkbox"/> 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	
ADAM BROWN 233 MOORE DR NW CONCORD, NC 28025				MAIL CARRIER			
				c. Employer's Name/Specific Field USPS			
						e. Election Sum to Date \$ <input checked="" type="checkbox"/> 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"/>	1001	Check		09/15/2018	\$ <input checked="" type="checkbox"/> 100.00		
<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	
ALFRED BROWN 100 GROVE AVE NW CONCORD, NC 28025				RETIRED			
				c. Employer's Name/Specific Field CONCORD CITY COUNCIL			
						e. Election Sum to Date \$ <input checked="" type="checkbox"/> 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"/>	1001	Check		10/15/2018	\$ <input checked="" type="checkbox"/> 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <input checked="" type="checkbox"/> 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <input checked="" type="checkbox"/> 1,961.10	

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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) COMMITTEE TO ELECT HUNTER MOORE	2. ID Number CAB-MAB6VX-C-001
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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	
JEFF COOK 5009 MT PLEASANT RD N ROCKWELL, NC 28138		CHAIROPRACTOR			
		c. Employer's Name/Specific Field COOK CHAIROPRATIC			
				e. Election Sum to Date	
				\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	Check		10/16/2018	\$ 75.00
<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	
CAROLYN CRAWFORD 5575 YORKE NW CONCORD, NC 28027 <i>Delete Carolyn Carpenter Add Carolyn Crawford</i>		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"/>	1001	Cash		03/08/2018	\$ 50.00
<input type="checkbox"/>	1001	Cash		08/15/2018	\$ 50.00
<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	
GAYSORN GREEN 6465 GOLDFISH RD KANNAPOLIS, NC 28073		OWNER			
		c. Employer's Name/Specific Field GREENDALES TROPICAL ADN SALTWATER FISH			
				e. Election Sum to Date	
				\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	Check		08/27/2018	\$ 450.00
<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	
GAYSORN GREEN 6465 GOLDFISH RD KANNAPOLIS, NC 28073		OWNER			
		c. Employer's Name/Specific Field GREENDALES TROPICAL ADN SALTWATER FISH			
				e. Election Sum to Date	
				\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	Check		08/27/2018	\$ 450.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page					\$ ✓ 575.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ ✓ 1,961.10

Contributions from Individuals

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) COMMITTEE TO ELECT HUNTER MOORE	2. ID Number CAB-MAB6VX-C-001
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PARISH MOFFITT 1315 SANDY BOTTOM DR NW CONCORD, NC 28027	b. Job Title/Profession [REDACTED]	d. Comments e. Election Sum to Date \$ 75.00
	c. Employer's Name/Specific Field AMERICAN AIRLINES	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	Check		09/24/2018	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) CYNTHIA MYNATT 20 WASHINGTON LANE SE CONCORD, NC 28025	b. Job Title/Profession OWNER	d. Comments e. Election Sum to Date \$ 95.70
	c. Employer's Name/Specific Field BEN MYNATT DEALERSHIPS, INC	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	Credit Card		10/02/2018	\$ 95.70
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PAUL NEWTON 3500 LITTLE BUFFALO CREEK RD MT PLEASANT, NC 20124	b. Job Title/Profession NC STATE SENATOR	d. Comments e. Election Sum to Date \$ 119.70
	c. Employer's Name/Specific Field NORTH CAROLINA	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1001	Credit Card		08/16/2018	\$ 119.70
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 290.40

5. Total of ALL CRO-1210 Pages \$ 1,961.10
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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 HUNTER MOORE						CAB-MAB6VX-C-001	
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	
FRANK RUSH 558 HAMBERTON CT NW CONCORD, NC 28027				RETIRED WHOLESAL			
				c. Employer's Name/Specific Field HUGHES SUPPLY			
				e. Election Sum to Date		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1001	Check		09/15/2018		\$ 150.00	
<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	
WAYNE SASSER 29013 JORDANS POND DR ALBEMARLE, NC 28001				PHARMACIST			
				c. Employer's Name/Specific Field Professional, Scientific, and Technical Services			
				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"/>	1001	Check		10/18/2018		\$ 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	
Marion RIC STARNES 47 SPRING ST NW Concord, NC 28025							
				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"/>	1001	Check		09/04/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ <input checked="" type="checkbox"/> 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <input checked="" type="checkbox"/> 1,961.10	

Contributions from Individuals

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 HUNTER MOORE						CAB-MAB6VX-C-001	
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	
ANTHONY WEISS 1403 MISTLETOE RIDGE PL NW CONCORD, NC 28027				FINANCIAL ANALYST			
				c. Employer's Name/Specific Field S & D COFFEE AND TEA			
				e. Election Sum to Date		\$ 95.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1001	Credit Card		09/11/2018	\$ 95.70		
<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	
PAMELA YORKE 226 VANCE DR NE CONCORD, NC 28025				CUSTOMER SERVICE REP			
				c. Employer's Name/Specific Field IAA AUTO AUCTION			
				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"/>	1001	Check		04/23/2018	\$ 50.00		
<input type="checkbox"/>	1001	Cash		09/18/2018	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 145.70 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,961.10 ✓	

Complete info as requested

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT HUNTER MOORE			CAB-MAB6VX-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
THE COMMITTEE TO ELECT LINDA JOHNSON 1205 BERKSHIRE DR KANNAPOLIS, NC 28081		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date
				\$ 200.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1001	Check		09/15/2018	\$ 200.00
				\$
				\$
4. Total only this Page				\$ <input checked="" type="checkbox"/> \$200.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 200.00

Aggregated Non-Media Expenditures

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT HUNTER MOORE					CAB-MAB6VX-C-001	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1001	Debit Card	O	08/06/2018	\$ 15.17	E MAIL
4. Total only this Page					\$ 15.17	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 15.17	
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						