

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		07/09/2024		
		e. Phone Number		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024	02/18/2024	06/30/2024	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	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 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 WCBOE		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	001	JUL 09 2024	d. Period Begin Balance
	\$		
BY			

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

Brent W. Heath
Printed Name of Signer

Brent W. Heath
Signature of Appointed Treasurer

07/09/2024
Date

FOR OFFICE USE ONLY

Date Received:	07/09/24	Employee:	18	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
BARBARA AYCOCK COMMITTEE	2024 Second Quarter	000-000000-0-00
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 800.00 \$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00 \$ 100.00
6) Contributions from Individuals	(CRO-1210)	\$ 968.10 \$ 1,768.10
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)		\$ 1,068.10 \$ 1,868.10
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)	\$ 458.10 \$ 458.10
17) In-Kind Contributions	(CRO-1510)	\$ 458.10 \$ 458.10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 916.20 \$ 916.20
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 951.90 \$ 951.90
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

Aggregated Contributions from Individuals Page 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
BARBARA AYCOCK COMMITTEE			000-000000-0-00		
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	001	Check		03/26/2024	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/02/2024	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 100.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 100.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 2 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		
BARBARA AYCOCK COMMITTEE			000-000000-0-00		
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 ADMINISTRATION	d. Comments	
BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863			c. Employer's Name/Specific Field Administrative and Support Services	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"/>	001	In-Kind	TEESHIRTS	03/05/2024	\$ 262.00
<input type="checkbox"/>	001	In-Kind	POSTAGAE FOR MAILERS	03/15/2024	\$ 68.00
<input type="checkbox"/>	001	In-Kind	CARDS AND ENVELOPES	03/22/2024	\$ 128.10
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 INVENTORY MANAGER	d. Comments	
LILLIE EZZELL 206 EDGEBROOK DR PIKEVILLE, NC 27863			c. Employer's Name/Specific Field COLT BEVERAGES	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"/>	001	Check		02/28/2024	\$ 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 LAWYER	d. Comments	
WELLS WARNER 111 BRIGHTON DR GOLDSBORO, NC 27530			c. Employer's Name/Specific Field SELF	e. Election Sum to Date \$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		03/11/2024	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 618.10
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 968.10

Contributions from Individuals

Pg 2 of 2 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) BARBARA AYCOCK COMMITTEE		2. ID Number 000-00000-0-00							
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) PHYLLIS WOODARD 209 WALNUT CREEK DR GOLDSBORO, NC 27534</td> <td>b. Job Title/Profession HOMEMAKER</td> <td>d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field SELF</td> <td>e. Election Sum to Date \$ 350.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS WOODARD 209 WALNUT CREEK DR GOLDSBORO, NC 27534	b. Job Title/Profession HOMEMAKER	d. Comments		c. Employer's Name/Specific Field SELF	e. Election Sum to Date \$ 350.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS WOODARD 209 WALNUT CREEK DR GOLDSBORO, NC 27534	b. Job Title/Profession HOMEMAKER	d. Comments							
	c. Employer's Name/Specific Field SELF	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"/>	001	Check		03/26/2024	\$ 350.00				
<input type="checkbox"/>					\$				
<input type="checkbox"/>					\$				
4. Total only this Page				\$ 350.00					
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 968.10					

CRO-1210

NC State Board of Elections

April 2007

Refunds/Reimbursements From the Committee Pg 1 of 1 Yes No

Amendment

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable) BARBARA AYCOCK COMMITTEE		2. ID Number 000-000000-0-00									
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863</td> <td>d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> <td>g. Comments</td> </tr> <tr> <td></td> <td>e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>h. Original Receipt Date 03/05/2024</td> </tr> <tr> <td></td> <td></td> <td>i. Original Receipt Amount \$ 262.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 03/05/2024			i. Original Receipt Amount \$ 262.00
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	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 03/05/2024									
		i. Original Receipt Amount \$ 262.00									
b. Job Title/Profession ADMINISTRATION	c. Employer's Name/Specific Field Administrative and Support Services	f. Purpose Code P	j. Election Sum to Date \$ 500.00								
k. Account Code 001	l. Form of Payment Check	m. Required Remarks REIMBURSEMENT OF IN KIND	n. Date (mm/dd/yyyy) 04/15/2024	o. Amount \$ 458.10							
4. Total only this Page			\$ 458.10								
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1190)			\$ 458.10								
6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)											

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Amendment

Pg 1 of 1 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) BARBARA AYCOCK COMMITTEE		2. ID Number 000-000000-0-00															
3. Contributor 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) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863 </td> <td style="width: 25%;"> b. Type of Contributor <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td style="width: 25%;"> c. Comments d. Election Sum to Date \$ 500.00 </td> </tr> <tr> <td colspan="2"> e. Description TEESHIRTS POSTAGAE FOR MAILERS CARDS AND ENVELOPES </td> <td> f. Date (mm/dd/yyyy) 03/05/2024 03/15/2024 03/22/2024 </td> <td> g. Fair Market Amount \$ 262.00 \$ 68.00 \$ 128.10 </td> </tr> <tr> <td colspan="2"> 4. Total only this Page </td> <td colspan="2"> \$ 458.10 </td> </tr> <tr> <td colspan="2"> 5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> </td> <td colspan="2"> \$ 458.10 </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863	b. Type of Contributor <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source 	c. Comments d. Election Sum to Date \$ 500.00	e. Description TEESHIRTS POSTAGAE FOR MAILERS CARDS AND ENVELOPES		f. Date (mm/dd/yyyy) 03/05/2024 03/15/2024 03/22/2024	g. Fair Market Amount \$ 262.00 \$ 68.00 \$ 128.10	4. Total only this Page		\$ 458.10		5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 458.10	
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4. Total only this Page		\$ 458.10															
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 458.10															

CRO-1510

NC State Board of Elections

December 2007