

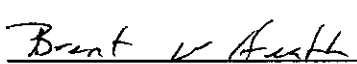
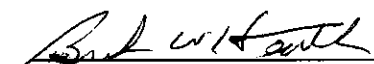
Disclosure Report Cover

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 BARBARA AYCOCK COMMITTEE		c. ID Number 000-000000-0-00	
b. Mailing Address (include City, State and Zip Code) 1707 NOR AM RD PIKEVILLE, NC 27863		d. Date Filed 01/10/2025	
		e. Phone Number	
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 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"/> 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)		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 SOUTHERN BANK		a. Financial Institution Full Name Wayne County	
b. Purpose CAMPAIGN	c. Account Code 001	b. Board of Elections JAN 14 2025	c. Account Code
	d. Period Begin Balance \$	Received By _____	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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		01/10/2025 Date	
FOR OFFICE USE ONLY			
Date Received:	01/14/25	Employee	24
Date Postmarked:		Employee	
Date Scanned:		Employee	
Date Data Entered:		Employee	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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 Fourth 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	\$ 784.02	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	\$ 0.00	\$ 100.00
6) Contributions from Individuals	\$ 500.00	\$ 2,268.10
7) Contributions from Political Party Committees	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	\$ 0.00	\$ 0.00
9) Loan Proceeds	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	\$ 0.00	\$ 0.16
11b) Contributions from Not-For-Profit Organizations	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	\$ 0.00	\$ 250.00
11d) Legal Expense Fund - Other Sources	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 500.00	\$ 2,618.26
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees	\$ 0.00	\$ 350.00
13c) Coordinated Party Expenditures	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	\$ 0.00	\$ 68.04
15) Loan Repayments	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	\$ 784.02	\$ 1,242.12
17) In-Kind Contributions	\$ 500.00	\$ 958.10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,284.02	\$ 2,618.26
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	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	\$ 0.00	
22) Debts and Obligations owed by the Committee	\$ 0.00	
23) Debts and Obligations owed to the Committee	\$ 0.00	
24) Account Transfers Within the Committee	\$ 0.00	
25) Administrative Support	\$ 0.00	\$ 0.00
26) Forgiven Loans	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	\$ 0.00	\$ 0.00

Contributions from Individuals

Page 1 of 1

Amendment

☐ 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 000-000000-0-00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863			b. Job Title/Profession ADMINISTRATION		d. Comments
			c. Employer's Name/Specific Field Administrative and Support Services		
					e. Election Sum to Date \$ 215.98
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	001	Check		11/20/2023	\$ 500.00
<input type="checkbox"/>	001	In-Kind	VIDEO PRODUCTION FOR FACEBOOK ADS	12/09/2024	\$ 500.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages					\$ 500.00

NC State Board of Elections

April 2007

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
BARBARA AYCOCK COMMITTEE			000-000000-0-00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/20/2023
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount
				\$ 500.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
ADMINISTRATION	Administrative and Support Services	L		\$ 215.98
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
001	Check		12/31/2024	\$ 784.02
4. Total only this Page				\$ 784.02
5. Total of ADE GKO 1320 Pages				\$ 784.02
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-Kin O* Other				
* Codes require detailed explanation in required remarks field (m)				

NC State Board of Elections

July 2007

In-Kind Contributions

Pg 1 of 1 Amendment ☐ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863		b. Type of Contributor <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 \$ 215.98	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VIDEO PRODUCTION FOR FACEBOOK ADS		12/09/2024	\$ 500.00
			\$
			\$
4. Total only this Page			\$ 500.00
5. Total of ALL CRO-1510 Pages			\$ 500.00