

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 TINA ARNDER REGISTER OF DEEDS	-9K186R--		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
102 RACOON PL PIKEVILLE, NC 27863	07/02/2024		
	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	02/18/2024	06/30/2024	MALORIE TARANGO

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	State/County	Referendum
	<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 type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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	<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	RECEIVED WCBQE JUL 02 2024 BY
b. Purpose	c. Account Code
CAMPAIGN RECEIPTS & DISBURSEMENTS	1
d. Period Begin Balance	
\$ 998.87	

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

Malorie Tarango

Printed Name of Signer

Malorie Tarango

Signature of Appointed Treasurer

07/02/2024

Date

FOR OFFICE USE ONLY

Date Received:	7/2/24	Employee:	AC	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:		
Date Data Entered:		Employee:		<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 TINA ARNDER REGISTER OF DEEDS	2024 Second Quarter	-9K186R--	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 998.87	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,230.00	\$ 5,330.00
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)	\$ 900.00	\$ 1,568.18
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)	\$ 5,180.00	\$ 6,948.18	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,792.68	\$ 5,561.99
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)	\$ 25.00	\$ 25.00
15) Loan Repayments	(CRO-1420)	\$ 668.18	\$ 668.18
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)	\$ 5,485.86	\$ 6,255.17	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 693.01	\$ 693.01	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 900.00	
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

Aggregated Contributions from IndividualsPage 1 of 1**Amendment**
 Yes No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TINA ARNDER REGISTER OF DEEDS		2. ID Number -9K186R--			
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 <input type="checkbox"/> Remove	1	Check		04/09/2024	\$ 50.00
4. Total only this Page					\$ \$50.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ \$50.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 5 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 TINA ARNDER REGISTER OF DEEDS		-9K186R--			
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 OWNER		d. Comments	
MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534		c. Employer's Name/Specific Field M BEST & SONS		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"/>	1	Check		04/01/2024	\$ 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 Retired		d. Comments	
E THOMAS FRANKLIN JR 705 BEECH ST GOLDSBORO, NC 27530		c. Employer's Name/Specific Field		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"/>	1	Check		06/24/2024	\$ 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 SECRETARY		d. Comments	
PATSY HOWELL 1809 WESTOVER DR GOLDSBORO, NC 27530		c. Employer's Name/Specific Field HOWELL FUNERAL HOME		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)	k. Amount
<input type="checkbox"/>	1	Check		06/17/2024	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,230.00

Contributions from Individuals

Pg 2 of 5 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 TINA ARNDER REGISTER OF DEEDS			-9K186R--													
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>LINDA JORDAN 1104 E MULBERRY ST GOLDSBORO, NC 27530</td> <td>NO JOB TITLE/RETIRED</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>NOT EMPLOYED/RETIRED</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 1,500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	LINDA JORDAN 1104 E MULBERRY ST GOLDSBORO, NC 27530	NO JOB TITLE/RETIRED			NOT EMPLOYED/RETIRED		e. Election Sum to Date	\$ 1,500.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
LINDA JORDAN 1104 E MULBERRY ST GOLDSBORO, NC 27530	NO JOB TITLE/RETIRED															
	NOT EMPLOYED/RETIRED															
	e. Election Sum to Date	\$ 1,500.00														
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		06/03/2024	\$ 1,000.00											
<input type="checkbox"/>					\$											
<input type="checkbox"/>					\$											
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>JOYCE KELLER 710 PARK AVE GOLDSBORO, NC 27530</td> <td>NO JOB TITLE/RETIRED</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>NOT EMPLOYED/RETIRED</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JOYCE KELLER 710 PARK AVE GOLDSBORO, NC 27530	NO JOB TITLE/RETIRED			NOT EMPLOYED/RETIRED		e. Election Sum to Date	\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
JOYCE KELLER 710 PARK AVE GOLDSBORO, NC 27530	NO JOB TITLE/RETIRED															
	NOT EMPLOYED/RETIRED															
	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		04/01/2024	\$ 100.00											
<input type="checkbox"/>					\$											
<input type="checkbox"/>					\$											
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>ROBERT LOGAN 304 E WALNUT ST GOLDSBORO, NC 27530</td> <td>INVESTMENT BROKER</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>WAYNE REALTY & INSURANCE CO</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 350.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ROBERT LOGAN 304 E WALNUT ST GOLDSBORO, NC 27530	INVESTMENT BROKER			WAYNE REALTY & INSURANCE CO		e. Election Sum to Date	\$ 350.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments														
ROBERT LOGAN 304 E WALNUT ST GOLDSBORO, NC 27530	INVESTMENT BROKER															
	WAYNE REALTY & INSURANCE CO															
	e. Election Sum to Date	\$ 350.00														
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		05/08/2024	\$ 350.00											
<input type="checkbox"/>					\$											
<input type="checkbox"/>					\$											
4. Total only this Page \$ 1,450.00																
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> \$ 4,230.00																

Contributions from Individuals

Pg 3 of 5 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 TINA ARNDER REGISTER OF DEEDS			-9K186R--		
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 ADMIN ASSISTANT	d. Comments	
DORIS MCFATTER 105 HOLLAND HILL DR GOLDSBORO, NC 27530			c. Employer's Name/Specific Field KORNEGAY SURVEYING	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		03/26/2024	\$ 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 LANDSCAPE DESIGN	d. Comments	
LAUREN METZLER 376 W TOMMYS RD GOLDSBORO, NC 27530			c. Employer's Name/Specific Field LANDSCAPE DESIGN	e. Election Sum to Date \$ 1,280.00	
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		06/04/2024	\$ 1,280.00
<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 NO JOB TITLE/RETIRED	d. Comments	
ELIZABETH NEESE 701 E BEECH ST GOLDSBORO, NC 27530			c. Employer's Name/Specific Field NOT EMPLOYED/RETIRED	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		06/20/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,480.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,230.00

Contributions from Individuals

Pg 4 of 5 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 TINA ARNDER REGISTER OF DEEDS		-9K186R--			
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 REAL ESTATE		d. Comments	
JOANNE ROBERTS 2903 MCLAIN ST GOLDSBORO, NC 27534		c. Employer's Name/Specific Field PRIDE HOUSE REALTY		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		06/06/2024	\$ 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 REALTOR		d. Comments	
PAMELA S SILVER 1900 E WALNUT STREET GOLDSBORO, NC 27530		c. Employer's Name/Specific Field SILVER REAL ESTATE		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		04/09/2024	\$ 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 ATTORNEY		d. Comments	
BILLY J STRICKLAND II 112 N WILLIAM ST GOLDSBORO, NC 27530		c. Employer's Name/Specific Field STRICKLAND AGNER PITTMAN		e. Election Sum to Date \$ 500.00	
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		04/30/2024	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 700.00
5. Total of All CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,230.00

Contributions from Individuals

Pg 5 of 5 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			
COMMITTEE TO ELECT TINA ARNDER REGISTER OF DEEDS		-9K186R--			
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 NO JOB TITLE/RETIRED		d. Comments	
DORENE WORRELL 500 EDEN CHURCH RD SNOW HILL, NC 28580		c. Employer's Name/Specific Field NOT EMPLOYED/RETIRED			
				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		04/01/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,230.00

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment
Pg 1 of 2 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: (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				
		c. Level Registered (Specify)				
ACCUCOPY 322 N JOHN ST GOLDSBORO, NC 27530 (919) 751-2400		d. Comments				
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		e. Election Sum to Date \$ 218.84				
f. Account Code		g. Form of Payment	h. Purpose Code			
1	Check	B	i. Date (mm/dd/yyyy)			
			04/16/2024			
			j. Amount			
			\$ 218.84			
			k. Required Remarks			
			VOTER CARDS			
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				
		c. Level Registered (Specify)				
CLIFTON BROADHURST 101 ROSEMARY COURT DUDLEY, NC 28333		d. Comments				
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		e. Election Sum to Date \$ 2,500.00				
f. Account Code		g. Form of Payment	h. Purpose Code			
1	Check	O	i. Date (mm/dd/yyyy)			
1	Check	O	04/02/2024			
			j. Amount			
			\$ 1,700.00			
			k. Required Remarks			
			GET OUT THE VOTE			
			1	Check	O	i. Date (mm/dd/yyyy)
			05/10/2024			j. Amount
			\$ 800.00			k. Required Remarks
						GET OUT THE VOTE
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				
		c. Level Registered (Specify)				
LIMELIGHT INK PO BOX 496 GOLDSBORO, NC 27533 (919) 922-2449		d. Comments				
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		e. Election Sum to Date \$ 218.84				
f. Account Code		g. Form of Payment	h. Purpose Code			
1	Check	B	i. Date (mm/dd/yyyy)			
			04/17/2024			
			j. Amount			
			\$ 218.84			
			k. Required Remarks			
			T-SHIRTS			
5. Total only this Page		\$ 2,937.68				
6. Total of ALL CRO-1310 Pages		\$ 4,792.68				
(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) (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).						

Disbursements

Amendment

Pg 2 of 2 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	
NEW OLD NORTH 1403 E MULBERRY ST GOLDSBORO, NC 27530 (919) 648-9905					
		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	
				\$	1,280.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	06/05/2024	\$ 1,280.00	ADVERTISING
				\$	
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	
MAJORIE TARANGO PO BOX 10553 GOLDSBORO, NC 27532					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				\$	75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	02/20/2024	\$ 75.00	CAMPAIGN REPORTING
				\$	
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	
TYLER WEEKS 358 COUNTRY CLUB RD MOUNT OLIVE, NC 28365					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	06/27/2024	\$ 500.00	CREATING WEBSITE
				\$	
5. Total only this Page			\$ 1,855.00		
6. Total of ALL CRO-1310 Pages			\$ 4,792.68		
<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)					

Loan Proceeds

Pg 1 of 1 Yes No

Amendment

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)		2. ID Number		
COMMITTEE TO ELECT TINA ARNDER REGISTER OF DEEDS		-9K186R--		
3. Lender 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 MOORING 2141 NC 111 N GOLDSBORO, NC 27534 (919) 738-5139		NO JOB TITLE/RETIRED		
				e. Start Date (mm/dd/yyyy)
				04/01/2024
		NOT EMPLOYED/RETIRED		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Money Order	\$ 900.00
l. Full Name of Lending Institution				m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)				
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 <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 900.00

CRO-1410

NC State Board of Elections

April 2007

Aggregated Non-Media ExpendituresAmendment
Page 1 of 1 Yes No

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

COMMITTEE TO ELECT TINA ARNDR REGISTER OF DEEDS					-9K186R--													
3. Payee Information																		
<input type="checkbox"/> Amend	<input type="checkbox"/> Account Code	<input type="checkbox"/> Form of Payment	<input type="checkbox"/> Purpose Code	<input type="checkbox"/> Date (mm/dd/yyyy)	<input type="checkbox"/> Amount	<input type="checkbox"/> Required Remarks												
<input type="checkbox"/> Add	1	Check	O	05/08/2024	\$ 25.00	ALUMNI PARADE												
<input type="checkbox"/> Remove																		
4. Total only this Page					\$	25.00												
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	25.00												
<table border="1"> <tr> <td>E - Salaries</td> <td>B* - Printing</td> <td>G - Political Party</td> <td>D - To Another Candidate</td> </tr> <tr> <td></td> <td>J - Penalties</td> <td></td> <td></td> </tr> <tr> <td>O* - Other</td> <td></td> <td></td> <td>Q* - Donations to Legal Expense Fund</td> </tr> </table>							E - Salaries	B* - Printing	G - Political Party	D - To Another Candidate		J - Penalties			O* - Other			Q* - Donations to Legal Expense Fund
E - Salaries	B* - Printing	G - Political Party	D - To Another Candidate															
	J - Penalties																	
O* - Other			Q* - Donations to Legal Expense Fund															
* Codes require detailed explanation in required remarks field (g)																		

CRO-1315

NC State Board of Elections

December 2009

Loan Repayments

Amendment

Pg 1 of 1 Yes No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
COMMITTEE TO ELECT TINA ARNDR REGISTER OF DEEDS		-9K186R--		
3. Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments c. Original Loan Date 12/07/2023 d. Original Loan Amount \$ 668.18		
TINA ARNDR 102 RACOON PL PIKEVILLE, NC 27863 (919) 252-2288				
e. Remaining Loan Balance				
\$ 0.00	f. Account Code			
\$		g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 0.00	1	Check	06/24/2024	\$ 668.18
4. Total only this Page		\$ 668.18		
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>		\$ 668.18		

CRO-1420

NC State Board of Elections

December 2007

Outstanding Loans

Amendment Pg 1 of 1 Yes No

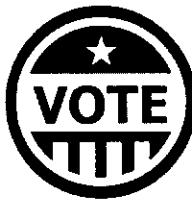
Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TINA ARNDR REGISTER OF DEEDS		2. ID Number -9K186R--	
3. Lender Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>			
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOIS MOORING 2141 NC 111 N GOLDSBORO, NC 27534 (919) 738-5139	b. Job Title/Profession NO JOB TITLE/RETIRED	d. Comments	
		e. Start Date (mm/dd/yyyy) 04/01/2024	
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 900.00	\$ 900.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 900.00	
5. Total of ALL CRO-1430 Pages		\$ 900.00	
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			

CR0-1430

NC State Board of Elections

December 2007



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 ROD
- **Person or committee to make loan:** LOIS MOORING
- **Date of loan to committee:** 04/01/2024
- **Name of lending institution (source):**

- **Amount of loan:** 900.00
- **Description (if in-kind loan):** _____
- **Names of all parties responsible for payment of loan (guarantors):**

- **Period of loan:** _____
- **Rate of interest of loan:** 0%
- **Security pledged for loan:** _____

I, LOIS MOORING, 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.

Lois Mooring
Signature of Lender

7-2-2024

Date Signed

Malcolm Farango
Signature of Treasurer of Committee

7-2-2024

Date Signed