

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information	
a. Full Name Moving Forward with Rod Powell	c. ID Number 934982244
b. Mailing Address (include City, State and Zip Code) 252 Corinth Church Circle Casar, NC 28020	d. Date Filed 12/15/23
	e. Phone Number 704-975-7528

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 04/01/24	4. Period End Date (mm/dd/yy) 06/30/24	5. Treasurer Full Name William R. Powell Jr.
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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"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<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

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"/> Other:			
8. Number of Fundraisers this Report 0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name Bank of Ozark	b. Purpose Campaign Fund	a. Financial Institution Full Name	b. Purpose
c. Account Code	d. Period Begin Balance \$ - 0 -	c. Account Code	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 of Elections.

William R. Powell Jr. William R. Powell Jr. 7/8/24
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:	<u>7-9-24</u>	Employee:	<u>AW</u>	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
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	

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.

Amendment

 Yes No**Detailed Summary**

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	
Moving Forward w/Rod Powell		2nd Quarter		934982244	
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ -0-		\$ -0-	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 2530.23		\$ 2530.23	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 200.00		\$ 200.00	
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)		\$ 2730.23		\$ 2730.23	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1718.82		\$ 1718.82	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
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)		\$ 1718.82		\$ 1718.82	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 811.41		\$ 811.41	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 200.00			
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)		\$		\$	

Contributions from Individuals

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) <u>Moving Forward with Rod Powell</u>	2. ID Number <u>93498224</u>
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Stormy Mongiello</u> <u>301 Cleveland Ave.</u> <u>Grover, NC. 28073</u> <u>704-918-2156</u>			b. Job Title/Profession <u>self employed</u>		d. Comments <u>friend</u>
			c. Employer's Name/Specific Field <u>self-employed</u>		
			e. Election Sum to Date <u>\$ 40.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>Act Blue draft</u>		<u>02/01/2024</u>	<u>\$ 10.00</u>
<input type="checkbox"/>		<u>Act Blue draft</u>		<u>03/01/2024</u>	<u>\$ 10.00</u>
<input type="checkbox"/>		<u>Act Blue</u>	<u>05/01/2024</u>	<u>15.04/01/2024</u>	<u>\$ 10.00</u>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Martin Mongiello</u> <u>301 Cleveland Ave.</u> <u>Grover NC 28073</u>			b. Job Title/Profession <u>CEO</u>		d. Comments <u>friend</u>
			c. Employer's Name/Specific Field <u>The US Presidential Bed + Breakfast</u>		
			e. Election Sum to Date <u>\$ 20.23</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>Act Blue</u>			<u>\$ 20.23</u>
<input type="checkbox"/>					<u>\$</u>
<input type="checkbox"/>					<u>\$</u>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Oral Crawford</u> <u>2709 Saint Dennis Ct.</u> <u>Kokomo, IN 46902</u> <u>756-271-1772</u>			b. Job Title/Profession <u>teacher</u>		d. Comments <u>friend</u>
			c. Employer's Name/Specific Field <u>Eastern Howard HS.</u>		
			e. Election Sum to Date <u>\$ 50.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<u>Act Blue</u>		<u>02/13/2024</u>	<u>\$ 50.00</u>
<input type="checkbox"/>					<u>\$</u>
<input type="checkbox"/>					<u>\$</u>

4. Total only this Page	<u>\$ 110.23</u>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	<u>\$ 2530.23</u>

Contributions from Individuals

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) Moving Forward with Rod Powell						2. ID Number 934982244	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Charlotte Jackson 1809 Country Garden Drive Shelby, NC 28150				b. Job Title/Profession teacher		d. Comments friend	
				c. Employer's Name/Specific Field retired		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		02/20/2024	\$ 100.00		
<input type="checkbox"/>		Act Blue		05/28/2024	\$ 100.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Lewis Webber 1416 Wesson Rd. Shelby, NC 28152 704-472-8487				b. Job Title/Profession retired		d. Comments friend	
				c. Employer's Name/Specific Field retired		e. Election Sum to Date \$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		03/19/2024	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Kathryn Singer 704 W. Marion St. Shelby, NC 28150				b. Job Title/Profession not employed		d. Comments	
				c. Employer's Name/Specific Field not employed		e. Election Sum to Date \$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/02/2024	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 245.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2530.23	

Contributions from Individuals

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) Moving Forward with Rod Powell						2. ID Number 934982244	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Pamela Maddox 1202 Masonic Drive Shelby, NC 28150				b. Job Title/Profession educator		d. Comments friend	
				c. Employer's Name/Specific Field Rutherford Co.		e. Election Sum to Date \$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/04/2024	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Lalresha Henderson 3010 Cedar Point Dr. Shelby NC 28150 704-905-4676				b. Job Title/Profession Social worker		d. Comments	
				c. Employer's Name/Specific Field Cleveland Co. Schools		e. Election Sum to Date \$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/04/2024	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Kim Powell 252 Corinth Ch. Circle Casar NC 28020 704-538-3525				b. Job Title/Profession retired		d. Comments spouse of candidate	
				c. Employer's Name/Specific Field retired		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/05/2024	\$ 100.00		
<input type="checkbox"/>		Act Blue		06/05/2024	\$ 100.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2530.23	

Contributions from Individuals

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) Moving Forward with Rod Powell						2. ID Number 034982244	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kathleen Champion 405 West Mountain St. Kings Mtn. NC 28086 704-258-5645				b. Job Title/Profession nurse		d. Comments friend	
				c. Employer's Name/Specific Field retired/not employed		e. Election Sum to Date \$ 170.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/10/2024	\$ 50.00		
<input type="checkbox"/>		Act Blue		05/10/2024	\$ 10.00		
<input type="checkbox"/>		Act Blue		05/28/2024	\$ 100.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michelle Roberts 102 Westfield Rd. Shelby NC 28150 313-919-3577				b. Job Title/Profession Business owner		d. Comments friend	
				c. Employer's Name/Specific Field self-employed		e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/15/2024	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alesha Daughtrey 2402 W. Club Blvd. Durham, NC 27705				b. Job Title/Profession non-profit exec.		d. Comments	
				c. Employer's Name/Specific Field Mira Education		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Act Blue		05/25/2024	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 320.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2530.23	

Contributions from Individuals

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	
Moving forward with Rod Powell						934982244	
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		d. Comments	
Teresa Olson 2320 New House Rd. Shelby NC 28150 704-473-7590				not employed		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/27/2024		\$ 2500	
<input type="checkbox"/>		Act Blue		06/14/2024		\$ 100.00	
<input type="checkbox"/>						\$	
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		d. Comments	
Sarah Queen 149 Ball Park Rd. Lawndale, NC 28090				not employed		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/28/2024		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
BJ Zamora 504 Country Club acres Shelby, NC 28150 704-477-6477				not employed		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/28/2024		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 475.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2530.23	

Contributions from Individuals

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	
Moving Forward w/ Rod Powell						93498 2244	
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		d. Comments	
Sally Royster 212 Fairway Dr. Shelby, NC 28150 704-418-2793				not employed		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 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"/>		Act Blue		05/29/2024		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
Terry McCollum 616 Casar Lawndale Rd. Lawndale, NC 28090 704-466-1316				not employed		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/29/2024		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
Roger Harris 1713 Barbee Rd. Shelby NC 28150				educator			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				retired / not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/29/2024		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2530.23	

Contributions from Individuals

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	
Moving Forward with Rod Powell						934982244	
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		d. Comments	
Jerry L. Blake 2344 Sher. H Allen Rd. Shelby NC 28150				not employed			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/29/2024		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
Marie Jackson 201 S. Washington St. Shelby NC 28150				Sexton		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Shelby Presbyt. Church		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/30/2024		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
Jerrianne A. Keen 126 Rose Drive Lawndale, NC 28090				not employed		friend	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Act Blue		05/31/2024		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2530.23	

Contributions from Individuals

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) <u>Moving Forward with Rod Powell</u>						2. ID Number <u>034982244</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Joyce Coleman</u> <u>407 K; Idare Drive</u> <u>Shelby, NC 28152</u>				b. Job Title/Profession <u>not employed</u>		d. Comments	
				c. Employer's Name/Specific Field <u>not employed</u>		e. Election Sum to Date \$ <u>100.00</u>	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment <u>Act Blue</u>	i. In-Kind Description	j. Date (mm/dd/yyyy) <u>06/05/2024</u>	k. Amount \$ <u>100.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Justin Matthews</u> <u>105 Melwood Drive</u> <u>Casar NC 28020</u>				b. Job Title/Profession <u>order filler</u>		d. Comments	
				c. Employer's Name/Specific Field <u>walmart distribution</u>		e. Election Sum to Date \$ <u>100.00</u>	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment <u>Act Blue</u>	i. In-Kind Description	j. Date (mm/dd/yyyy) <u>06/23/2024</u>	k. Amount \$ <u>100.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Tammy Hollifield</u> <u>122 Lec Chapel Drive</u> <u>Casar NC 28020</u>				b. Job Title/Profession <u>educator</u>		d. Comments	
				c. Employer's Name/Specific Field <u>retired / not employed</u>		e. Election Sum to Date \$ <u>200.00</u>	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment <u>Check #106</u>	i. In-Kind Description	j. Date (mm/dd/yyyy) <u>5/2/2024</u>	k. Amount \$ <u>200.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>400.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ <u>2530.23</u>	

Contributions from Individuals

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	
Moving Forward with Rod Powell						C34982244	
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		d. Comments	
Cindy Martin P.O. Box 274 Lattimore, NC 28089				not employed			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		Cash		05/02/2024		\$ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 20.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2530.23	

Loan Proceeds

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	
Moving Forward with Rod Powell				934982244	
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	
William R. Powell, Jr. 252 Cornth Church Ude Casar, NC 28020 704-975-7528		not employed		to open bank account	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		not employed		01/30/2024 01/23/2024	
				f. End Date (mm/dd/yyyy)	
				11/30/2024	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	-		bank transfer	\$ 200.00	
l. Full Name of Lending Institution				m. Loan Number	
-				-	
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	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 200.00	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

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)						2. ID Number	
Moving Forward with Rod Powell						93498 2244	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<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	
Creative Business Essentials 805 McGowan Rd. Shelby, NC 28150 980-295-2453						Campaign palm cards	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 268.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	B	05/04/2024	\$ 268.01	Palm cards		
				\$			
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	
WPCS Shelby Podcast 701 Suttle Street Shelby, NC 28150 704-974-1593						guest on Jimmy Hall podcast	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	A	06/03/2024	\$ 75.00	Podcast Ad		
				\$			
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	
WPCS Shelby Podcast 701 Suttle Street Shelby, NC 28150 704-974-1593						guest on Jimmy Hall podcast	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 525.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	A	06/07/2024	\$ 450.00	Podcast ad (4 episodes)		
				\$			
5. Total only this Page						\$ 793.01	
6. Total of ALL CRO-1310 Pages						\$ 1718.82	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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							
<small>* Codes require detailed explanation in required remarks field (k)</small>							

1718.

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)						2. ID Number	
Moving Forward with Rod Powell						934982244	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
Creative Business Essentials 805 McGowan Rd. Shelby, NC 28150 980-295-2453						Yard signs (100)	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1089.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	B	06/21/2024	\$ 821.98	100 Yard signs		
				\$			
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	
Bank of Ozark 103 Piedmont Drive Laundale, NC 28090						bank service charge 100 X 3	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 30.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	draft	0	03/29/2024 04/30/2024 05/31/2024	\$ 30.00	service charge		
				\$			
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	
Act Blue secure.actblue.com 617-517-7600						Fees collected by Act Blue	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 73.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	draft	0		\$ 73.83	fees collected by Act Blue		
				\$			
5. Total only this Page						\$ 925.81	
6. Total of ALL CRO-1310 Pages						\$ 1718.82	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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)							

925.81
1718.82

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Moving Forward with Rod Powell		934982244	
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
William R. Powell Jr. 252 Corinth Ch. Circle Casar, NC 28020 704-975-7528		retired educator	to open bank account
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		not employed	01/09/2024
			f. End Date (mm/dd/yyyy)
			11/30/2024
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution			l. Loan Number
personal loan to start campaign fund			personal
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
William R. Powell, Jr. 252 Corinth Ch. Circle Casar NC 28020 704-975-7528		retired educator	to boost balance before contributions
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		retired	01/23/2024
			f. End Date (mm/dd/yyyy)
			11/30/2024
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution			l. Loan Number
William Powell Personal Loan to Campaign fund			personal
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
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 200.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 200.00