

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 <u>Committee to Elect Ron Wood</u> | | c. ID Number | | | | |
| b. Mailing Address (include City, State and Zip Code) <u>104 Kean Drive Shelby, NC 28152</u> | | d. Date Filed | | | | |
| | | e. Phone Number <u>(252) 473-5878</u> | | | | |
| 2. Report Year <u>2023</u> | 3. Period Start Date (mm/dd/yy) <u>01/01/2023</u> | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name <u>Ron Wood</u> | | | |
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund | | 9. Type of Report (check only one type of report from one category) <table border="0" style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> Municipal <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 </td> <td style="width:33%; vertical-align: top;"> State/County <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 </td> <td style="width:33%; vertical-align: top;"> Referendum <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 </td> </tr> </table> | | Municipal <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 | State/County <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 | Referendum <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 |
| Municipal <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 | State/County <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 | Referendum <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) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: <u>Campaign Fund</u> | | 10. Special Report Name _____ | | | | |
| 8. Number of Fundraisers this Report | | | | | | |
| 11. Account Information | | 11. Account Information | | | | |
| a. Financial Institution Full Name <u>Wells Fargo Bank</u> | | a. Financial Institution Full Name | | | | |
| b. Purpose <u>Monies for Campaign to Elect Ron Wood</u> | | b. Purpose | | | | |
| c. Account Code | | c. Account Code | | | | |
| d. Period Begin Balance <u>\$ 507.06</u> | | d. Period Begin Balance <u>\$</u> | | | | |
| 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 of Elections. | | | | | | |
| <u>Ron Wood</u> Printed Name of Signer | | <u>Ron Wood</u> Signature of Appointed Treasurer | | | | |
| | | <u>10-23-2023</u> Date | | | | |
| FOR OFFICE USE ONLY | | | | | | |
| Date Received: | <u>10/24/23</u> | Employee: | <u>RS</u> | | | |
| 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. | | | | | | |

CLEVELAND COUNTY BOE
 OCT 24 12:19 PM

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 |
|--|-----------------------------|---------------------------|
| Committee to Elect for Ward | | |
| Start of Election Cycle: January 1, <u>2023</u> | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ | \$ |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals (CRO-1210) | \$ | \$ |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds (CRO-1410) | \$ 330.00 | \$ 1,644.70 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income (CRO-1250) | \$ | \$ |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ | \$ |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ | \$ |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 1,057.06 | \$ 1,689.70 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 1,057.06 | \$ 1,689.70 |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ | \$ |
| 15) Loan Repayments (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ | \$ |
| ADDITIONAL INFORMATION | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | |
| 25) Administrative Support (CRO-1710) | \$ | \$ |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ | \$ |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ |

Disbursements

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) <i>Committee to Elect Ron Wood</i> | 2. ID Number |
|--|---------------------|

| | | |
|---|---|--|
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | |
| <input type="checkbox"/> Operating Expenses | <input type="checkbox"/> Contributions to Candidates/Political Committees | <input checked="" type="checkbox"/> Coordinated Party Expenditures |

4. Payee Information Add Remove

| | | |
|---|--------------------------------------|--------------------------------|
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Chuck Pearson</i> <i>1930-1 Maple Springs Church Road</i> <i>Shelby, NC 28152</i> | b. Coordinated Committee Name | d. Comments |
| c. Level Registered (Specify) | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | <i>\$ 507.06</i> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|----------------------------|
| | <i>check</i> | | <i>10-9-2023</i> | <i>\$ 507.06</i> | <i>Campaign Yard Signs</i> |
| | | | | \$ | |

4. Payee Information Add Remove

| | | |
|---|--------------------------------------|--------------------------------|
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Headrick Outdoor Media</i> <i>1 Freedom Square</i> <i>Laurel MS, 39440-3367</i> | b. Coordinated Committee Name | d. Comments |
| c. Level Registered (Specify) | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | <i>\$ 500.00</i> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|-----------------------------|
| | <i>check</i> | | <i>10/23/2023</i> | <i>\$ 500.00</i> | <i>Electronic Billboard</i> |
| | | | | \$ | |

4. Payee Information Add Remove

| | | |
|--|--------------------------------------|--------------------------------|
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | b. Coordinated Committee Name | d. Comments |
| c. Level Registered (Specify) | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| | | | | \$ | |
| | | | | \$ | |

5. Total only this Page: *\$ 4007.06*

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)

CLEVELAND COUNTY BOI
OCT 24 '23 PM 12:19

Loan Proceeds

Page ___ of ___

Amendment

Yes

No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

| | | | |
|---|---------------------|-----------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Elect Ron Wood | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| Committee to Elect Ron Wood 104 Keen Drive Shelby, NC 28152 Loan from Candidate | | Retired | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment |
| 0% | | | BANK TRANSFER |
| | | | k. Amount |
| | | | \$ 330.00 |
| l. Full Name of Lending Institution | | | m. Loan Number |
| Wells Fargo | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | c. Employer's Name/Specific Field |
| | | | |
| | | d. Percentage | e. Amount |
| | | % | \$ 330.00 |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | \$ 330.00 |

CLEVELAND COUNTY BOI
OCT 24 23 PM 12:19