Disclosure	Report	Cover
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Amendment		
Yes	\boxtimes	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. Co	ommittee Infori	mation		(20.00.00)	51 781 65 (III) 851 583			A Marine Park			
a. Ful	I Name								C	. ID Number	
CON	MMITTEE TO I	ELECT T	HOMASINE MOO	ORE						JHCW2W	
			tate and Zip Code)			. 1	The second	into en el composa		d. Date Filed	134
410 #12]	NEW BRIDGE B	STREET	•							01/09/2018	
JAC	KSONVILLE N	1C							•	e. Phone Number	i gr
										910/347-2060	
2. R	eport Year	3. Period	l Start Date (mm/d	ld/yy)	4. Period F (mm/dd/yy)	End Da	te	5. Treasurer		ime	
	2018		10/21/2018		12/3	1/2018		MITTIE GRA	λY		
6. Ty	ype of Committ	tee (Checl	k One)	9. Tyj	e of Report	(c	heck on	ly one type of re	port fro	om one category)	
\boxtimes	Candidate Campa	aign 🔲	Party	Munici	pal		State/C	County	j	Referendum	
	PAC		Referendum		Organizational			Organizational		Organizational	
l —	Independent Expenditure		Joint Fundraiser		Thirty-five day	,		Quarterly		Pre-referendum	
lH	Legal Expense Fu	und							•		
7. T	ype of Fund		able, check one)		Pre-primary			First		Final	
П	"Booster Fund"	and the second second	u es pennet de la compresa de la co	lĦ	Pre-election			Second	i	Supplemental Final	
	Building Fund			lĦ	Pre-runoff			Third		Annual	
	-			_	Semi-annual		$\overline{\boxtimes}$	Fourth	[Special	
			•		Miđ Year		<u> </u>	Semi-annual			
	Other:				Year End			Mid Year		10. Special Report Name	
					Final			Year End			
8. N	umber of Fund	raisers th	is Report		Special			Final			
ľ		0						Special			
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a. Fin	·	ation				SECONDOCIONES	ceount	Information			
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Detailed Summary Use this form to summarize all disclosure reporting forms and	to total mo	netary information	Amendment Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee To Elect Thomasine Moore	Ruar	terly	JAKWAW
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 1,014.50	\$
RECEIPTS		<u> </u>	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00	\$ 970.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 4675.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ -
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100.00	\$ 700.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	s
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,	lld and lle)		\$ 6,345,00
EXPENDITURES			
13) Disbursements	***************************************		
13a) Operating Expenditures	(CRO-1310)	\$ 1,225.51	\$ 6 156.01
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 150.00
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 1,225.51	\$ 6306.01
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 38,99	\$ 38.99
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)	\$	\$
	L		
26) Forgiven Loans	(CRO-1440)	\$	\$
	(CRO-1440) (CRO-2220)	\$	\$

Aggregated Contributions from Individuals

Page

of

Amendment

Yes 🔀

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Con	nmittee Full Na	ime (and Fun	d if applicable)			2. II	Number
			ASINE MOORE				JHCW2W
3. Сол	tributor Infori	nation					
a. Amen		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	у)	f. Amount
	Add Remove	TM	CHECK		10/30/2	018	\$ 50.00
	Add Remove	TM	CASH		12/20/2	018	\$ 50.00
	Add Remove	TM	CASH		12/20/2	018	\$ 50.00
	Add			1			4 4 5 5 5 6 6 6 6 6 7 6 7 6 7 6 7 6 1 1 1 1 1 1 1 1 1 1
	Remove						\$
	Add						
	Remove						\$
	Add			***************************************		******	
	Remove						\$
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	Add Remove					•	\$
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	al of ALL C		2000	***************************************	n=	Ψ	10.00
(This li			nmary Page CRO-1100)			\$	150.00

Contributions from Other Political Committees P_g 1 of 1 Amendment P_g N_o

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

1. Committee F	ull Name (and Fund if applic	able)			2. ID	Number
COMMITTEE	TO ELECT THOMASINE MO	OORE				JHCW2W
3. Contributor 1	Information		Add I	Remove		1
a. Full Name, Maili	ng Address & Phone	Tagle (Internal Vital of Section 2015)	b. Type of Committee	SO	d. Con	nments
(include city, state			Candidate	PAC		
	DEMOCRATE PARTY		Referendum			
PO BOX 1175 JACKSONVILI	T: NIC 20540		c. Level Registered (Spec			
JACKSONVILI	LE NC 28540		Federal	County:		
			State	Municipality:	e. Elec	tion Sum to Date
					\$	100.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy	v)	j. Amount
TM	CHECK			10/30/2018	3	\$ 100.00
					111	\$

3. Contributor I	Tormation				altesame estiliare	\$
a. Full Name, Mailin				Remove	(0) (0) (0)	
(include city, state			b. Type of Committee Candidate	☐ PAC	d. Con	iments
	, <u>.</u>		Referendum	PAC		
			c. Level Registered (Speci	ifv)	-	
			Federal County:		-	
			State	Municipality:	e. Elect	tion Sum to Date
					\$	78777000
f. Account Code	g. Form of Payment	h. In-Kine	d Description	i. Date (mm/dd/yyyy)	j. Amount
						\$
1450454					· vino	\$
				764		\$
3. Contributor L	nformation		Add 🔲 R	emove		
a. Full Name, Mailin	g Address & Phone		b. Type of Committee		d. Com	ments
(include city, state	, & zip)	· · · · · · · · · · · · · · · · · · ·	Candidate	PAC		
			Referendum			
			c. Level Registered (Speci			
			Federal State	County:		
			State	Municipality:		ion Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind	Description	i. Date (mm/dd/yyyy)	\$	j. Amount
***************************************				2 Date (Militally 333)	,	
						\$
						\$
						\$
4. Total only this	A principal Transport of the property of the p				\$	100.00
5. Total of ALL ((This line must be o	CRO-1230 Pages on line 8 of Detailed Summary Page (CRO-1100)			\$	100.00

Disbursements

Pg

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 F	Full Name (and Fun	ıd if applicable)			2. ID Number
COMMITTEE	COMMITTEE TO ELECT THOMASINE MOORE JHCW2W				
3. Type of Disb		ase use separate (CRO-1310 forms for eac	ch type of Disburser	nent.)
Operating E	Expenses	Contributions to Ca	andidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation	and the second second	Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,	, & <u>zip)</u>				
SOPHIE'S TRO			7		
JACKSONVIL)	LE NC 28540		c. Level Registered (Speci	ifv)	-
				County:	
i			State	Municipality:	e. Election Sum to Date
					\$ 338.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T					CAMPAIGN SIGNS
TM	CHECK	В	10/22/2018	\$338.21	CAMI AIGH SIGNS
!				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone	WEXTER COLUMN TO THE TOTAL COLUMN TO THE COL	b. Coordinated Committe		d. Comments
(include city, state,			D. COOI GIBBLE COMPANIE	æ Name	d. Comments
FIRST BANK	& Zip)		<u>.</u>		
JACKSONVILI	I E NC		T 1 D -= (C	***	_
JUCKPOTA ATM	LE NC		c. Level Registered (Speci		_
ı			Federal		
I			State	Municipality:	e. Election Sum to Date
					\$ 530.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				J. FARIOUTI	GIFT CARDS
TM	CHECK	0	11/05/18	\$530.00	GII-1 CARDS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		T			
	!			\$	
4. Payee Inform	ıation		Add	Remove	
	ing Address & Phone	<u> </u>	b. Coordinated Committee		1.0
(include city, state,		I	D. Cool dinated Commerce	e Name	d. Comments
CAMELITA IR			1		
JACKSONVILI		!	Y Desistand (Speci		4
JI IOILO OL ILL	DE 140 20040	!	c. Level Registered (Special		-
		!	Federal State	=	
		!	State	Municipality:	e. Election Sum to Date
		!			\$
f. Account Code	g. Form of Payment	h. Purpose Code	1.5.4./ /////		
1. Account Code	g. FUTHI UI F AYMENI	n. x ui pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TM	CHECK	В	11/05/2018	\$111.18	CAMPAIGN CARDS
	ļ			\$	
				The second secon	
5. Total only this					\$ 980.02
	CRO-1310 Pages				
	line 13a of Detailed Sum				\$ 1,225.51
			0 if Contrib to Candidates/Pol		± ک. ک شکسکو لا
			0 if Coordinated Party Expen	ditures)	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties				Public Office Expenses
O* - Other	J - renames	A Umc	ce Expenses	Q* - Donatio	on to Legal Expense Fund
	e detailed explanati	ion in required re	omorke field (k)		
	э истанси схрини	on michanca .	SHIST VOLLETO (V)	XVIII vai v	

Disbursements

Pg 2

of 2

Amendment
Yes

No No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee I	Full Name (and Fur	id if applicable)			2. ID Number
	TO ELECT THOM				JHCW2W
3. Type of Dish		<u>ase use separate (</u>	CRO-1310 forms for each	type of Disburses	nent.)
Operating I	Expenses	Contributions to Ca	andidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add 🗍	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee I	Name	d. Comments
(include city, state,	, & zip)				
FIRST BANK					
JACKSONVIL	LE NC 28540		c. Level Registered (Specify))	7
			Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 18.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TM	CHECK				GIFT CARD FEE
1 171	CHECK	0	11/15/18	\$18.00	On TOTAL TEE
				\$	
4. Payee Inform	aation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
FIRST BANK					
JACKSONVIL	LE NC		c. Level Registered (Specify)		-
			Federal 🛛	County:	<u></u>
			State	Municipality:	e. Election Sum to Date
				141th Capanty.	e. Diettion Sum to Date
	T				\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TM	CHECK	0	11/15/18	\$200.00	GIFT CARDS
			11/13/16	\$200.00	
				\$	
				<u> </u>	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
JAMES SPANN					
JACKSONVILI	LE NC 28540		c. Level Registered (Specify)		
			Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
				***************************************	e e
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TM	CHECK	0	11/18/2018	P27.40	FOOD FOR
****	CILCR		11/18/2018	\$27.49	MEETOMG
				Φ.	
				\$	
5. Total only thi					\$ 245.49
	CRO-1310 Pages				
	line 13a of Detailed Sum				1_
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	0 if Contrib to Candidates/Politic	cal Comm)	\$ 1,225.51
			if Coordinated Party Expenditu	ires)	
7. Purpose Code	es (List detailed exp	enditure code in ((h.) above)		
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic		H* - Holding	Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
The state of the Control of the Cont				A Vocasiona (na Assara a astra a servición de se	Parasti Berling og dette er frem vætt men sen en e
- Codes require	e detailed explanati	on in required re	emarks field (k)		



Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Committee To Elect Thomasine Moore
Treasurer Name:	M, Hie Gray
Treasurer Address:	1038 5 pringvilla DV
(include city, state, & zip)	M, Hie Gray 1038 5 pring rilla DV JACKSONVIlle N(28540
Treasurer Phone:	910/389-0125
I certify that the above name any expenditures, until the c	ed candidate/political committee intends to receive no contributions, nor make ommittee resumes activity.
filing financial disclosure re	e circumstances change, it will be necessary for the person responsible for ports to file an amended Statement of Organization and the Certification to a (CRO-3300) within ten days.
01/10/2018 Date Signed	Grandsignature