

Disclosure Report Cover

Amendment



Yes



No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information	
a. Full Name MORCOMBE4SCHOOLBOARD	c. ID Number
b. Mailing Address (include City, State and Zip Code) 474 THOMPSON ROAD GRAHAM NC 27253	d. Date Filed 01/10/2025
	e. Phone Number 321-474-1708



2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/2024	4. Period End Date (mm/dd/yy) 10/19/2024	5. Treasurer Full Name PETER HALEY MORCOMBE
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name ATLANTIC UNION BANK	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance \$ 64.35	d. Period Begin Balance	d. Period Begin Balance	d. Period Begin Balance

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

P.H.MORCOMBE
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

01/10/2025
Date

FOR OFFICE USE ONLY

Date Received: 1-10-2025 Employee: CB

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
MORCOMBE4SCHOOLBOARD		3RD QUARTER			
Start of Election Cycle: January 1, <u>2024</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 64.35		\$ 0	
RECEIPTS					
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)		\$ 2,386.21		\$ 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 Organizations (CRO-1250)		\$		\$	
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, 11c, 11d and 11e)		\$ 3,646.21		\$ 3,796.21	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,844.21		\$ 2,850.36	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 79.50		\$ 79.50	
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, 15, 16 and 17)		\$ 3,144.21		\$ 3,229.86	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 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 campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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	
MORCOMBE4SCHOOLBOARD						
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Henry Vines 3450 Isley Drive Snow Camp, NC 27349 336-263-0251			FARMER			
			c. Employer's Name/Specific Field			
			NOT 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"/>		CHECK			10/04/2024	\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Maria Ines Morcombe 474 Thompson Road Graham, NC 27253 321-474-1749			SECRETARY			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK			09/19/2024	\$ 300.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bill & Sharon Pfeiffer 810 Beech Glen Court Mebane, NC 27302 973-687-7000			TEACHER			
			c. Employer's Name/Specific Field			
			E NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		CHECK			09/21/2024	\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$ 1,010.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
MORCOMBE4SCHOOLBOARD						
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lanny Herron 4039 Markwood Drive Belmont, NC 28012 336-376-0367			b. Job Title/Profession		d. Comments	
			FARMER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		9/14/2024	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Staddon 5 Glenmore Drive Durham, NC 27253 919-522-9239			b. Job Title/Profession		d. Comments	
			PROFESSOR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CASH		09/14/2024	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 310.00	
5. Total of ALL CRO-1210 Pages					\$ 1,010.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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

1. Committee Full Name (and Fund if applicable) MORCOMBE4SCHOOLBOARD					2. ID Number
3. Type of Disbursement <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	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> OFFICE DEPOT 1825 S Church St, Burlington, NC 27215 336-226-6122			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input checked="" type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 470.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT CARD	B	9/19/24	\$ 470.77	FLYERS
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> DIRT CHEAP SIGNS 6706 Lohmans Fork Road Lago Vista, TX 78645			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input checked="" type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 972.82
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT CARD	B	9/25/24	\$ 972.82	SIGNS
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> UPS, 2779, S Church Street, Burlington NC 27215 336-585-0022			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input checked="" type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 237.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	10/15/24	\$ 237.04	SIGNS
				\$	
5. Total only this Page					\$ 1,680.63
6. Total of ALL CRO-1310 Pages					\$ 2,844.21
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable) MORCOMBE4SCHOOLBOARD					2. ID Number
3. Type of Disbursement <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	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W Elm Street Graham, NC 27253 336-228-7851		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 916.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CREDIT CARD	A	10/02/24	\$458.00	ADVERT
	CHECK	A	10/15/24	\$458.00	ADVERT
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) DIALLING SERVICES 909 E Glencrest Drive, Spokane, WA99208 575-623-3660		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 247.58	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT CARD	A	10/15/24	\$247.58	ROBO CALLS
				\$	
5. Total only this Page					\$ 1,163.58
6. Total of ALL CRO-1310 Pages					\$ 2,844.21
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MORCOMBE4SCHOOLBOARD					
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
PETER HALEY MORCOMBE 474 THOMPSON ROAD GRAHAM, NC 27514		ENGINEER		CANDIDATE LOAN	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NOT EMPLOYED		09/19/24	
				f. End Date (mm/dd/yyyy)	
				10/19/24	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	N/A		DEBIT CARD	\$ 2,386.21	
l. Full Name of Lending Institution				m. Loan Number	
NOT APPLICABLE					
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$ 2,386.21	
5. Total of ALL CRO-1410 Pages				\$ 2,386.21	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable) MORCOMBE4SCHOOLBOARD				2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
PETER HALEY MORCOMBE 474 THOMPSON ROAD GRAHAM NC 27253				c. Original Loan Date	
				9/19/24	
				d. Original Loan Amount	
\$ 2,386.21					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 2,086.21		CHECK	9/30/24	\$ 300.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
\$					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
\$					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 300.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 300.00	

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable) MORCOMBE4SCHOOLBOARD				2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PETER HALEY MORCOMBE 474 THOMPSON ROAD GRAHAM NC 27253				b. Comments	
				c. Original Loan Date 9/19/24	
				d. Original Loan Amount \$ 2,386.21	
				e. Remaining Loan Balance \$ 2,086.21	
f. Account Code		g. Form of Payment CHECK		h. Date (mm/dd/yyyy) 9/30/24	
i. Repayment Amount \$ 300.00					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount \$	
				e. Remaining Loan Balance \$	
f. Account Code		g. Form of Payment		h. Date (mm/dd/yyyy)	
i. Repayment Amount \$					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount \$	
				e. Remaining Loan Balance \$	
f. Account Code		g. Form of Payment		h. Date (mm/dd/yyyy)	
i. Repayment Amount \$					
4. Total only this Page				\$ 300.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 300.00	

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MORCOMBE4SCHOOLBOARD					
3. Lender Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
PETER HALEY MORCOMBE 474 THOMPSON ROAD GRAHAM, NC 27514		ENGINEER		CANDIDATE LOAN	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NOT EMPLOYED		09/19/24	
				f. End Date (mm/dd/yyyy)	
				10/19/24	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0 %	N/A		DEBIT CARD		\$ 2,386.21
l. Full Name of Lending Institution				m. Loan Number	
NOT APPLICABLE					
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$ 2,386.21	
5. Total of ALL CRO-1410 Pages					\$ 2,386.21
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					