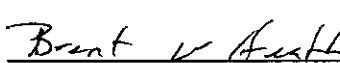
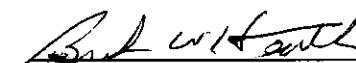


Disclosure Report Cover

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) <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="0"> <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 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 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																																					
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<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input 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 Wayne County Board of Elections																																					
b. Purpose CAMPAIGN	c. Account Code 001	d. Period Begin Balance JAN 14 2025	c. Account Code d. Period Begin Balance \$ _____																																				
Received 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																																							
 Printed Name of Signer		 Signature of Appointed Treasurer																																					
		01/10/2025 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	01/14/25	Employee	1A	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 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	
28) Contributions to be Refunded	\$ 0.00	\$ 0.00	

Contributions from Individuals

Pg 1 of 1 Yes No

Amendment
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 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA AYCOCK 1707 NOR AM RD PIKEVILLE, NC 27863		b. Job Title/Profession ADMINISTRATION			
		c. Employer's Name/Specific Field Administrative and Support Services			
d. Comments 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 Yes No

Amendment
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) 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 11/20/2023	
			i. Original Receipt Amount \$ 500.00	
b. Job Title/Profession ADMINISTRATION		c. Employer's Name/Specific Field Administrative and Support Services	f. Purpose Code L	j. Election Sum to Date \$ 215.98
k. Account Code 001	l. Form of Payment Check	m. Required Remarks	n. Date (mm/dd/yyyy) 12/31/2024	o. Amount \$ 784.02
4. Total Monthly Page 5. Total of All GRO 1320 Pages				\$ 784.02 \$ 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-Kind O* Other 7. Codes require detailed explanation in required remarks field (m)				

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 <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 VIDEO PRODUCTION FOR FACEBOOK ADS	f. Date (mm/dd/yyyy) 12/09/2024	g. Fair Market Amount \$ 500.00
		\$
		\$
4. Total only this Page	\$ 500.00	
5. Total of All CRO-1210 Pages	\$ 500.00	

NC State Board of Elections

December 2007