



# Detailed Summary

|   |                             |
|---|-----------------------------|
| Amendment                               |                             |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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 MELISSA MASON   | 2022 First Quarter |                             |                           |
| Start of Election Cycle: January 1, <u>2021</u>                              |                    | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                    | \$ 973.10                   | \$ 0.00                   |
| <b>RECEIPTS</b>  |                    |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)         | \$ 560.00                   | \$ 645.00                 |
| 6) Contributions from Individuals  | (CRO-1210)         | \$ 2,860.00                 | \$ 3,910.00               |
| 7) Contributions from Political Party Committees                             | (CRO-1220)         | \$ 0.00                     | \$ 0.00                   |
| 8) Contributions from Other Political Committees                             | (CRO-1230)         | \$ 0.00                     | \$ 0.00                   |
| 9) Loan Proceeds   | (CRO-1410)         | \$ 1,000.00                 | \$ 2,000.00               |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240)         | \$ 0.00                     | \$ 0.00                   |
| 11) Other Receipt Sources  |                    |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250)         | \$ 0.00                     | \$ 0.00                   |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)         | \$ 0.00                     | \$ 0.00                   |
| 11c) Outside Sources of Income   | (CRO-1250)         | \$ 0.00                     | \$ 0.00                   |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)         | \$ 0.00                     | \$ 0.00                   |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)         | \$ 0.00                     | \$ 0.00                   |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                    | \$ 4,420.00                 | \$ 6,555.00               |
| <b>EXPENDITURES</b>  |                    |                             |                           |
| 13) Disbursements <span style="color: red;">REC'D IN PERSON</span>           |                    |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310)         | \$ 3,847.50                 | \$ 4,968.50               |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)         | \$ 0.00                     | \$ 0.00                   |
| 13c) Coordinated Party Expenditures  | (CRO-1310)         | \$ 0.00                     | \$ 0.00                   |
| 14) Aggregated Non-Media Expenditures  |                    |                             |                           |
| 15) Loan Repayments  | (CRO-1420)         | \$ 0.00                     | \$ 0.00                   |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)         | \$ 0.00                     | \$ 0.00                   |
| 17) In-Kind Contributions  | (CRO-1510)         | \$ 400.00                   | \$ 400.00                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                    | \$ 4,605.23                 | \$ 5,767.13               |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                    | \$ 787.87                   | \$ 787.87                 |
| <b>ADDITIONAL INFORMATION</b>  |                    |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)         | \$ 0.00                     |                           |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)         | \$ 2,000.00                 |                           |
| 22) Debts and Obligations owed by the Committee                              | (CRO-1610)         | \$ 0.00                     |                           |
| 23) Debts and Obligations owed to the Committee                              | (CRO-1620)         | \$ 0.00                     |                           |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)         | \$ 0.00                     |                           |
| 25) Administrative Support   | (CRO-1710)         | \$ 0.00                     | \$ 0.00                   |
| 26) Forgiven Loans   | (CRO-1440)         | \$ 0.00                     | \$ 0.00                   |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)         | \$ 0.00                     | \$ 0.00                   |
| 28) Contributions to be Refunded   | (CRO-1215)         | \$ 0.00                     | \$ 0.00                   |

# Aggregated Contributions from Individuals

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

Optional form used to report NC Contributions From Individuals of \$50 or less

| <b>1. Committee Full Name (and Fund if applicable)</b>  |                 |                    |                        |                      | <b>2. ID Number</b> |
|---|-----------------|--------------------|------------------------|----------------------|---------------------|
| COMMITTEE TO ELECT MELISSA MASON  |                 |                    |                        |                      |                     |
| <b>3. Contributor Information</b>   |                 |                    |                        |                      |                     |
| a. Amend  | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount           |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/06/2022           | \$ 20.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Check              |                        | 02/14/2022           | \$ 25.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/18/2022           | \$ 25.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Cash               |                        | 03/24/2022           | \$ 5.00             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/05/2022           | \$ 25.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 03/10/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Cash               |                        | 03/24/2022           | \$ 5.00             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 02/04/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Cash               |                        | 03/24/2022           | \$ 20.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/05/2022           | \$ 25.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 03/25/2022           | \$ 25.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/27/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Check              |                        | 04/22/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/23/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 01/11/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/11/2022           | \$ 10.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/12/2022           | \$ 50.00            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove   | 1               | Credit Card        |                        | 04/18/2022           | \$ 25.00            |
| <b>4. Total only this Page</b>  |                 |                    |                        |                      | \$ 560.00           |
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                 |                    |                        |                      | \$ 560.00           |

CRO-1205

NC State Board of Elections

April 2007

REC'D IN PERSON  
 SEP 01 2022  
 NHC BD OF ELECTIONS

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT MELISSA MASON   |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                                     |                             | <b>d. Comments</b>             |  |
| K ANDERSON<br>5504 WARRENDALE CT N<br>WILMINGTON, NC 28409   |                        |                           | SELF-EMPLOYED  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b><br>AFS                    |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                      | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | Credit Card               |  | 04/13/2022                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                                     |                             | <b>d. Comments</b>             |  |
| AVERY BEVIN<br>1100 ULLSWATER LN<br>WILMINGTON, NC 28405<br><br>REC'D IN PERSON<br>SEP 01 2022           |                        |                           | HEALTHCARE   |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b><br>DERMATOLOGY ASSOCIATES |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 700.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                      | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | Credit Card               |  | 02/20/2022                  | \$ 200.00                      |  |
| <input type="checkbox"/>   | 1                      | Credit Card               |  | 04/08/2022                  | \$ 500.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                                     |                             | <b>d. Comments</b>             |  |
| LINDA BROWN<br>41 NORTHWOOD DR<br>WILMINGTON, NC 28405   |                        |                           | NOT EMPLOYED   |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED           |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 500.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                      | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | Credit Card               |  | 01/27/2022                  | \$ 500.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 1,300.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 2,860.00                    |  |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |                               |  |  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |  | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT MELISSA MASON  |                        |                           |                               |  |  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| N. CHAPMAN CASE<br>1807 BREWTON CT<br>WILMINGTON, NC 28403  |                        |                           |                               | ACTING                                   |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | SELF-EMPLOYED                            |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 150.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 02/07/2022                               |  | \$ 50.00                       |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 03/07/2022                               |  | \$ 50.00                       |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 04/07/2022                               |  | \$ 50.00                       |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| SUNI CHAPMAN<br>1021 WILD DUNES DR<br>WILMINGTON, NC 28411<br><br>REC'D IN PERSON<br>SEP 01 2022<br>NHC BD OF ELECTIONS |                        |                           |                               | RETIRED                                  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | NO LONGER EMPLOYED                       |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 100.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |                               | 04/04/2022                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| RANDY CHENOWETH<br>2522 PARK AVE<br>WILMINGTON, NC 28403  |                        |                           |                               | RETIRED                                  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | NO LONGER WORKING                        |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 85.00                       |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Cash                      |                               | 03/24/2022                               |  | \$ 5.00                        |  |
| <input type="checkbox"/>  | 1                      | Check                     |                               | 04/22/2022                               |  | \$ 80.00                       |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 335.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>         |                        |                           |                               |  |  | \$ 2,860.00                    |  |

# 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            |  |
|---|-----------------|--------------------|---|----------------------|-------------------------|--|
| COMMITTEE TO ELECT MELISSA MASON  |                 |                    |   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                 |                      | d. Comments             |  |
| ERIN COGIN<br>4704 ARCHER DR<br>WILMINGTON, NC 28409  |                 |                    | SALES   |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field<br>SELF-EMPLOYED      |                      |                         |  |
|   |                 |                    |   |                      | e. Election Sum to Date |  |
|   |                 |                    |   |                      | \$ 60.00                |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description                                  | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input checked="" type="checkbox"/>   | 1               | Credit Card        |   | 12/01/2021           | \$ 35.00                |  |
| <input type="checkbox"/>  | 1               | Credit Card        |   | 03/29/2022           | \$ 25.00                |  |
| <input type="checkbox"/>  |                 |                    |   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                 |                      | d. Comments             |  |
| JIM ELLINGTON<br>303 FAIRWAY DR<br>TRENT WOODS, NC 28562  |                 |                    | RETIRED   |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field<br>NO LONGER EMPLOYED |                      |                         |  |
|   |                 |                    |   |                      | 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"/>  | 1               | Credit Card        |   | 04/11/2022           | \$ 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<br>(include city, state, & zip)                             |                 |                    | b. Job Title/Profession                                 |                      | d. Comments             |  |
| SAMUEL IBRAHIM<br>705 WINDEMERE RD<br>WILMINGTON, NC 28405  |                 |                    | SOFTWARE DEVELOPMENT                                    |                      |                         |  |
|   |                 |                    | c. Employer's Name/Specific Field<br>ELM STREET         |                      |                         |  |
|   |                 |                    |   |                      | 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"/>  | 1               | Credit Card        |   | 04/05/2022           | \$ 100.00               |  |
| <input type="checkbox"/>  |                 |                    |   |                      | \$                      |  |
| <input type="checkbox"/>  |                 |                    |   |                      | \$                      |  |
| 4. Total only this Page   |                 |                    |   |                      | \$ 225.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |   |                      | \$ 2,860.00             |  |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |  |                             |                                |  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT MELISSA MASON  |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| BEN KING<br>6308 DUSTEN RD<br>CLIMAX, NC 27233<br><br>REC'D IN PERSON<br>SEP 01 2022<br>NHC BD OF ELECTIONS     |                        |                           | MANAGEMENT                               |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | COKE                                     |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  | \$ 100.00                   |                                |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |  | 04/13/2022                  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| KATHY KNIGHT<br>3225 ASTER CT<br>WILMINGTON, NC 28409   |                        |                           | REALTOR                                  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | INTRACOASTAL REALTY                      |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  | \$ 100.00                   |                                |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |  | 03/30/2022                  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| LISA LAVOIE<br>421 OKEECHOBEE RD<br>WILMINGTON, NC 28412  |                        |                           | NURSE                                    |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | NOVANT                                   |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  | \$ 400.00                   |                                |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | In-Kind                   | COST OF VENUE FOR MEET AND GREET         | 03/28/2022                  | \$ 400.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 600.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |  |                             | \$ 2,860.00                    |  |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                        |                           |  |                             |                                |  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT MELISSA MASON  |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                           |                             | <b>d. Comments</b>             |  |
| DEBORAH PYE<br>1010 GROppo CT<br>WILMINGTON, NC 28412   |                        |                           | RESEARCH   |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>LABCORP      |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 150.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Check                     |  | 03/09/2022                  | \$ 150.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                           |                             | <b>d. Comments</b>             |  |
| BEVERLY SETZ<br>6708 RIVER RD<br>WILMINGTON, NC 28412   |                        |                           | NO LONGER WORKING  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 100.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |  | 02/06/2022                  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                  |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                           |                             | <b>d. Comments</b>             |  |
| CANDACE WELLBORN<br>1721 TALL MAST CT<br>WILMINGTON, NC 28409   |                        |                           | MEDICAL  |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NHRMC        |                             |                                |  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 150.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Credit Card               |  | 04/11/2022                  | \$ 150.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |  |                             | \$ 2,860.00                    |  |

# Loan Proceeds

|   |                             |
|---|-----------------------------|
| <b>Amendment</b>                        |                             |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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

|  |                            |  |                           |  |  |
|--|----------------------------|--|---------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                            |  |                           | <b>2. ID Number</b>                      |  |
| COMMITTEE TO ELECT MELISSA MASON   |                            |  |                           |  |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>b. Job Title/Profession</b>           |                           | <b>d. Comments</b>                       |  |
| SCOTT MASON<br>170 PARTRIDGE RD<br>WILMINGTON, NC 28412<br><br>REC'D IN PERSON<br>SEP 01 2022<br><br>NHG DD OF ELECTIONS |                            | MEDICAL                                  |                           |  |  |
|  |                            | <b>c. Employer's Name/Specific Field</b> |                           | <b>e. Start Date (mm/dd/yyyy)</b>        |  |
|  |                            | NOVANT                                   |                           | 04/01/2022                               |  |
|  |                            |  |                           | <b>f. End Date (mm/dd/yyyy)</b>          |  |
|  |                            |  |                           |  |  |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Account Code</b>                   | <b>j. Form of Payment</b> | <b>k. Amount</b>                         |  |
| %  |                            | 1  | Check                     | \$ 1,000.00                              |  |
| <b>l. Full Name of Lending Institution</b>   |                            |  |                           | <b>m. Loan Number</b>                    |  |
|  |                            |  |                           |  |  |
| <b>4. Endorsers/Makers</b> (The people who guarantee the loan.)  |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|  |                            | %  |                           | \$                                       |  |
| <b>5. Total of ALL CRO-1410 Pages</b><br>(This line must be on line 9 of Detailed Summary Page CRO-1100)                 |                            |  |                           | \$ 1,000.00                              |  |



# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                           |                        |                             |   |                                |                                     |  |
|---|---------------------------|------------------------|-----------------------------|---|--------------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |                             |   |                                | <b>2. ID Number</b>                 |  |
| COMMITTEE TO ELECT MELISSA MASON  |                           |                        |                             |   |                                |                                     |  |
| <b>3. Type of Disbursement</b> <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  |                           |                        |                             |   |                                |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |   |                                |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>  |                                | <b>d. Comments</b>                  |  |
| NEW HANOVER COUNTY BOARD OF ELECTIONS<br>1241A MILITARY CUTOFF ROAD<br>WILMINGTON, NC 28405   |                           |                        |                             | REC'D IN PERSON<br>SEP 01 2022<br>NHC BD OF ELECTIONS   |                                |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>  |                                | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | \$ 127.00                           |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b>     |                                     |  |
| 1   | Check                     | H                      | 01/04/2022                  | \$ 127.00   | ELECTION FILING FEE            |                                     |  |
|   |                           |                        |                             | \$  |                                |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |   |                                |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>  |                                | <b>d. Comments</b>                  |  |
| NEW HANOVER COUNTY REPUBLICAN PARTY<br>829 S KERR RD UNIT B<br>WILMINGTON, NC 28403   |                           |                        |                             |   |                                |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>  |                                | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | \$ 260.00                           |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b>     |                                     |  |
| 1   | Debit Card                | O                      | 03/23/2022                  | \$ 250.00   | LINCOLN REAGAN<br>DOUGLAS GALA |                                     |  |
|   |                           |                        |                             | \$  |                                |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |                             |   |                                |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(include city, state, &amp; zip)</i>   |                           |                        |                             | <b>b. Coordinated Committee Name</b>  |                                | <b>d. Comments</b>                  |  |
| PRINTSONTHECHEAP<br>TX  |                           |                        |                             |   |                                |                                     |  |
|   |                           |                        |                             | <b>c. Level Registered (Specify)</b>  |                                | <b>e. Election Sum to Date</b>      |  |
|   |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | \$ 2,053.89                         |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>  | <b>k. Required Remarks</b>     |                                     |  |
| 1   | Debit Card                | B                      | 03/07/2022                  | \$ 251.66   | FLYERS                         |                                     |  |
| 1   | Debit Card                | B                      | 04/04/2022                  | \$ 1,180.77   | YARD SIGNS                     |                                     |  |
| <b>5. Total only this Page</b>  |                           |                        |                             |   |                                | \$ 1,809.43                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |                             |   |                                | \$ 3,847.50                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |   |                                |                                     |  |
| <b>7. Purpose Codes</b> <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)  |                           |                        |                             |   |                                |                                     |  |

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                    |   |                      |  |                            |                                     |  |
|---|--------------------|---|----------------------|--|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                    |   |                      |  |                            | <b>2. ID Number</b>                 |  |
| COMMITTEE TO ELECT MELISSA MASON  |                    |   |                      |  |                            |                                     |  |
| <b>3. Type of Disbursement</b> <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  |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    |   |                      | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| PRINTSONTHECHEAP TX   |                    |   |                      |  |                            |                                     |  |
| REC'D IN PERSON<br>SEP 01 2022<br>NHC BD OF ELECTIONS   |                    |   |                      | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |  |
|   |                    |   |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 2,053.89                         |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks        |                                     |  |
| 1   | Debit Card         | B   | 04/28/2022           | \$ 621.46  | YARD SIGNS                 |                                     |  |
|   |                    |   |                      | \$   |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    |   |                      | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| UNITED STATE POSTAL SERVICE NC  |                    |   |                      |  |                            |                                     |  |
|   |                    |   |                      | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |  |
|   |                    |   |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 11.60                            |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks        |                                     |  |
| 1   | Debit Card         | I   | 01/14/2022           | \$ 11.60   |                            |                                     |  |
|   |                    |   |                      | \$   |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |  |                            |                                     |  |
| a. Full Name, Mailing Address & Phone<br><i>(include city, state, &amp; zip)</i>  |                    |   |                      | b. Coordinated Committee Name  |                            | d. Comments                         |  |
| VISTAPRINT MA   |                    |   |                      |  |                            |                                     |  |
|   |                    |   |                      | c. Level Registered (Specify)  |                            | e. Election Sum to Date             |  |
|   |                    |   |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 302.00                           |  |
| f. Account Code   | g. Form of Payment | h. Purpose Code   | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks        |                                     |  |
| 1   | Debit Card         | B   | 04/25/2022           | \$ 73.28   | CAMPAIGN BUSINESS          |                                     |  |
| 1   | Debit Card         | B   | 04/28/2022           | \$ 146.35  | CARDS<br>CAMPAIGN MATERIAL |                                     |  |
| <b>5. Total only this Page</b>  |                    |   |                      |  |                            | \$ 852.69                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                    |   |                      |  |                            | \$ 3,847.50                         |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                    |   |                      |  |                            |                                     |  |
| <b>7. Purpose Codes</b> (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)  |                    |   |                      |  |                            |                                     |  |

# Aggregated Non-Media Expenditures

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

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

| <b>1. Committee Full Name (and Fund if applicable)</b>                    |                 |                         |                 |  |           | <b>2. ID Number</b>                         |
|---|-----------------|-------------------------|-----------------|--|-----------|---|
| COMMITTEE TO ELECT MELISSA MASON  |                 |                         |                 |  |           |   |
| <b>3. Payee Information</b>   |                 |                         |                 |  |           |   |
| 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<br><input type="checkbox"/> Remove           | 1               | Electric Funds Tran     | O               | 01/27/2022                                 | \$ 22.60  | PAYMENT PROCESSING FEE                      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Electric Funds Tran     | O               | 02/20/2022                                 | \$ 17.20  | PAYMENT PROCESSING FEE                      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Electric Funds Tran     | O               | 03/30/2022                                 | \$ 11.50  | PAYMENT PROCESSING FEE                      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Debit Card              | K               | 01/06/2022                                 | \$ 14.98  | OFFICE SUPPLIES                             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Debit Card              | O               | 01/25/2022                                 | \$ 22.85  | CANDIDATE TRAINING                          |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Debit Card              | O               | 02/10/2022                                 | \$ 28.08  | CAMPAIGN LUNCH MEETING                      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Check                   | O               | 01/31/2022                                 | \$ 40.00  | MEMBERSHIP FEE                              |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Check                   | O               | 03/04/2022                                 | \$ 25.00  | LUNCHEON                                    |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Check                   | O               | 04/11/2022                                 | \$ 30.00  | DINNER                                      |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Check                   | O               | 03/15/2022                                 | \$ 10.00  | ATTENDANCE FEE FOR CONVENTION               |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Check                   | O               | 01/10/2022                                 | \$ 35.00  | MEMBERSHIP FEE                              |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Debit Card              | B               | 01/05/2022                                 | \$ 43.86  | CAMPAIGN BUSINESS CARDS                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Debit Card              | O               | 03/07/2022                                 | \$ 38.51  | CAMPAIGN BUSINESS CARDS                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | 1               | Debit Card              | K               | 01/07/2022                                 | \$ 18.15  | OFFICE SUPPLIES                             |
| <b>4. Total only this Page</b>  |                 |                         |                 |  | \$        | 357.73                                      |
| <b>5. Total of ALL CRO-1315 Pages</b>                                     |                 |                         |                 |  | \$        | 357.73                                      |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>   |                 |                         |                 |  |           |   |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>     |                 |                         |                 |  |           |   |
| <b>B* - Printing</b>  |                 | <b>C* - Fundraising</b> |                 | <b>D - To Another Candidate</b>            |           |   |
| <b>E - Salaries</b>   |                 | <b>F* - Equipment</b>   |                 | <b>H* - Holding Public Office Expenses</b> |           |   |
| <b>I - Postage</b>  |                 | <b>J - Penalties</b>    |                 | <b>K* - Office Expenses</b>                |           | <b>Q* - Donations to Legal Expense Fund</b> |
| <b>O* - Other</b>   |                 |                         |                 |  |           |   |
| <b>* Codes require detailed explanation in required remarks field (g)</b> |                 |                         |                 |  |           |   |

REC'D IN PERSON  
 SEP 01 2022  
 NHC BD OF ELECTIONS

# In-Kind Contributions

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.

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  | <b>2. ID Number</b>  |                              |
| COMMITTEE TO ELECT MELISSA MASON  |  |  |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>  |                              |
| LISA LAVOIE<br>421 OKEECHOBEE RD<br>WILMINGTON, NC 28412  |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|   |  | <b>c. Comments</b>   |                              |
|   |  | <b>d. Election Sum to Date</b>   |                              |
|   |  | \$ 400.00  |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| COST OF VENUE FOR MEET AND GREET  |  | 03/28/2022   | \$ 400.00                    |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>4. Total only this Page</b>  |  | \$ 400.00  |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 400.00  |                              |

CRO-1510

NC State Board of Elections

December 2007

REC'D IN PERSON  
 SEP 01 2022  
 NHC BD OF ELECTIONS

# Outstanding Loans

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

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

|   |                            |  |                     |                                   |
|---|----------------------------|--|---------------------|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                            |  | <b>2. ID Number</b> |                                   |
| COMMITTEE TO ELECT MELISSA MASON  |                            |  |                     |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                   |                            |  |                     |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                            | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>                |
| MELISSA MASON<br>170 PARTRIDGE RD<br>WILMINGTON, NC 28412<br><i>REC'D IN PERSON<br/>SEP 01 2022<br/>NHC BD OF ELECTIONS</i> |                            | EDUCATION                                |                     | <b>e. Start Date (mm/dd/yyyy)</b> |
|   |                            | <b>c. Employer's Name/Specific Field</b> |                     | 11/17/2021                        |
|   |                            | UNCW                                     |                     | <b>f. End Date (mm/dd/yyyy)</b>   |
| <b>g. Rate</b>  | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           |                     | <b>j. Remaining Loan Balance</b>  |
| %   |                            | \$ 1,000.00                              |                     | \$ 1,000.00                       |
| <b>k. Full Name of Lending Institution</b>  |                            |  |                     | <b>l. Loan Number</b>             |
|   |                            |  |                     |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                   |                            |  |                     |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                            | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>                |
| SCOTT MASON<br>170 PARTRIDGE RD<br>WILMINGTON, NC 28412   |                            | MEDICAL                                  |                     | <b>e. Start Date (mm/dd/yyyy)</b> |
|   |                            | <b>c. Employer's Name/Specific Field</b> |                     | 04/01/2022                        |
|   |                            | NOVANT                                   |                     | <b>f. End Date (mm/dd/yyyy)</b>   |
| <b>g. Rate</b>  | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           |                     | <b>j. Remaining Loan Balance</b>  |
| %   |                            | \$ 1,000.00                              |                     | \$ 1,000.00                       |
| <b>k. Full Name of Lending Institution</b>  |                            |  |                     | <b>l. Loan Number</b>             |
|   |                            |  |                     |                                   |
| <b>4. Total only this Page</b>  |                            |  |                     | \$ 2,000.00                       |
| <b>5. Total of ALL CRO-1430 Pages</b><br><i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>            |                            |  |                     | \$ 2,000.00                       |