

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

Moger for Council

c. ID Number

2019 OCT 25 AM 8:37

b. Mailing Address (include City, State and Zip Code)

4225 Stoney Brook Rd.
Clemmons, NC 27012

d. Date Filed

10/25/19

e. Phone Number

(336) 831 - 423

2. Report Year

2019

3. Period Start Date (mm/dd/yy)

7/19/19

4. Period End Date (mm/dd/yy)

10/21/19

5. Treasurer Full Name

Connor Michael Groce

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

- ☐ Pre-primary
☒ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly

- ☐ First
☐ Second
☒ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

- ☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Fidelity Bank

b. Purpose

Committee

c. Account Code

MFC

d. Period Begin Balance

\$ 0

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

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

Connor Groce

Printed Name of Signer



Signature of Appointed Treasurer

10/25/19

Date

FOR OFFICE USE ONLY

Date Received:

10/25/19

Employee:



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	
<input 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	
Moger for Council		Third Quarter			
Start of Election Cycle:		January 1,		2019	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$ 0	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 1201	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$ 0	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$ 0	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$ 0	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$ 0	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$ 0	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$ 0	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$ 0	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$ 0	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1201		\$ 1201	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 398.10	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$ 0	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$ 0	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$ 0	
15) Loan Repayments		<i>(CRO-1420)</i>		\$ 0	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$ 0	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ 0	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 398.10		\$ 398.10	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 802.90		\$ 802.90	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$ 0	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$ 0	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$ 0	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$ 0	
25) Administrative Support		<i>(CRO-1710)</i>		\$ 0	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$ 0	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>		\$ 0	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$ 0	

Contributions from Individuals

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Amendment
☐ Yes ☐ No

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	
Moger for Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Matthew Moger 4225 Stony Brook Rd. Clemmons, NC 27012			b. Job Title/Profession		d. Comments	
			Real Estate Investor			
			c. Employer's Name/Specific Field			
			M5 Investments, LLC		e. Election Sum to Date	
				\$ 130		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Check		7/26/19	\$ 100	
<input type="checkbox"/>	MFC	Check		9/19/19	\$ 30	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rick Babusiak 4960 Mountain View Ln. Winston Salem, NC 27104			b. Job Title/Profession		d. Comments	
			Home/Auto Insurance			
			c. Employer's Name/Specific Field			
			State Farm		e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Transfer		9/20/19	\$ 100	
<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) Roger Casey 307 Bing Crosby Blvd. Advance, NC 27006			b. Job Title/Profession		d. Comments	
			Marketing			
			c. Employer's Name/Specific Field			
			Casey Creative, LLC		e. Election Sum to Date	
				\$ 51		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Transfer		9/20/19	\$ 51	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 281	
5. Total of ALL CRO-1210 Pages					\$ 1201	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 4

Amendment
☐ Yes ☐ No

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	
Moger for Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jack Whitley 2706 Old Cox Rd. Asheboro, NC 27205			b. Job Title/Profession		d. Comments	
			Regional Director			
			c. Employer's Name/Specific Field			
			Modern Woodmen		e. Election Sum to Date	
				\$ 20		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MFC	Check		9/30/19		\$ 20
<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) Debra Nelson 140 Almont Forest Dr. Clemmons, NC 27012			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MFC	Check		10/4/19		\$ 100
<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) Brad Tilley 130 Hiddenbrooke Dr. Advance, NC 27006			b. Job Title/Profession		d. Comments	
			Owner/Insurance Broker			
			c. Employer's Name/Specific Field			
			Infinity Insurance		e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	MFC	Transfer		10/4/19		\$ 100
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 220	
5. Total of ALL CRO-1210 Pages					\$ 1201	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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Amendment
☐ Yes ☐ No

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	
Moger for Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) James Eggers 317 Riverbend Dr. Advance, NC 27006			b. Job Title/Profession		d. Comments	
			Partner /CPa			
			c. Employer's Name/Specific Field			
			Smith Leonard		e. Election Sum to Date	
				\$ 500		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Transfer		10/4/19	\$ 500	
<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) Bob Sipprell 4125 Briar Creek Rd. Clemmons, NC 27012			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
				\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Check		10/11/19	\$ 50	
<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) Jason Keller 5884 Odenton Ln. Pfafftown, NC 27040			b. Job Title/Profession		d. Comments	
			Owner/Insurance			
			c. Employer's Name/Specific Field			
			JW Keller & Associates		e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Transfer		10/15/19	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650	
5. Total of ALL CRO-1210 Pages					\$ 1201	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 4 of 4

Amendment
☐ Yes ☐ No

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	
Moger for Council						
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	
William Neil Morgan 2964 Canter Ln. Winston Salem, NC 27127			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
				\$ 50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MFC	Transfer		10/17/19	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" 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					\$ 50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1201	

Disbursements

Pg 1 of 2

Amendment
☐ Yes ☐ 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) Moger for Council					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) GoDaddy.com 14455 N Hayden Rd. Scottsdale, AZ 85260 1 (480) 505 - 8877			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 \$ 37.66	
f. Account Code MFC	g. Form of Payment Transfer	h. Purpose Code A	i. Date (mm/dd/yyyy) 8/30/19	j. Amount \$37.66	k. Required Remarks Website	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples 2509 Lewisville-Clemmons Rd. Clemmons, NC 27012			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 \$ 36.88	
f. Account Code MFC	g. Form of Payment Transfer	h. Purpose Code B	i. Date (mm/dd/yyyy) 9/19/19	j. Amount \$36.88	k. Required Remarks Brochures	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) West Forsyth High School 1735 Lewisville-Clemmons Rd. Clemmons, NC 27012 (336) 712- 4400			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 \$ 30	
f. Account Code MFC	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 9/20/19	j. Amount \$20	k. Required Remarks Forum Entry	
				\$		
5. Total only this Page					\$ 104.54	
6. Total of ALL CRO-1310 Pages <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>					\$ 398.10	
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

Pg 2 of 2

Amendment

☐ Yes ☐ 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
Moger for Council					
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) Proforma 8800 East Pleasant Valley Rd. Cleveland, OH 44131 (800) 825 - 1525		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:			
				\$ 293.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MFC	Transfer	B	10/7/19	\$293.56	Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
		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:			
				\$	
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 checked="" type="checkbox"/> Remove					
		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:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 293.56
6. Total of ALL CRO-1310 Pages					
<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>					\$ 398.10
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					