

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 COMMITTEE TO ELECT TINA ARNDR REGISTER OF DEEDS		c. ID Number -9K186R--																																					
b. Mailing Address (include City, State and Zip Code) 102 RACOON PL PIKEVILLE, NC 27863		d. Date Filed 01/06/2025																																					
		e. Phone Number (919) 252-2288																																					
2. Report Year 2024	3. Period Start Date (mm/dd/yy) 10/20/2024	4. Period End Date (mm/dd/yy) 12/31/2024	5. Treasurer Full Name MALORIE SCOTT																																				
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> State/County</td> <td><input type="checkbox"/> Referendum</td> </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 checked="" type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 checked="" type="checkbox"/> Final			<input type="checkbox"/> Special	
<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 checked="" type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one) <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:		10. Special Report Name _____																																					
8. Number of Fundraisers this Report 0																																							
3. Account Information		3. Account Information																																					
a. Financial Institution Full Name SOUTHERN BANK		a. Financial Institution Full Name																																					
b. Purpose CAMPAIGN RECEIPTS & DISBURSEMENTS	c. Account Code 1	b. Purpose	c. Account Code																																				
	d. Period Begin Balance \$ 1,955.67		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																																							
Malorie Scott Printed Name of Signer		Malorie Scott Signature of Appointed Treasurer	01/06/2025 Date																																				
FOR OFFICE USE ONLY																																							
Date Received:	Employee:	Delivery Method																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed																																					
Date Postmarked:	Employee:																																						
<input type="checkbox"/>	<input type="checkbox"/>																																						
Date Scanned:	Employee:																																						
<input type="checkbox"/>	<input type="checkbox"/>																																						
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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT TINA ARNDER REGISTER OF DEEDS	2024 Final	-9K186R--
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1,955.67	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 100.00	\$ 705.00
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 250.00	\$ 9,952.61
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 500.00	\$ 500.00
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 1,675.00	\$ 4,925.00
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0.00	\$ 1,568.18
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 2,525.00	\$ 17,650.79
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 1,865.67	\$ 12,670.00
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$ 40.00	\$ 65.00
15) Loan Repayments <i>(CRO-1420)</i>	\$ 900.00	\$ 1,568.18
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$ 0.00	\$ 0.00
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 1,675.00	\$ 3,347.61
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,480.67	\$ 17,650.79
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0.00	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$ 0.00	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$ 0.00	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$ 0.00	
25) Administrative Support <i>(CRO-1710)</i>	\$ 0.00	\$ 0.00
26) Forgiven Loans <i>(CRO-1440)</i>	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$ 0.00	\$ 0.00
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 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) 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		10/21/2024	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/23/2024	\$ 50.00
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 IndividualsPg 1 of 1 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 TEACHER	d. Comments		
ELIZABETH H STACKHOUSE 602 DELLWOOD PL GOLDSBORO, NC 27534		c. Employer's Name/Specific Field WAYNE COUNTY SCHOOLS	e. Election Sum to Date \$ 250.00		
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		11/12/2024	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 250.00	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Political Party Committees Pg 1 of

Amendment

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)		2. ID Number		
COMMITTEE TO ELECT TINA ARNDR 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. Comments		
WAYNE COUNTY REPUBLICAN PARTY 147 S CENTER STREET GOLDSBORO, NC 27530		c. Election Sum to Date		
		\$ 500.00		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		10/21/2024	\$ 500.00
				\$
				\$
4. Total only this Page		\$ 500.00		
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>		\$ 500.00		

CRO-1220

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TINA ARNDER REGISTER OF DEEDS		2. ID Number -9K186R--				
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%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN BELL COMMITTEE 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530 </td> <td style="width: 50%; vertical-align: top;"> b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum </td> <td style="width: 50%; vertical-align: top;"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td style="width: 50%; vertical-align: top;"> d. Comments e. Election Sum to Date \$ 1,675.00 </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN BELL COMMITTEE 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 1,675.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN BELL COMMITTEE 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 1,675.00			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount		
1	In-Kind	ELECTRONIC SIGN ADVERTISING	11/05/2024	\$ 1,675.00		
				\$		
				\$		
4. Total only this Page			\$ 1,675.00			
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>			\$ 1,675.00			

CRO-1230

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 2 Yes No

Amendment

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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments	
VALERIE BRIGHT 2301 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534		e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	10/31/2024
			\$
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments	
SUE GUY 113 FALLIN BLVD APT A3 GOLDSBORO, NC 27534		e. Election Sum to Date \$ 540.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	11/08/2024
			\$
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments	
LOIS MOORING 2141 NC 111 N GOLDSBORO, NC 27534 (919) 738-5139		e. Election Sum to Date \$ 390.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	11/14/2024
			\$
5. Total only this Page \$ 1,030.00			
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)			
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

Pg 2 of 2 Yes No

Amendment

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		
LORI MOZINGO 210 FORREST CIRCLE GOLDSBORO, NC 27530						
		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		
				\$ 320.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	11/08/2024	\$ 320.00	ELECTIONEER	
				\$		
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		
MALORIE SCOTT 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:	\$ 280.67		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/28/2024	\$ 112.50	CAMPAIGN REPORTING	
1	Check	O	12/12/2024	\$ 93.17	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		
CYNDY SINGLETON 1937 NC HWY 111 S GOLDSBORO, NC 27534						
		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:	\$ 310.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	11/08/2024	\$ 310.00	ELECTIONEER	
				\$		
5. Total only this Page						\$ 835.67
6. Total of ALL CRO-1310 Pages <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>						\$ 1,865.67
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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

Page 1 of 1Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number				
COMMITTEE TO ELECT TINA ARNDER REGISTER OF DEEDS		-9K186R--				
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	1	Check	O	10/31/2024	\$ 40.00	ELECTIONEER
4. Total only this Page					\$ 40.00	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 40.00	
6. PAYMENT CODES (classifications of expenditure)						
A - Materials		B* - Printing		C - Equipment		D - To Another Candidate
E - Salaries		F - Employment		G - Political Party		H - Holding Public Office Expenses
I - Postage		J - Penalties		K - Office Expenses		Q* - Donations to Legal Expense Fund
O* - Other						

* Codes require detailed explanation in required remarks field (g)

CRO-1315

NC State Board of Elections

December 2009

Loan Repayments

Use this form to report payments on an existing loan.

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		
LOIS MOORING 2141 NC 111 N GOLDSBORO, NC 27534 (919) 738-5139		c. Original Loan Date 04/01/2024		
		d. Original Loan Amount \$ 900.00		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 0.00	1	Check	11/08/2024	\$ 900.00
\$				\$
4. Total only this Page		\$ 900.00		
5. Total of ALL CRO-1420 Pages		\$ 900.00		
<i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				

CRG-1420

NC State Board of Elections

December 2007

In-Kind ContributionsPg 1 of 1 Yes No

Amendment

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)		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) JOHN BELL COMMITTEE 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" 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 \$ 1,675.00
e. Description ELECTRONIC SIGN ADVERTISING	f. Date (mm/dd/yyyy) 11/05/2024	g. Fair Market Amount \$ 1,675.00
		\$
		\$
4. Total only this Page		\$ 1,675.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,675.00

CRO-1510

NC State Board of Elections

December 2007