

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 Tina Arnder Register of Deeds			c. ID Number
b. Mailing Address (include City, State and Zip Code)	102 Racoons PI Pikeville, NC 27863			d. Date Filed
				e. Phone Number
				919-252-2288

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	12/07/2023	12/20/2023	Tina Arnder

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)	10. Special Report Name
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special

8. Number of Fundraisers this Report	9. Type of Report (check only one type of report from one category)	10. Special Report Name
0		

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
Southern Bank	RECEIVED
b. Purpose	b. Purpose
Campaign Receipts and Disbursements	DEC 20 2023
c. Account Code	c. Account Code
1	NCB001
d. Period Begin Balance	d. Period Begin Balance
\$ 0	\$ 0

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.

Tina Arnder
Printed Name of Signer

Tina Arnder
Signature of Appointed Treasurer

12/20/2023
Date

FOR OFFICE USE ONLY

Date Received:	12/20/23	Employee:	AT	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Tina Under Register of Deeds	Organizational	9K186R
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 100.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 668.18
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 768.18
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 668.18
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 668.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0

Contributions from Individuals

Pg ____ of ____

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)			1B. Number			
Committee to Elect Tina Arnder- ROD			9K186R			
2. 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		
Lois J Mooring 2141 NC 111 N Goldsboro, NC 27534 919-738-5139			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		12/12/2023	\$ 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		
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. 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"/>					\$	
5. Total only this Page						\$ 100.00
6. Total of All CRO-1210 Pages <small>Final Summary Page of Detailed Summary Page CRO-1100</small>						\$ 100.00

Disbursements

Amendment

Pg _____ of _____ 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 Tina Arnder Register of Deeds		9K186R	
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
Wayne Co. Board of Elections 309 E. Chestnut St. Goldsboro, NC 27530			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 668.18	
f. Account Code		g. Form of Payment	h. Purpose Code
1		check	0
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
12/07/2023		\$ 668.18	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	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code		g. Form of Payment	h. Purpose Code
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
		\$	
		\$	
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code		g. Form of Payment	h. Purpose Code
i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks
		\$	
		\$	
5. Total only this Page		\$ 668.18	
6. Total of ALL CRO-1310 Pages		\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>		668.18	
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)			

Loan Proceeds

Pg _____ of _____

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Tina Arnder Register of Deeds</i>		2. ID Number <i>9K186R</i>																																											
3. Lender Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession <i>Asst. Estimator</i></td> <td colspan="3">d. Comments</td> </tr> <tr> <td>Tina Arnder 102 Racoona Pl Pikeville, NC 27863 919-252-2288</td> <td>c. Employer's Name/Specific Field <i>Landscape Design of Goldsboro</i></td> <td colspan="3">e. Start Date (mm/dd/yyyy) <i>12/07/2023</i></td> </tr> <tr> <td></td> <td></td> <td colspan="3">f. End Date (mm/dd/yyyy) <i>—</i></td> </tr> <tr> <td>g. Rate — %</td> <td>h. Security Pledged —</td> <td>i. Account Code 1</td> <td>j. Form of Payment Check</td> <td>k. Amount \$ 668.18</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession <i>Asst. Estimator</i>	d. Comments			Tina Arnder 102 Racoona Pl Pikeville, NC 27863 919-252-2288	c. Employer's Name/Specific Field <i>Landscape Design of Goldsboro</i>	e. Start Date (mm/dd/yyyy) <i>12/07/2023</i>					f. End Date (mm/dd/yyyy) <i>—</i>			g. Rate — %	h. Security Pledged —	i. Account Code 1	j. Form of Payment Check	k. Amount \$ 668.18																					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession <i>Asst. Estimator</i>	d. Comments																																											
Tina Arnder 102 Racoona Pl Pikeville, NC 27863 919-252-2288	c. Employer's Name/Specific Field <i>Landscape Design of Goldsboro</i>	e. Start Date (mm/dd/yyyy) <i>12/07/2023</i>																																											
		f. End Date (mm/dd/yyyy) <i>—</i>																																											
g. Rate — %	h. Security Pledged —	i. Account Code 1	j. Form of Payment Check	k. Amount \$ 668.18																																									
l. Full Name of Lending Institution —		m. Loan Number —																																											
4. Endorsers/Makers (The people who guarantee the loan.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d. Percentage %</td> <td>e. Amount \$</td> </tr> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d. Percentage %</td> <td>e. Amount \$</td> </tr> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d. Percentage %</td> <td>e. Amount \$</td> </tr> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d. Percentage %</td> <td>e. Amount \$</td> </tr> <tr> <td>5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)</td> <td colspan="4">\$ 668.18</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field					d. Percentage %	e. Amount \$	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field					d. Percentage %	e. Amount \$	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field					d. Percentage %	e. Amount \$	a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field					d. Percentage %	e. Amount \$	5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)	\$ 668.18			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field																																											
	d. Percentage %	e. Amount \$																																											
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field																																											
	d. Percentage %	e. Amount \$																																											
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field																																											
	d. Percentage %	e. Amount \$																																											
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field																																											
	d. Percentage %	e. Amount \$																																											
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)	\$ 668.18																																												



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Committee to Elect Tina Arnder Register of Deeds
- Person or committee to make loan: Tina Arnder
- Date of loan to committee: Dec 7, 2023
- Name of lending institution (source):
- Amount of loan: 668.18
- Description (if in-kind loan):
- Names of all parties responsible for payment of loan (guarantors):
- Period of loan:
- Rate of interest of loan:
- Security pledged for loan:

I, Tina Arnder, acknowledge that all of the information
(Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Tina Arnder
Signature of Lender

12/20/2023
Date Signed

Tina Arnder
Signature of Treasurer of Committee

12/20/2023
Date Signed