

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	
BARBARA AYCOCK COMMITTEE	000-000000-0-00	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed	
1707 NOR AM RD PIKEVILLE, NC 27863	01/23/2024	
	e. Phone Number	

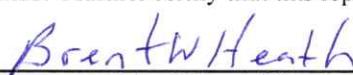
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	11/23/2023	12/31/2023	BRENT HEATH

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	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	State/County <input 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	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
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			

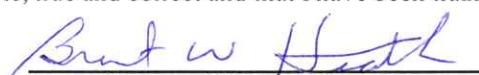
3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
SOUTHERN BANK	WCBOE
b. Purpose	c. Account Code
CAMPAIGN	001
d. Period Begin Balance	
\$	
b. Purpose	c. Account Code
JAN 22 2024	
BY	
d. Period Begin Balance	
\$	

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



Printed Name of Signer



Signature of Appointed Treasurer

01/23/2024

Date

FOR OFFICE USE ONLY

Date Received:	<u>1/23</u>	Employee:	<u>1/22/24</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		<input type="checkbox"/> Signer has not received mandatory training
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

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	
BARBARA AYCOCK COMMITTEE	2023 Year End Semi-Annual	000-000000-0-00	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 500.00 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00 \$ 0.00	
6) Contributions from Individuals	(CRO-1210)	\$ 300.00 \$ 800.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 0.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 300.00 \$ 800.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00 \$ 0.00	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.00 \$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00 \$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 800.00 \$ 800.00	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

Pg 1 of 1 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																				
BARBARA AYCOCK COMMITTEE		000-000000-0-00																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>JOSEPH DEMOCKO 1802 EAST ASH ST GOLDSBORO, NC 27530 (919) 735-2205</td> <td>CHIRPORACTIC</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>SELF</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 200.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JOSEPH DEMOCKO 1802 EAST ASH ST GOLDSBORO, NC 27530 (919) 735-2205	CHIRPORACTIC			c. Employer's Name/Specific Field			SELF				e. Election Sum to Date			\$ 200.00
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	c. Employer's Name/Specific Field																					
	SELF																					
		e. Election Sum to Date																				
		\$ 200.00																				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)																		
<input type="checkbox"/>	001	Check		12/20/2023																		
<input type="checkbox"/>				\$																		
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<input type="checkbox"/>	001	Check		12/20/2023																		
<input type="checkbox"/>				\$																		
<input type="checkbox"/>				\$																		
4. Total only this Page \$ 300.00																						
5. Total of ALL CRO-1210 Pages \$ 300.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																						