

Disclosure Report Cover

Amendment

Yes No

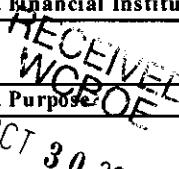
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

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	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 CROPE OCT 30 2024		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	001	OCT 30 2024	
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

Brent W. Heath

Printed Name of Signer

Brent W. Heath

Signature of Appointed Treasurer

10/30/2024

Date

FOR OFFICE USE ONLY

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

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) BARBARA AYCOCK COMMITTEE		2. ID Number 000-000000-0-00	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) <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 001	g. Form of Payment Check	h. In-Kind Description	i. Date (mm/dd/yyyy) 09/05/2024
			j. Amount \$ 250.00
5. Total only this Page \$ 250.00			
6. Total of ALL CRO-1250 Pages (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) \$ 250.00			

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) BARBARA AYCOCK COMMITTEE		2. ID Number 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 <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>				\$ 0.16

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)		b. Coordinated Committee Name c. Level Registered (Specify)	
FRIENDS OF MARK ROBINSON FOR NC 4015 SASSAFRAS COURT GREESBORO, NC 27410		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date	
		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
001	Debit Card	D	08/09/2024
			\$
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)	
BILLY STRICKLAND 112 S. JOHN ST GOLDSBORO, NC 27530 (919) 735-8868		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date	
		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
001	Debit Card	D	08/06/2024
			\$
5. Total only this Page		\$ 350.00	
6. Total of ALL CRO-1310 Pages		\$ 350.00	
(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)		

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 Yes No

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

1. Information from Form CRO-1100 (Aggregated)					2. UD Number							
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 ATTENDDANCE						
<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 <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 68.04							
6. Purpose Codes for this detailed expenditure which total above												
E - Salaries	B* - Printing	F - Equipment	G - Political Party	H - Office Expenses	I - Lobbying	J - Penalties	K - Office Occupancy	L - To Another Candidate	M - Political Party Expenses	N - Political Party Occupancy	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