	Amendment
Disclosure Report Cover	Yes
Use this form for general report and committee information, must be signed	and submitted along with other detailed fo

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

Do not use this form	n to update information					
1. Committee Info	rmation					
a. Full Name						c. ID Number
MORCOMB	BE4SCHOOLBOARD		-			
				PROP	THE CHARLES AND ADDRESS OF THE PARTY OF THE	
	clude City, State and Zip Code)			COLE	VEDI	d. Date Filed
	SON ROAD			007.00		10/28/2024
GRAHAM				00128	2024	
NC 27253			By.	41		e. Phone Number
			- Comment	N		321-474-1708
Silver the silver of the American State (Section 2)	and project of the control of the co	particular solutions and	an and the same		Children and Annual Control	
2. Report Year	3. Period Start Date (mm.	mm/vvi	l. Period E1 mm/dd/yy)	nd Date	5. Treasurer F	'ull Name
	CONTRACTOR AND SERVICE				PETER HALE	Y MORCOMBE
2024	07/01/2024		10/19/20	024	I DI DI CILIDE	T MORGONIBE
6. Type of Commit	tee (Check One)	9. Type o	of Report	(check on	ly one type of ren	ort from one category)
Candidate Camp		Municipal		State/C		Referendum
PAC	Referendum		ganizational		Organizational	Organizational
Independent					- 2	
Expenditure	Joint Fundraiser	Th	irty-five day	(Quarterly	Pre-referendum
Legal Expense F	und	2017/10/20		100000000000000000000000000000000000000		
7. Type of Fund	(if applicable, check one)	Pro	e-primary		First	Final
"Booster Fund"		Pro	e-election		Second	Supplemental Final
Building Fund		Pre	e-runoff		Third	Annual
			mi-annual		Fourth	Special
			Mid Year		Semi-annual	- Special
Other:						10.6
Other:		IH	Year End		Mid Year	10. Special Report Name
		Fin	al		Year End	
8. Number of Fund	lraisers this Report	Spe	ecial	F	Final	
	0				Special	
11. Account Inform	nation		1	1. Account I	nformation	
a. Financial Institution	Full Name		а	. Financial Insti	tution Full Name	
ATLANTIC	UNION BANK					
b. Purpose	c. Account Code		b	. Purpose		c. Account Code
	d. Period Begin Balanc	e				d. Period Begin Balance
	\$ \$64.35					\$
CERTIFICATION				0		
the NC Consul Stat	nmittee or Fund is in compl	iance with a	II applicabl	e provisions o	of Article 22A, 22	2B, & 22D-22M of Chapter 163 of
is complete, true and	l correct and that I have bee	ommingled '	with proniti	ited or other n	ion-disclosed fun	ds. I further certify that this report
P.H.MORO		ii daiiled by	the NC 3ta	ne Board of E	rections.	10/28/2024
T.III.WORK	Printed Name of Signer		Sign	attire of Appoint	of Treasurer	10/26/2024 Date
FOR OFFICE USE O			DIG.	ungre-01/1pparin	id Treasurer	Date
	10/28/21			9	XI	Delivery Method
Date Received:	10/20/29	En	nployee:		<u> </u>	Normal Mail
						Registered Mail
Date Postmarke	d:	En	ıployee:	-		Hand Delivered
Date Scanned:		Em	iployee:			Electronically Filed
						Signer has not received
Date Data Enter	red:	Em	iployee:		2	mandatory training
Please Note: Thi	is form cannot be used to an	nend commi	ttee informa	ation such as	the committee ad	dress, 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 SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		3. ID Number			
MORCOMBE4SCHOOLBOARD	2. Type of Report 3RD QUAF				
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this od Election Cycle		
4) Cash on Hand at Start		\$ 64.35	\$ 0		
<u>RECEIPTS</u>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 1.010.00	\$ 1,160.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 250.00	\$ 250.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ 2386.21	\$ 2,386.21		
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 Organizat	ions <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 3,646.21	\$ 3,796.21		
<u>EXPENDITURES</u>		POSE A SECURITION OF SECURITION			
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 2,844.21	\$ 2,994.21		
13b) Contributions to Candidates/Political Commi	,	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$ 300.00	\$ 300.00		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 3,144.21	\$ 3,229.86		
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 566.35	\$ 566.35		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		
CPO 1100					

		m Individuals	over \$50	0 or contri	Pg ibutions und		2 RO 1205 is n	Amendment Yes Ot used	No.	
1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Nur	nber		
MORCO	MBE4SCHOOLI	BOARD								
3. Contr	ibutor Informati	on		Add	Rei	nove				
	me, Mailing Address	& Phone		b. Job Ti	tle/Profession		d. Commen	ts		
	city, state, & zip)			_ F	Farmer					
Henry V	ines ey Drive			c Emplo	yer's Name/Sp	acific Field	-			
	mp, NC 27349			C. Diapio	yer o rannerop	etilite i teta	_			
336-263	3-0251						e. Election S	um to Date		
							\$	100		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descrip	ption	j. Date (mm/dd/y	ууу)	k. Amount		
								\$		
								\$		
								\$		
3. Contr	ibutor Informati	on		Add	Ren	nove				
	ne, Mailing Address	& Phone	-		lle/Profession		d. Comment	s		
	city, state, & zip) es Morcombe		·	, F	Retired					
	npson Road			c. Employ	yer's Name/Sp	ecific Field	+			
	NC 27253				·					
321-474-	1749						e. Election S	um to Date		
							\$	300		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/y	ууу)	k. Amount		
								\$		
								\$		
		<u></u>	<u> </u>			<u></u>		\$		
	ibutor Informatio			Add		nove	1			
	ne, Mailing Address &	& Phone			le/Profession		d. Comment	S		
	city, state, & zip) naron Pfeiffer			K	letired					
	ch Glen Court			c. Employ	er's Name/Sp	ecific Field	1			
	NC 27302									
973-687	-7000						e. Election St	um to Date		
							\$	300		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
								\$		
								\$		
								\$		
	only this Page						\$	7	00.00	
5. Total	l of ALL CRO	-1210 Pages					·	4 /	01000	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Use this 1. Comm	form to report indi	m Individuals ividual contributions of (and Fund if applica) or contrib	Pg utions und	of er \$50 if form CR	_	ot used	No
	·····	· · · · · · · · · · · · · · · · · · ·		4.11			<u></u>		
	ibutor Informatione, Mailing Address &		Add	e/Profession	nove	d. Comment			
1	city, state, & zip)	x Filone		<u> </u>	etired		u. Comment	<u> </u>	
Lanny H				1					
L	arkwood Drive			c. Employe	er's Name/Sp	ecific Field			
	t, NC 28012								
336-376	5-0367						e. Election S	um to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	ind Descript	ion	j. Date (mm/dd/y)	/yy)	k. Amount	
				•				\$	
			<u> </u>					\$	
								\$	
3. Contr	ibutor Informatio	on		Add	Ren	10ve			
	ne, Mailing Address &	& Phone		-	Profession		d. Comments	1	
John Sta	city, state, & zip)			R€	etired				
l.	ore Drive			c. Employe	r's Name/Spe	cific Field	_		
	NC 27253			es ampray o	. o rame op		1		
919-522-							e. Election S	ım to Date	
							\$	110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descripti	ion	j. Date (mm/dd/yy	уу)	k. Amount	
								\$	
								\$	
								\$	
	ibutor Informatic			Add	Ren	iove			
	ne, Mailing Address 8	k Phone		b. Job Title	/Profession		d. Comments	1	
(include	city, state, & zip)								
				c. Employe	r's Name/Spe	cific Field	<u> </u>		
							e. Election St	ım to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descripti	on	j. Date (mm/dd/yy	yy)	k. Amount	_
							· ·	\$	
								\$	

 4. Total only this Page
 \$ 310.00

 5. Total of ALL CRO-1210 Pages
 \$ 1,010.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

D'abana								Amendment
Disbursem		fuen the economic		Pg		_1_		2 Yes No
	coordinated party ex		tee i	for; operating expens	es,	CONTIDUUC	ns to o	randidate/political
	ull Name (and Fur						· .	2. ID Number
· .	MBE4SCHOOLBO							
3. Type of Disb)-1310 forms for eac	h t	ype of Disb		
Operating E		Contributions to Ca		ates/Political Committees	,		Со	ordinated Party Expenditures
4. Payee Inform				.dd		Remove		Lie
a. Full Name, Maili (include city, state,	ng Address & Phone		Ь.	. Coordinated Committee	e Na	ame		d. Comments
OFFICE DEPO			1					
1825 S Church	St,		c.	Level Registered (Specif	y)]
Burlington, NC	27215			Federal		County:		
336-226-6122				State		Municipalit	y:	e. Election Sum to Date
								\$ 470.77
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	··	k. Required Remarks
	DEBIT CARD	В		9/19/24		\$ 470.77		FLYERS
						\$		
4. Payee Inform	ation		A	dd		Remove		,
	ng Address & Phone		Ь.	Coordinated Committee	Na	ame		d. Comments
(include city, state, DIRT CHEAP S 6706 Lohmans F		ta, TX 78645		I	>			
			€.	Level Registered (Specif	у) 	Country		
				State	\exists	County: Municipalit		e. Election Sum to Date
				June		тегатістранц	<i>y -</i>	
								\$ 972.82 1
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
	DEBIT CARD	В		9/25/24		\$ 972.82		SIGNS
					7	\$		
4. Payee Inform			· · · · · · · · · · · · · · · · · · ·	dd		Remove	_	
	ng Address & Phone		b.	Coordinated Committee	Na	ıme		d. Comments
(include city, state, of UPS, 2779, S.C.	& zip) Thurch Street, Burlin	gton	┨					
NC 27215	maren oarea, bann	B-011	с.	Level Registered (Specify	y)			
				Federal		County:		
336-585-0022				State		Municipality	/: 	e. Election Sum to Date
								\$ 237.04
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
	СНЕСК	В		10/15/24		\$ 237.04		<u> </u>
						\$		i
5. Total only thi	s Page							\$
	CRO-1310 Pages				-			Ψ
(This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-1100	o if C	Operating Expenses) Contrib to Candidates/Poli Coordinated Party Expend		•		\$ 2844.21
	e (List detailed ev						 	· · · · · · · · · · · · · · · · · · ·

7. Purpose Codes
A* - Media C* - Fundraising

E - Salaries

B* - Printing F* - Equipment J - Penalties

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses $\mathbf{Q}^{\pmb{*}}$ - Donation to Legal Expense Fund

I - Postage **O*-Other** * Codes require detailed explanation in required remarks field (k)

Amendment

Disbursements

Pg 2

of 2____Yes

 \langle

No

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	
MORCOMBE4SCHOOLBOARD 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
3. Type of Disb	ursement (Plea	<u>ıse use separatı</u>	<u>: C</u>	<u>RO-1</u>	310 forms for a	<u>each t</u>	<u>ype of Disbursem</u>	ent.)	
Operating E	xpenses	Contributions to	Can	didates	/Political Committ	tees	Co	ordinated Party Expenditures	
4. Payee Inforn	nation		T	Add			Remove		
<u>-</u>	ing Address & Phone	1		b. Cc	ordinated Comm	ittee Na	ame	d. Comments	
(include city, state,									
ALAMANCE N									
114 W Elm Stre	et		ļ	c. Le	vel Registered (Sp	ecify)			
Graham, NC 27	′253		- 1		Federal		County:		
336-228-7851					State		Municipality:	e. Election Sum to Date	
				<u> </u>			• •		
								\$ 916.00	
f. Account Code	g. Form of Payment	h. Purpose Code	<u>:</u>	i.	Date (mm/dd/yyy)	y)	j. Amount	k. Required Remarks	
	CREDIT	^		1	0/03/3/		#4E9 00	ADVERT	
	CARD	A		1	.0/02/24		\$458.00		
	CHECK	A		— 1	.0/15/24		\$458.00	ADVERT	
	CHECK				.0/15/24		\$456.00		
4. Payee Inform	iation			Add			Remove		
· · · · · · · · · · · · · · · · · · ·	ing Address & Phone	<u> </u>	7	b. Co	ordinated Commi	ittee Na	ame	d. Comments	
(include city, state,	_								
				c. Le	vel Registered (Sp	ecify)			
				T	Federal	\boxtimes	County:		
			ļ	\overline{X}	State		Municipality:	e. Election Sum to Date	
			Ì	<u> </u>					
								\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. :	Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks	
	1					7.5		-	
	l						\$		
			_				\$		
		<u> </u>					Ф		
4. Payee Inform	ation			Add Remove			Remove		
a. Full Name, Maili	ng Address & Phone		П	b. Co	ordinated Commi	ttee Na	me	d. Comments	
(include city, state,	~								
DIALLING SEI									
	Drive, Spokane, WA	199208							
575-623-3660			ļ						
			ļ	c. Lev	el Registered (Sp	ecify)			
					Federal		County:		
				X	State		Municipality:	e. Election Sum to Date	
			Ī					# D47 F0	
								\$ 247.58	
f. Account Code	g. Form of Payment	h. Purpose Code		i. I	Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks	
	DEBIT	A		1	0/15/24		\$247.58	ROBO CALLS	
	CARD	A.			U/13/2 7		Φ247.50		
		l					 		
				\bot]		
5. Total only thi								\$	
	CRO-1310 Pages						:		
	line 13a of Detailed Sum						:	\$ 2,844.21	
	line 13b of Detailed Sum			•			•	_,	
	line 13c of Detailed Sum		_			enditur	es)		
	es (List detailed exp								
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fu G - Poli		-	•		D - To Anothe	r Candidate Public Office Expenses	
I - Postage	J - Penalties	K* - Of						to Legal Expense Fund	
O* - Other				F			Q 201111101	to negation person to und	

Loan Proceeds			Pg		of		Yes No		
Use this form to repor	t proceeds from a loan and	d loan end		on					
	nent must accompany eac		t is from an indi	vidual					
	ame (and Fund if applica	able)			2. I	D N	lumber		
MORCOMBE4	4SCHOOLBOARD								
3. Lender Information	on .		Add		,- 1		Remove		
a. Full Name, Mailing Ado	tress & Phone		b. Job Title/Profes	sion			d. Comments		
(include city, state, & zi			RETIRE	D			CANDIDATE LOAN		
PETER HALEY MO									
474 THOMPSON RO	AD	-							
GRAHAM,		<u> </u>					e. Start Date (mm/dd/yyyy)		
NC 27514		-	c. Employer's Nam	е/ъреспіс Етег	ια		09/19/24		
							f. End Date (mm/dd/yyyy)		
		i							
							10/19/24		
g. Rate	h. Security Pledged	i	Account Code	j. Form of P	ayment		k. Amount		
0 %				IN KIND)		\$ 2,386.21		
	N/A			111111111111111111111111111111111111111					
I. Full Name of Lending In NOT APPLICABLE	stitution					m.	Loan Number		
NOI APPLICABLE									
4. Endorsers/Makers	(The people who gu	arantee the l	oan)						
a. Full Name, Mailing Add		drumee are a	b. Job Title/Prof	ession	· T	c. F	Imployer's Name/Specific Field		
(include city, state, & zij									
			7						
			d. Percentage			e. A	mount		
					%	\$			
T III ACT ALI	l a pl		1 7 1 77 1 79 4	•					
a. Full Name, Mailing Add (include city, state, & zig			b. Job Title/Profession			c. Employer's Name/Specific Field			
(mende city, state, or si	<i>?)</i>		1						
			d. Percentage			e. A	mount		
					%	\$			
a. Full Name, Mailing Add	ress & Phone		b. Job Title/Profession				c. Employer's Name/Specific Field		
(include city, state, & zip									
					İ				
			d. Percentage				mount		
			u. rereemage			2.72			
					%	\$			
a. Full Name, Mailing Add			b. Job Title/Prof	ession		c. E	mployer's Name/Specific Field		
(include city, state, & zip	D)		_		İ				
					1				
			d. Percentage			e. A	mount		
					%	\$	2,386.21		
5. Total of ALL C	RO-1410 Pages					ļ	\$ 2,386.21		

Amendment

(This line must be on line 9 of Detailed Summary Page CRO-1100)

Loan Repayments Use this form to report payments					Pg <u>1</u> of	-	No
1. Committee Full Name (ar				• • •		2. ID Number	
MORCOMBE4SCHO	OLBOARD	<u></u>					
3. Lender Information			Add		Remove	· · · · · · · · · · · · · · · · · · ·	
a. Full Name, Mailing Address & P	hone					b. Comments	
(include city, state, & zip)							
PETER HALEY MOR							
474 THOMPSON ROA	//D					c. Original Loan Date	
GRAHAM						9/19/24	
NC 27253						3.0.1.17	
:						d. Original Loan Amount	
						\$ 2,386.21	
e. Remaining Loan Balance	f. Account Code	g. E	orm of Payment	h. Date	e (mm/dd/yyyy)	i. Repayment Amount	
\$ 2,086.21		C	HECK		9/30/24	\$ 300.00	
\$				Í		\$	
3. Lender Information			Add		Remove	<u> </u>	
a. Full Name, Mailing Address & P	hone					b. Comments	
(include city, state, & zip)							
						c. Original Loan Date	
						d. Original Loan Amount	

g. Form of Payment

Add

h. Date (mm/dd/yyyy)

Remove

h. Date (mm/dd/yyyy)

i. Repayment Amount

\$

\$

\$

\$

\$

b. Comments

c. Original Loan Date

d. Original Loan Amount

i. Repayment Amount

(This line must be on line 15 of Detailed Summary Page CRO-1100)
CRO-1420

e. Remaining Loan Balance

3. Lender Information

(include city, state, & zip)

e. Remaining Loan Balance

4. Total only this Page

5. Total of ALL CRO-1420 Pages

a. Full Name, Mailing Address & Phone

\$

\$

\$

f. Account Code

f. Account Code

g. Form of Payment