Amendment **Disclosure Report Cover** Use this form for general report and committee information, must be signed and submitted along with other de-Do not use this form to update information. 1. Committee Information c. ID Number MANCE COUN a. Full Name BOARD OF ELEC MORCOMBE, PETER HALEY b. Mailing Address (include City, State and Zip Code) d. Date Filed 474 THOMPSON ROAD GRAHAM, NC 27253 e. Phone Number 321-474-1708 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 06/30/2024 04/30/2024 MORCOMBE 6. Type of Committee (Check One) **9. Type of Report** (check only one type of report from one category) Party Candidate Campaign Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational ☐ Independent Expenditure ☐ Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary First Final Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual □ Special Fourth Building Fund Mid Year Semi-annual Year End 10. Special Report Name Mid Year Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name BANK ATLANTIC ATLANTIC UNION MEINI b. Purpose b. Purpose c. Account Code c. Account Code d. Period Begin Balance d. Period Begin Balance \$ \$64.35 \$ 0 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 of 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. P. H. MORCORIB Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ☐ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,

assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Si	ummarv
-------------	--------

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mo		LI IES LI IV
	керогі	3. ID Number	
MORLOMBE 4 SCHOOL BOARD			
Start of Election Cycle: January 1, 202	4	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 150	\$ 150
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 6.12	5 \$ 6.15
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 79.5	0 \$ 79.50
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	5, 16 and 17)	\$ 85.6	5 \$ 85.65
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 64.3	5 \$ 64.35
ADDITIONAL INFORMATION	Γ		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	<u> </u>	
23) Debts and Obligations owed to the Committee	(CRO-1620)	<u> </u>	
	(CRO-1720)	\$	
	(CRO-1710)	\$	\$
	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

	Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political						
committees and coordinated party expenditures						2. ID Number	
1. Committee Full Name (and Fund if applicable)						2. II/ NUMBEL	
3. Type of Dish	oursement (Please	use separate Cl	RO-1316	forms for e	each type of Disl	ourse	ement.)
Operating Exp	enses	tributions to Candid	ates/Politi	cal Committees	Coc	ordina	ted Party Expenditures
4. Payee Inform				Add 🔲	Remove		
	Iailing Address & Ph	one		b. Coordinate	ed Committee Nam	e	d. Comments
(include city, state							
ALAMANC	\$ 90P	.n		a Lavel Dari	stered (Specify)		-
2643 R	LAMADA ROA GTON, NC	-D		Federal	County:		
BURLIN	9 (01), 1			☐ State	Municipa	ality:	e. Election Sum to Date
							\$ 79.50
	1	1		<u>.</u>		1	<u> </u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
			<u> </u>		\$	<u> </u>	
					\$		
4. Payee Inforn	nation	/		Add \square	Remove	•	
	ling Address & Phone			b. Coordinate	ed Committee Nam	e	d. Comments
(include city, sta	te, & zip)						
USPS	#61, 112 M, NC 27	. S MARSHAL	X2 4				
CRAHA	M NC27	253			stered (Specify)		
-1 - , , ,	シャッシュン	0777		Federal State	County:	litze	e. Election Sum to Date
368	800-275-	8///		State	минетра	ınıy.	·
							\$6.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
•					\$		
			 		¢	 	
\$							
4. Payee Inform				Add 🔲	Remove		I
	ing Address & Phone			b. Coordinate	ed Committee Name	е	d. Comments
(include city, sta	te, & zip)			_			
				c. Level Regis	stered (Specify)		
				Federal	County:		
				☐ State	Municipa	ality:	e. Election Sum to Date
							\$
	I an .	l. p	li n	(334)	I	lı n	<u></u>
f. Account Code	g. Form of Payment	h. Purpose Code	1. Date (mm/dd/yyyy)	j. Amount	K. K	equired Remarks
			ļ		\$	<u> </u>	
					\$		
5. Total only this Page					\$		
	CRO-1310 Pages						
	(T) 1 12 (D) 12 (D) 12 (D) D (D) (D) (D) (D) (D) (D) (D) (D) (
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries	- Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense						
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

Amendment

☐ No

☐ Yes

Cont	ributions fo	rom Individua	als	Pg	g of _		Yes No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
					2. I	2. ID Number	
MORCOMBE 4 SCHOOL BOARD							
yelki (Pauselania) esi	tributor Informa	CONTRACTOR STATE OF THE PROPERTY OF THE PROPER		The State of the S	emove		
	ame, Mailing Addre			b. Job Title/Profe	_	d. C	Comments
• 07/01/5/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	le city, state, & zip)		7-23	RETIR	2ED		
4	14 1100	MPSUN +	< 01+1)	c. Employer's Na	ame/Specific Field	1	
474 THOMPSON ROAD GRAHAM, NC 27253						lection Sum to Date	
		4-1708					\$ 00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
3. Cont	tributor Informa	ation		Add 🔲 Re	emove		
-184	ame, Mailing Addre			b. Job Title/Profe	ession	d. C	Comments
	le city, state, & zip)			TEACHE	R		
V .		ISHAYA		. i 0	ame/Specific Field	-	
90	3 W. CLI	UB BLVD.				L	
5	URHAM	NC 27	705			e. E	lection Sum to Date
	9-819-1					\$	50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
							\$
							\$
							\$
Application of American Report to the	ributor Informa	Charles of artists for each tentomic to a very rather bits and		ACHTELEWS/MINISTER /NO. BULLET	emove		
	ame, Mailing Addre			b. Job Title/Profe	ession	d. C	comments
(includ	le city, state, & zip)		MRE	-			
,	-	600-00-0	IVIEP	c. Employer's Na	me/Specific Field		
4 2	0	- · · · › › › · ·	• _			e. E	lection Sum to Date
		(.	~))				100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy		k. Amount
							\$
							\$
							\$
4. Tot	al only this Pa	age				\$	
5. Tot		RO-1210 Pages				\$	

Amendment