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		**c. ID Number**
Paul Gross for Alderman Ward 2		NDF491
b. Mailing Address (include City, State and Zip Code)		**d. Date Filed**
1018 N. Caswell Ave. Southport NC 28461		09/29/2025
		e. Phone Number
		919-810-7760

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/16/25	09/23/25	Paul Gross

6. Type of Committee (Check One)

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

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

☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

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

Municipal	State/County	Referendum
☒ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
State Employees Credit Union	
b. Purpose	**c. Account Code**
Campaign Finance	PJG
	d. Period Begin Balance
	$ 50.00

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.

Paul Gross	Paul D Gross Jr.	9/29/2025
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

			Delivery Method
Date Received:	9/29/25	Employee: PL	☐ Normal Mail
Date Postmarked:		Employee:	☐ Registered Mail
Date Scanned:	9/30/25	Employee: NP	☒ Hand Delivered
Date Data Entered:		Employee:	☐ 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

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
Paul Gross for Alderman Ward 2	Organizational	NDF 491

Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	$50.00	$0.00

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$5685.60	$5,740.60
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)	$0.19	$0.19
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)		$5,685.79	$5,740.79

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$3,532.68	$3,532.68
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
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)	$199.60	$199.60
17) In-Kind Contributions	(CRO-1510)	$435.60	$440.60
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$4,167.88	$4,172.88
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$1,567.91	$1,567.91

ADDITIONAL INFORMATION

		Total this Reporting Period	Total this Election Cycle
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

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
Paul Gross for Alderman Ward 2	NDF 491

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Paul Gross 1018 N. Caswell Ave. Southport, NC 28461 919-810-7760	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 3,055.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PJG	Transfer		07/18/25	$1,000.00
☐	PJG	Transfer		07/24/25	$1,000.00
☐	PJG	Check Dep.		09/18/25	$1,000.00

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jane Lowe Davis 504 Brunswick St. Southport, NC 28461 910-408-7051	Retired-Clergy	
	c. Employer's Name/Specific Field	
	St. Thomas	e. Election Sum to Date $ 1,200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		07/22/25	$ 1,200.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Gina M Poppe 6174 Cottage Creek Rd Southport, NC 28461 508-259-4388	No Job Title	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		08/29/2025	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 4,250.00
5. Total of ALL CRO-1210 Pages	$ 5,685.60
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

CRO-1210   NC State Board of Elections   April 2007

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
Paul Gross For Alderman Ward 2	NDF-491

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Charles F Blackburn 6158 River Sound Circle Southport, NC 305-304-6198	No Job Title - Retired	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		09/09/2025	$200.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
John Paul Gordon 5920 Dutchman Creek Rd. Southport, NC 28461 910-547-7814	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		09/15/2025	$50.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Stephen Fogerty 5909 Dutchman Creek Rd. Southport NC 28461 919-454-9005	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		09/22/2025	$50.00
☐					$
☐					$

4. Total only this Page	$300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$5,685.60

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAul Gross For Alderman Ward 2	NDF-491

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Lorraine Taylor 1036 Downrigger Trl. Southport, NC 28461 804-822-6182	No Job Title-Retired	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		09/23/2025	$200.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Francesca Slaughter 6272 Cattail CT. Southport NC 28461 910-231-4275	Broker	
	c. Employer's Name/Specific Field	
	Keller Williams	e. Election Sum to Date $500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Cash		07/18/2025	$50.00
☐		Cash		07/22/2025	$50.00
☐		Cash		07/30/2025	$50.00

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Francesca Slaughter "	"	
	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
☐		Cash		08/01/2025	$50.00
☐		Cash		08/06/2025	$50.00
☐		Cash		08/11/2025	$50.00

4. Total only this Page	$500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$5,685.60

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
Paul Gross for Alderman Ward 2	NDF-491

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Francesca Slaughter 6272 Cattail Ct. SOUTHPORT NC 28461 910-231-4275	Broker	
	c. Employer's Name/Specific Field	
	Keller Williams	e. Election Sum to Date $ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Cash		08/12/2025	$50.00
☐		Cash		08/14/2025	$50.00
☐		Cash		08/18/2025	$50.00

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Francesca Slaughter ''	''	
	c. Employer's Name/Specific Field	
	''	e. Election Sum to Date $ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Cash		08/25/2025	$50.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Ginny Prunty 5906 Dutchman Creek Rd Southport, NC 28461 240-672-3186	No Job Title	
	c. Employer's Name/Specific Field	
	Not Employed	e. Election Sum to Date $ 236.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	Print, Invitations, Chair Rent, Stamps Food,	09/08/2025	$236.00
☐					$
☐					$

4. Total only this Page	$436.00
5. Total of ALL CRO-1210 Pages	$ 5,685.60
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

CRO-1210   NC State Board of Elections   April 2007

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
PAUL GROSS FOR Alderman Ward 2	NDF 491

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jane Lowe Davis 504 Brunswick St. Southport, N.C. 28461 910-408-7051	Retired - Clergy	
	c. Employer's Name/Specific Field	
	ST. Thomas	e. Election Sum to Date $1,399.60

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		In-Kind	6"x9" Cards	08/11/2025	$199.60
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ 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
☐					$
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ 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
☐					$
☐					$
☐					$

4. Total only this Page	$199.60
5. Total of ALL CRO-1210 Pages	$5,685.60
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

CRO-1210   NC State Board of Elections   April 2007

Other Receipt Sources

Amendment
☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAul Gross for Alderman Ward 2	NDF 491

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ Interest   ☐ Contributions from Not-for-Profit Organizations   ☐ Outside Sources of Income

4. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
State Employees Credit Union P.O. Box 26748 RALeigh, NC 27611-6748 919-839-5000	**c. Outside Source Explanation**	Interest
		e. Election Sum to Date $ 0.19

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	Bank Credit		08/20/2025	$0.13
	Bank Credit		09/22/2025	$0.06

4. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
	c. Outside Source Explanation	
		e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

4. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
	c. Outside Source Explanation	
		e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

5. Total only this Page	$ 0.19

6. Total of ALL CRO-1250 Pages	
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 0.19

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.

Pg _1_ of _1_

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Paul Gross For Alderman Ward 2	NDF 491

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ginny Prunty 5906 Dutchman Creek Rd. Southport, NC 28461 240-672-3186	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Did not request reimbursement

		d. Election Sum to Date
		$236.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printing, Invitations, Stamps, Food, Chair Rental	09/08/2025	$236.00
		$
		$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Jane Lowe Davis 504 Brunswick St. Southport NC 28461 910-408-7051	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Reimbursed Contributor Full Amount

		d. Election Sum to Date
		$1,399.60

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
6"x9" cards (1,000) Resume.	08/11/2025	$199.60
		$
		$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

		d. Election Sum to Date
		$

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$435.60
5. Total of ALL CRO-1510 Pages	$435.60
(This line must be on line 17 of Detailed Summary Page CRO-1100)	

Disbursements

Pg _1_ of _3_ 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
Paul Gross For Alderman Ward 2	NDF 491

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Magnets On The Cheap 11550 Stonehollow Dr. Suite 160 Austin, TX 78758 1-877-419-6766	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	Magnetic Signs (2)
		e. Election Sum to Date $44.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit	O	07/21/2025	$44.30	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SECU FOUNDATION STATE EMPLOYEES CREDIT UNION P.O. BOX 26748 RALEIGH, NC 27611-6748 919-839-5000	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	Monthly banking charges
		e. Election Sum to Date $3.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT-Transfer	O	07/17/2025	$3.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SIGNS ON THE CHEAP 11550 Stonehollow Dr. Suite 160 Austin, TX 78758 1-866-661-9239	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	Yard Signs
		e. Election Sum to Date $1,694.76

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEBIT Card	O	07/25/2025	$1,694.76	

5. Total only this Page	$1,742.06
6. Total of ALL CRO-1310 Pages	$3,532.68

(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			

* Codes require detailed explanation in required remarks field (k)

CRO-1310 — NC State Board of Elections — December 2009

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)	2. ID Number
PAul Gross For Alderman Ward 2.	NDF 491

3. Type of Disbursement   *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Dollar Tree 1671 N Howe St. SOUTHPORT NC 28461 910-294-0287	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	Office Campaign Supplies
		e. Election Sum to Date $5.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	O	07/29/2025	$5.34	
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
The STATE PORT PILOT 114 E. Moore St. SOUTHPORT NC 28461 910-457-4568	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	PRINT media
		e. Election Sum to Date $1,650.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	O	07/31/2025	$550.00	Newspaper Ads
	Debit Card	O	08/27/2025	$1,100.00	Newspaper Ads

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Cape Fear Print 1517-13 N. Howe St. SOUTHPORT NC 28461 910-454-9104	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	Labels
		e. Election Sum to Date $12.17

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	O	08/20/2025	$12.17	
				$	

5. Total only this Page	$1,667.51
6. Total of ALL CRO-1310 Pages *(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)*	$3,532.68

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

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**
Paul Gross For Alderman Ward 2	NDF 491

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Coordinated Committee Name**	**d. Comments**
Amazon Amazon.com		Buttons
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $87.40

f. Account Code	**g. Form of Payment**	**h. Purpose Code**	**i. Date (mm/dd/yyyy)**	**j. Amount**	**k. Required Remarks**
	Debit Card	O	08/12/2025	$27.71	
	Debit Card	O	09/19/2025	$59.69	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Coordinated Committee Name**	**d. Comments**
Walmart Supercenter 1675 N. Howe St. Southport, N.C. 28461 910-454-9988		Magnets for buttons
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $3.71

f. Account Code	**g. Form of Payment**	**h. Purpose Code**	**i. Date (mm/dd/yyyy)**	**j. Amount**	**k. Required Remarks**
	Debit Card	O	08/18/2025	$3.71	
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Coordinated Committee Name**	**d. Comments**
Amazon Amazon.com		T-Shirts (2)
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $32.00

f. Account Code	**g. Form of Payment**	**h. Purpose Code**	**i. Date (mm/dd/yyyy)**	**j. Amount**	**k. Required Remarks**
	Debit Card	O	08/20/2025	$32.00	
				$	

5. Total only this Page	$123.11
6. Total of ALL CRO-1310 Pages	$3,532.68
(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			

* Codes require detailed explanation in required remarks field (k)

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Paul Gross For Alderman Ward 2	NDF 491

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Jane Lowe Davis 504 Brunswick St. Southport NC 28461 910-408-7051	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	08/11/2025
	e. Level Registered ☐ Federal ☐ County: ☐ State ☒ Municipality:	**i. Original Receipt Amount** $199.60
	f. Purpose Code P	**j. Election Sum to Date** $199.60

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Retired-Clergy	St. Thomas	Reimbursed For Cards	

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursed For 6" x 9" Cards Full Cost	08/15/2025	$199.60

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:	**i. Original Receipt Amount** $
	f. Purpose Code	**j. Election Sum to Date** $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:	**i. Original Receipt Amount** $
	f. Purpose Code	**j. Election Sum to Date** $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$199.60
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	$199.60

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor   M - Overpayment for Service   N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind   O* Other

* Codes require detailed explanation in required remarks field (m)

CRO-1320   NC State Board of Elections   December 2007