

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			10/30/2024																																					
			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	07/01/2024	10/19/2024	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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<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		<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; text-align: center;"> RECEIVED WCBOE OCT 30 2024 </div> </div>																																						
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
CAMPAIGN	001																																							
	d. Period Begin Balance		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																																								
<u>Brent W. Heath</u> Printed Name of Signer		<u>Brent W. Heath</u> Signature of Appointed Treasurer		<u>10/30/2024</u> Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	_____	Employee:	_____	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

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 Third Quarter		000-000000-0-00	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 951.90		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 100.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 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)		\$ 0.16		\$ 0.16	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 250.00		\$ 250.00	
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)		\$ 250.16		\$ 2,118.26	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 350.00		\$ 350.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 68.04		\$ 68.04	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 458.10	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 458.10	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 418.04		\$ 1,334.24	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 784.02		\$ 784.02	
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	

Other Receipt Sources

Amendment
Pg 1 of 1 ☐ Yes ☒ No

Use this form to report income not reported on another form i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BARBARA AYCOCK COMMITTEE				000-000000-0-00	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GOLDSBORO-WAYNE COUNTY ASSOCIATION OF REALTORS 1108 EAST ASH ST GOLDSBORO, NC 27532			b. Not-for-Profit Federal ID # 		d. Comments
			c. Outside Source Explanation 		e. Election Sum to Date \$ 250.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
001	Check		09/05/2024	\$ 250.00	
				\$	
5. Total only this Page				\$ 250.00	
6. Total of ALL CRO-1250 Pages				\$ 250.00	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

CRO-1250

NC State Board of Elections

December 2007

Other Receipt Sources

Amendment
Pg 1 of 1 ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BARBARA AYCOCK COMMITTEE				000-000000-0-00	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SOUTHERN BANK 2501 E ASH ST GOLDSBORO, NC 27534			b. Not-for-Profit Federal ID # 		d. Comments
			c. Outside Source Explanation 		e. Election Sum to Date \$ 0.16
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
001	Cash		07/25/2024	\$ 0.06	
001	Cash		08/26/2024	\$ 0.05	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SOUTHERN BANK 2501 E ASH ST GOLDSBORO, NC 27534			b. Not-for-Profit Federal ID # 		d. Comments
			c. Outside Source Explanation 		e. Election Sum to Date \$ 0.16
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
001	Cash		09/26/2024	\$ 0.05	
				\$	
5. Total only this Page				\$ 0.16	
6. Total of ALL CRO-1250 Pages				\$ 0.16	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

Amendment
Pg 1 of 1 ☐ 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	
BARBARA AYCOCK COMMITTEE						000-000000-0-00	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input checked="" 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) FRIENDS OF MARK ROBINSON FOR NC 4015 SASSAFRAS COURT GREESBORO, NC 27410				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
						\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	D	08/09/2024	\$ 250.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BILLY STRICKLAND 112 S. JOHN ST GOLDSBORO, NC 27530 (919) 735-8868				b. Coordinated Committee Name		d. Comments	
				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			
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	D	08/06/2024	\$ 100.00			
				\$			
5. Total only this Page						\$ 350.00	
6. Total of ALL CRO-1310 Pages							
(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)						\$ 350.00	
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)							

Aggregated Non-Media ExpendituresPage 1 of 1 Amendment
☐ Yes ☒ No

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

BARBARA AYCOCK COMMITTEE						000-000000-0-00	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	O	08/07/2024	\$ 20.00	BANQUET ATTENDANCE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	B	08/29/2024	\$ 48.04	NOTE PADS	
4. Total only this Page					\$	68.04	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	68.04	
6. Purpose Codes (List detailed expenditures with line item)							
B* - Printing		C - Campaign		D - To Another Candidate			
E - Salaries		F - Equipment		G - Political Party			
H - Postage		J - Penalties		K - Office Expenses			
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