Disclosure Report Cover							
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.							
Do not use this form to update in 1, Committee Information	iformation.		N. O. C.				
a. Full Name			c. ID Number				
A. V. a. 5. D. V. M. a.	. 0 0 0		C. ID I VIIIIDEI				
Catherine Bands Mos.	re for labourus L	Ourty School Board	1.5.				
b. Mailing Address (include City, Stat	d. Date Filed						
650 P.745 School Ro	2/28/2018						
Concord, NC 28	e. Phone Number						
, 20	7	0C1 <b>3.3</b> 2018	(104) 186-9363				
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/y) 5 Treasu	rer Full Name				
2018 7/1/2019	8 10%	20/2018 Cather	ine Bands Moore				
6. Type of Committee (Check C		eport (check only one type of re					
Candidate Campaign Part		State/County	Referendum				
terror terror	erendum Organizatio	-	Organizational				
Total A Research	nt Fundraiser		Pre-referendum				
Legal Expense Fund	Pre-primar		Final				
7. Type of Fund (if applicable,	check one) Pre-election	laund Gerond	Supplemental Final				
Booster Fund	Semi-annua	Third Fourth	Annual Special				
Building Fund	Mid Y		Special				
_ Denoing 1 and	Year		10. Special Report Name				
Other:	Final	Year End	10. Special Report Name				
8. Number of Fundraisers this	Down Divinos	Final					
		Special					
11. Account Information		11. Account Information					
11. Account Information a. Financial Institution Full Name		11. Account Information a. Financial Institution Full Name					
a. Financial Institution Full Name							
a. Financial Institution Full Name	c. Account Code		c. Account Code				
a. Financial Institution Full Name  Fig. M. Bank b. Purpose		a. Financial Institution Full Name	c. Account Code				
a. Financial Institution Full Name  Fig. M. Bank b. Purpose	1059	a. Financial Institution Full Name					
a. Financial Institution Full Name  Fig. M. Bank b. Purpose	d. Period Begin Balance	a. Financial Institution Full Name	d. Period Begin Balance				
a. Financial Institution Full Name Fin M Bank b. Purpose Campaign Transaction	1059	a. Financial Institution Full Name					
a. Financial Institution Full Name  Fig. M. Bank b. Purpose  Campaign  Transaction  CERTIFICATION	1059 d. Period Begin Balance \$ 81.75	a. Financial Institution Full Name b. Purpose	d. Period Begin Balance				
a. Financial Institution Full Name  Fig. M. Bank b. Purpose  Campaign  Transacton  CERTIFICATION  I certify that the Committee or Fun	d. Period Begin Balance \$ 81.75	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  Bank  b. Purpose  Campaign  Transactor  CERTIFICATION  I certify that the Committee or Full of the NC General Statutes and the	d. Period Begin Balance \$ 81.75  and is in compliance with all apart no funds are commingled w	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  Bank  b. Purpose  Campaign  Transactor  CERTIFICATION  I certify that the Committee or Full of the NC General Statutes and the	d. Period Begin Balance \$ 81.75  and is in compliance with all apart no funds are commingled w	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  Bank  b. Purpose  Campaign  Transactor  CERTIFICATION  I certify that the Committee or Full of the NC General Statutes and the	d. Period Begin Balance \$ 81.75  and is in compliance with all agat no funds are commingled we and that I have been trained	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcucton  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct Catherine Books M	d. Period Begin Balance \$ 81.75  and is in compliance with all are at no funds are commingled we that I have been trained to the complete of t	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcucton  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct Catherine Rocks Medical Printed Name of Sign	d. Period Begin Balance \$ 81.75  and is in compliance with all are at no funds are commingled we that I have been trained to the complex of t	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcucton  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct complete the South Manuel of Sign  For OFFICE USE ONLY	d. Period Begin Balance \$ 81.75  and is in compliance with all are at no funds are commingled we that I have been trained	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Signature of Appointed Treasurer	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20/8 Date				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcucton  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct Catherine Rocks Medical Printed Name of Sign	d. Period Begin Balance \$ 81.75  and is in compliance with all are at no funds are commingled we that I have been trained	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Manual M	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20/8 Date				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transaction  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct complete that Name of Sign  FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 81.75  and is in compliance with all agat no funds are commingled we are and that I have been trained there    Doce   Lathered     Doce   La	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Bank Market Signature of Appointed Treasurer  loyee: Sng D	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20/8 Date  Delivery Method Normal Mail				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcucton  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct complete the South Manuel of Sign  For OFFICE USE ONLY	d. Period Begin Balance \$ 81.75  and is in compliance with all agat no funds are commingled we are and that I have been trained there    Doce   Lathered     Doce   La	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Signature of Appointed Treasurer	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20/8 Date				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcuction  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct the Name of Sign  FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 81.75  and is in compliance with all agat no funds are commingled we and that I have been trained the beginning the beginning to the beginning t	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Signature of Appointed Treasurer  loyee:	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20 R Date  Delivery Method Normal Mail Registered Mail				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transaction  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct complete that Name of Sign  FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 81.75  and is in compliance with all agat no funds are commingled we and that I have been trained the beginning the beginning to the beginning t	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Bank Market Signature of Appointed Treasurer  loyee: Sng D	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20/8 Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  b. Purpose  Campaign  Transcuction  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct the Name of Sign  FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance \$ 81.75  and is in compliance with all agat no funds are commingled we and that I have been trained the left and the left and the left are left and left are left and left are left and left are le	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Signature of Appointed Treasurer  loyee:	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this				
a. Financial Institution Full Name  Financial Institution Full Name  Financial Institution Full Name  Bank  b. Purpose  Campaign  Transaction  CERTIFICATION  I certify that the Committee or Funof the NC General Statutes and the report is complete, true and correct and Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:	d. Period Begin Balance \$ 81.75  and is in compliance with all are at no funds are commingled we and that I have been trained    Once	a. Financial Institution Full Name  b. Purpose  pplicable provisions of Article 22A, 2 ith prohibited or other non-disclosed by the NC State Board of Elections.  Many Dands Movine  Signature of Appointed Treasurer  loyee:  Loyee:	d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 funds. I further certify that this  10/20/20/8 Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received mandatory training				

Amendment ☐ Yes ☐ No

<b>Detailed Summary</b>		Amendment  Yes No	
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)		3. ID Number	
	2. Type of	Keport	5. ID Number
Catherine Bonds Moore for Cabacrus County School Board		Total 4his	
Start of Election Cycle: January 1,	-	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$	\$
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$2625.00	\$ 2625.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
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)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2673.00	\$ 2073.00
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 150.00	\$150.00
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$	\$
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)	\$	\$

		rom Individua individual contribution		ontributions	Pg of	CRO	Yes No	
1. Con	unittee Full Nan	ne (and Fund if app	licable)	Onu lourons	dider \$50 if form		ID Number	
Cath	erine Bond	K Moore for	Calonnis	Pounty	School Bour	1		
3. Con	tributor Inform	ation		Add 🖸	Remove			
	ame, Mailing Addr			b. Job Title/	Profession	d. (	Comments	
	le city, state, & zip)			Retir	ed			
Dex	ty Alsta	00		c. Employer'	s Name/Specific Field			
P.O. BOX 5091		Teacher			Election Sum to Date			
Concord, NC 28027		reacher			\$ 25.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/		k. Amount	
	1059	Check			9/2/20		\$ 25.00	
							\$	
						enravar (un purpos	\$	
3. Cont	ributor Informa	ation		Add 🔲	Remove			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/I		d. C	Comments	
	le city, state, & zip)							
A.3	i. Brown			c. Employer'	s Name/Specific Field			
P.O. BOX 608		V 0 0 0 0 0 1 0 1		e. E	e. Election Sum to Date			
Cor	rcord, N	C 28026		Kannapolis City			\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/y	уууу)	k. Amount	
	1059	Check			10/2/20	18	\$50.00	
							\$	
	=						\$	
3. Contributor Information Add Remove								
	ame, Mailing Addre	ess & Phone		b. Job Title/P	rofession	d. C	omments	
		١ ،٨٨ .		Retir	ed			
	1.00	onds Moor		c. Employer's	s Name/Specific Field			
650 PATS School Road			School Counselor		e. E	lection Sum to Date		
Concord, NC 28027		\$			\$ 2,550.00			
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/y	ууу)	k. Amount	
	1059	Check			7/11/201	8	\$ 500.00	
	1059	Check			9/12/20	18	\$1800.00	
	1059	Check			10/4/201	8	\$ 250.00	
4. Tota	al only this Pa					-	2625,00	
5. Tota	al of ALL CR	O-1210 Pages						
(This li	ne must be on line 6	of Detailed Summary Pa	roe CRO-1100)			PC	2625.00	

Disbursem					Pg of		Yes No	
	report expenditures		ee for o	perating exp	enses, contribution	ons to	candidate/political	
	coordinated party ex	THE RESERVE OF THE PARTY OF THE				12	m v I	
	ull Name (and Fund						. ID Number	
Catherine	Bonds Moore	for Caban	is Cou	with Sol	nool Board			
3. Type of Disb	ursement <u>(Please</u>	use separate CR	<i>O-1310</i>	forms for e	ach type of Disb	ursem	ent.)	
Operating Expe	THE RESIDENCE IN COLUMN TWO IS NOT THE RESIDENCE IN	tributions to Candida	tes/Politic	al Committees		dinated	Party Expenditures	
4. Payee Inform				Add $\Box$	Remove			
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d.	Comments	
(include city, state, & zip)								
Run and 1	Win			c. Level Regis	stered (Specify)			
Your Logo	Works			Federal County:				
P.O. BOX				State Municipality: e. Election Sum to Date				
	SC 29802					\$	12216.00	
	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Regu	uired Remarks	
1059	Check	B	3		\$ 464.00			
1059	140 No. 2011			8/2018			Hors/Emery Boards	
The second secon	Check		9/2		\$1752.00	Caro	ds /Signs	
4. Payee Inforn	ing Address & Phone			Add	Remove ed Committee Name	la la	Comments	
(include city, stat				b. Cooruman	ed Committee Name	u.	Comments	
						4		
All Stat	Image			c. Level Regis	stered (Specify)			
9009 Po	Image plus Tent &	Load		Federal	County:			
Concord, NC 28027					lity: e.	Election Sum to Date		
Correction	10 2803	L ]				\$	\$ 107.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Requ	uired Remarks	
1059	Check	B	9/1-	1/2018	\$107.00	T- <	shirts	
					\$	, ,		
4. Payee Inforn	nation		П	Add	Remove			
	ing Address & Phone				ed Committee Name	ld.	Comments	
(include city, stat						a.	Comments	
Todenes	leat Tala	~ 0						
Independent Tribune 363 Church St. N Suite 140				c. Level Registered (Specify)				
303 Church St. N Suite 140				Federal State	County:  Municipa	litru la	Election Sum to Date	
Concord	, NL 280	25		L State	Municipa			
	,					3	\$350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Requ	uired Remarks	
1059	Check	A	10/11	2018	\$ 350.00	A	ds	
					\$			
5. Total only th	is Page						\$2,673.00	
						,	2,073.00	
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)  \$2,673.00								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
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)								
The second second second second second second				\/	MANAGEMENT OF THE PARTY OF THE			

**Disbursements** 

<b>In-Kind Contributions</b>	Pg	g of		Yes No	
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refu	ds or services pro	vided to the commit			
1. Committee Full Name (and Fund if applicable)	nded within / de	iys.	2. II	D Number	
Latherine Bonds Moore for Cabarrus	· Iranol:	School Road			
	Add Re				
a. Full Name, Mailing Address & Phone	b. Type of Contr		c. Co	omments	
(include city, state, & zip)	Individual				
Margie Burris Bords 655 PHS School Road	Candidate Party				
655 PHS School Koad	PAC Referendum		d Ele	ection Sum to Date	
Concord, NC 28027	Other Receip			50.00	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Three 4x4 Stands		9/29/20	18	\$ 150.00	
				\$	
	Marin et er en			\$	
3. Contributor Information	Add Re	emove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contri	ibutor	c. Co	mments	
	Candidate Party PAC Referendum Other Receip	ot Source	d. Ele	d. Election Sum to Date	
e. Description		f. Date (mm/dd/yyy	уу) ј	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information		emove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor  Individual  Candidate  Party  PAC		c. Coi	mments	
	Referendum		d. Ele	ection Sum to Date	
	Other Receipt Source		\$		
e. Description		f. Date (mm/dd/yyy	уу) [	g. Fair Market Amount	
	Destruction and the second and the second and the second			\$	
				\$	
				\$	
4. Total only this Page			\$ 1	50.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				50.00	