## **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.

	tomitto apaate	MITOTIFACTORI.						NV - VIII		
1. Committee In	nformation									
a. Full Name								c. ID Number		
COMMITTEE	TO ELECT B.	ARBARA STR	ANG	C	ABAR	RUS COUN	ONS			
b. Mailing Addro	ess (include Cit	ty, State and Zip	Code)					d. Date Filed		
PO BOX 8133 CONCORD, N	C 28027				JA	N 4 2021		01/01/2021		
CONCORD, II	C 20027				0	ECEIVED		e. Phone Number		
					K	ECETALD		(704) 796-3771		
2. Report Year	3. Period Star	t Date (mm/dd/y	( <b>y</b> )	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name		
2020	10	0/18/2020			12/31/2	2020	BARBAR	IRA STRANG		
6. Type of Comr	nittee (Check C	One)	9. Typ	e of Repor	(c)	heck only one	type of repe	ort from one category)		
X Candidate Can			Munic			State/County		Referendum		
Joint Fundrais	ет 🔲 РА	C		Organizatio	nal	Organizatio	mal	Organizational		
Referendum		gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum		
7. Type of Fund	Sound	le. check one)		Pre-primar	-	First		Final		
☐ "Booster Fund			lõ	Pre-election		Second		Supplemental Final		
Building Fund			lä	Pre-runoff		Third		Annual		
Presidential E		didates Fund		Semi-annua	1	Fourth		Special		
NC Public Car				Mid Ye		Semi-annua		Special		
INC Fublic Cal	npaign chianchig	g r turu		Year E		Mid Ye		10 C		
C+1					na	<del> </del> -		10. Special Report Name		
Other:				Final		Year E	na			
8. Number of Fu	undraisers this	Report		Special		Final				
	0					Special				
3. Account Info						ount Informati				
a. Financial Inst	itution Full Na	me			a. Fina	ncial Institutio	on Full Nam	e		
COMMITTEE	TO ELECT BA	ARBARA STR	ANG							
b. Purpose		c. Account Cod	e		b. Purj	ose		c. Account Code		
CAMPAIGN F	UNDS	1	102							
		d. Period Begin	Balan	ce			li li	d. Period Begin Balance		
		\$						\$		
CERTIFICATIO	ON									
I certify that t	he Committee o	or Fund is in co	mpliand	e with all a	pplicat	le provisions	of Article 2	2A, 22B & 22D-22M of		
			-			_		ther non-disclosed		
-								d by the NC State Board		
iunas. Tunin	or corting that t	inis toport is co	inpioto,	and c	0110011	1	ocon mame	a by the five state Board		
Ca ha	a Str	anc		Q.L		delina		01/01/2021		
Curpar	rinted Name of S	iene		Sign	afure of	Appointed Ty	surer	Date		
EOD OFFICE U	CEONLY			111011		11	-0.00(5-0.)			
FOR OFFICE U	SEUNLY	1,1,1				_	p. I	boom weathout		
Date Receive	ed: /	14/21	_	Emplo	yee:	5mg		Normal Mail		
Date Postma	ırked:	, ,	_	Emplo	yee:			Registered Mail Hand Delivered		
Date Scanne	ed: 4	112/2021		Emplo	yee:	Em g		Electronically Filed		
Date Data E	ntered:			Emplo	yee:		-	Signer has not received mandatory training		
Please Not		annot be used t						ittee address, treasurer, on.		
	Zou must amen	d the Statement	of Oro	anization (	CRO-2	100A-E) to mak	ce committe	e changes.		

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Re	The same of the sa		D Nu	mber	
COMMITTEE TO ELECT BARBARA STRANG	2020 Fourth	Quarter				
Start of Election Cycle: January 1, 2017		Total this Reporting Per	riod	Total this  Election Cycle		
4) Cash on Hand at Start		\$ 66	2.87	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	865.42	
6) Contributions from Individuals	(CRO-1210)	\$ 1,00	5.73	\$	10,412.29	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00	
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1,00	5.73	\$	11,277.71	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 1,27	9.68	\$	9,737.18	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 5.	5.24	\$	141.85	
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 25:	5.73	\$	1,320.73	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1,590	0.65	\$	11,199.76	
(9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 7'	7.95	\$	77.95	
ADDITIONAL INFORMATION					. W. W	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		0.00	II'E		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		0.00		331.15	
22) Debts and Obligations owed by the Committee	(CRO-1610)		0.00			
23) Debts and Obligations owed to the Committee	(CRO-1620)		0.00		Maria State	
24) Account Transfers Within the Committee	(CRO-1720)		0.00	0 0		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)		00,0	\$	0.00	
28) Contributions to be Refunded  ORO-1100  NC State Board	(CRO-1215)	\$	0.00	\$	0.00 August 2003	

Amendment Contributions from Individuals  $1 \quad \text{of}$ X No Yes 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 COMMITTEE TO ELECT BARBARA STRANG 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) POSTAL CARRIER ADAM BROWN c. Employer's Name/Specific Field PO BOX 608 CONCORD, NC 28026 UNITED STATES POTAL e. Dection Sum to Date SERVICE 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 102 10/22/2020 250.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REAL ESTATE AGENT LINDA HARRIS c. Employer's Name/Specific Field 1726 PARK GROVE PLACE CONCORD, NC 28027 **EXCELLENCE REALTY OF** e. Ecction Sum to Date THE CAROLINAS 515.73 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 102 PAID FOR COPIES 10/23/2020 255.73 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Malling Address & Phone d. Comments (include city, state, & zip) LEGISLATOR LARRY PITTMAN c. Employer's Name/Specific Field 250 ROBERTA ROAD SW CONCORD, NC 28027 NC GENERAL ASSEMBLY

	,				e. E	lection Sun	to Date
					\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
	102	Check		10/29/2020		\$	500.00
						\$	
						\$	
4. Tot	al only this Pa	ge			\$		1,005.73

1,005.73

					Am	e n am e	n t
Disbursements	Pg	1	of	3		Yes	X

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

1. Committee F	ull Name (and Fund	if applicable)					2. ID Number	
COMMITTEE	TO ELECT BARBA	ARA STRANG						
3. Type of Disbu	rsement (Please	use separate CRC	2-1310	forms for each	h type of Disbu	rseme	nt.)	
Operating Exp		ributions to Candidat	tes/Polit	ical Committees	☐ Coo	ordinat	ed Party Expenditu	ires
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee N	a m e	d. Comments	
(include city, sta	te, & zip)							
FACEBOOK.								
1 Hacker Way					tered (Specify)		ľ	
Menlo Park, NO	C 94025			☐ Federal	County			
				State	☐ Municip	oality:	e. Election Sum	to Date
							\$	387.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
102	Debit Card	A	1	1/02/2020	\$ 140.69	FAC	EBOOK ADS	
					\$			
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Comments	
(include city, sta	te, & zip)							
STAPLES.								
5	80 US HIGHWAY 29							
CONCORD, NO	28025			State	ality:	e. Election Sum	to Data	
				State	L Withhelf	ainy.	e. Meetion Sum	to Date
							\$	312.17
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
102	Debit Card	В	10	0/30/2020	\$ 68.43	COP	IES	
					\$			
4. Payee Inform	ation			Add 🔲	Remove		77	
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ате	d. Comments	
(include city, sta								
SIGNS 247								
40 West Crystal	Lake St. #100			-	tered (Specify)			
ORLANDO, FL	32806			Federal Federal	County:			
				State	Municip	anty:	e. Bection Sum	to Date
							\$	2,944.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	J. Amount	k. Re	quired Remarks	
102	Debit Card	ВО	10	0/21/2020	\$ 110.10	SIGN	N STAKES	
					\$			
5. Total only thi	s Page					-	\$	319,22
	CRO-1310 Pages							
	n line 13a of Detailed S	Summary Page CRO.	-1100 16	Onerating Expe	nses)	-		
	n line 13b of Detailed S					omm)	\$	1,279.68
, ,	n line 13c of Detailed S		_					
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin			undraising	D - To	Anoth	ner Candidate	
E - Salaries	F* - Equipme			litical Party	H* - H	olding	Public Office E	xpenses
I - Postage	J - Penaltie	S	K* - C	office Expenses	Q* - D	onatio	on to Legal Exper	ase Fund
O* Other								
* Codes require	e detailed explanatio	n in required rem	narks f	ield (k)				

No

D	iq	hu	rc	em	en	te	
1.7	13	1714		CILI		11.5	

				Am	en dm	e n t	
Pg	2_	of	3		Yes	M	No

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

1. Committee F	ull Name (and Fund	if applicable)					2. ID Numb	er
COMMITTEE	TO ELECT BARB	ARA STRANG						
3. Type of Dis bu	rsement (Please	use separate CR(	2-1310	forms for each	h type of Disbu	rseme	nt.)	
Operating Exp	penses	ributions to Candida	tes/Polit	ical Committees	Co	ordinat	ed Party Expe	nditures
4. Payee Inform				Add 🔲	Remove			
125	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d. Comment	ts
(include city, sta	- International Contract of the Contract of th							
GOP GAL GIF				a Lauri Dania	tered (Specify)	-		
350 Mountview				Federal	County			
CONCORD, N	28025			State	☐ Municip		e. Election S	um to Date
h.							\$	221.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
102	Debit Card	0	-	1/23/2020	\$ 221.49	THA	NK YOU G	IFTS FOR
					\$	POL	L WORKER	RS
			_				_	
4. Payee Inform				Add 🔲	Remove		I v cr	
	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d, Comment	is .
(include city, sta		200		-				
	NAL MINUTE PRE	SS		c. Level Regis	tered (Specify)			
400-50 MCGILL AVE NW CONCORD, NC 28027  c. Level Registered (Specity) Federal County:								
CONCORD, IV	20021			State	Municip	ality:	e. Election S	um to Date
							s	383.81
		Ti n	1. 5	L		II D		
	g. Form of Payment		-				quired Rema	
102	Debit Card	В	1	1/02/2020	\$ 383.81	COP	IES FOR PO	)LLS
					\$			
4. Payee Inform	ation	***************************************		Add 🔲	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d. Comment	S
(include city, sta	te, & zip)							
INTERNATIO	NAL MINUTE PRE	SS			100			
400-50 MCGIL				c. Level Regis	tered (Specify)  County			
CONCORD, NO	28027			State			e. Election S	um to Date
				State	Marron	ruiity.		
							\$	249.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
102	Debit Card	В	10	0/23/2020	\$ 249.99	COP	IES FOR PO	DLLS
					\$			
	P		_				Φ.	955.20
5. Total only thi			1				\$	855.29
	CRO-1310 Pages							
, ,	n line 13a of Detailed					7	\$	1,279.68
	n line 13b of Detailed i n line 13c of Detailed i					omm)		
					, ty 25tp emining est			
	des (List detailed			undraising	D To	Anati	her Candidat	0
A* - Media E - Salaries	B* - Printi: F* - Equipm			litical Party			ner Candidat	
I - Postage	J - Penaltic			Office Expense:		-		xpense Fund
O* Other	o i viiditi			The Tabella	-			
	e detailed explanatio	on in required ren	narks f	ield (k)				

					Allic	ii uiii c	II C	
Disbursements	Pg	3	of	_3_		Yes	X	N

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

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)    Operating Expenses
Operating Expenses
Operating Expenses
a. Full Name, Mailing Address & Phone (include city, state, & zip)  UPS STORE 349 Copperfield Blvd CONCORD, NC 28025  C. Level Registered (Specify)  Federal State Municipality:  E. Election Sum to Date  \$ 51.39  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  102 Debit Card  I 11/02/2020 \$ 51.39  4. Payee Information Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  VERTERAN SUPPORT
a. Full Name, Mailing Address & Phone (include city, state, & zip)  UPS STORE  349 Copperfield Blvd CONCORD, NC 28025  c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ 51.39  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  102 Debit Card I 11/02/2020 \$ 51.39  4. Payce Information Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  VERTERAN SUPPORT
UPS STORE  349 Copperfield Blvd  CONCORD, NC 28025    Federal   County:   E. Election Sum to Date
349 Copperfield Blvd CONCORD, NC 28025    Federal   County:   E. Election Sum to Date
CONCORD, NC 28025    Federal   County:   e. Election Sum to Date     State   Municipality:   E. Election Sum to Date     State   State   State   Municipality:   e. Election Sum to Date     State   S
CONCORD, NC 28025    Federal   County:   Election Sum to Date
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  102 Debit Card I 11/02/2020 \$ 51.39  4. Payee Information
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  102 Debit Card I 11/02/2020 \$ 51.39  4. Payee Information
102 Debit Card I 11/02/2020 \$ 51.39  4. Payee Information
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  VERTERAN SUPPORT
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  VERTERAN SUPPORT
a. Full Name, Mailing Address & Phone  (include city, state, & zip)  VERTERAN SUPPORT
a. Full Name, Mailing Address & Phone  (include city, state, & zip)  VERTERAN SUPPORT
(include city, state, & zip) VERTERAN SUPPORT
VERTERAN SUPPORT
5830 W Thunderbird Rd Suite B8 - 1011 c. Level Registered (Specify)
Glendale, AR 85306 Federal County:
State Municipality: e. Election Sum to Date
\$ 53.78
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks
102 Debit Card O 11/03/2020 \$ 53.78 VOLUNTEER GIFTS FOR
\$ VETERANS
5. Total only this Page \$ 105.17
6. Total of ALL CRO-1310 Pages
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 1,279.68
(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 applemention in required remarks field (k)
* Codes require detailed explanation in required remarks field (k)  CRO-1310  NC State Board of Elections  December 2009

		Amendme	nt	
Aggregated Non-Media Expenditures	Page1_ of1_	☐ Yes	X	No
Intional form used to report NC Non Madia Expanditures of \$50 or less				

Optional fo	rm used to repo	ort NC Non-Media	Expenditures o	t \$50 or less.						
1. Committe	e Full Name (and	d Fund if applicable)				2. ID 1	Number			
СОММІТТ	EE TO ELECT	BARBARA STRAN	G							
3. Payee Inf	ormation				X. I.					
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	уууу)	f. Amount g. Required Remark				
Add Remove	102	Debit Card	K	11/09/2020	0	\$	15.13	MAILER SUPPLIES		
Add Remove	102	Debit Card	В	11/12/2020	0	\$	40,11	THANK YOU CARDS		
4. Total o	nly this Page					\$	\$ 55.24			
	f ALL CRO-1 nust be on line 14 h	315 Pages  f Detailed Summary Pa	ge CRO-1100)			\$		55.24		
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)		u di				
1111	B*	- Printing	C* - Fundr	aising	D - 1	To And	other Car	ndidate		
E - Salar	ies F*	- Equipment	G - Political	Party	H* -	Hold	ing Publ	ic Office Expenses		
I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund										
O* - Ot										
* Codes	require detai	led explanation i	n required ren	narks field (g)						

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions Use this form to report non-monetary cont Use CRO-1215 if In-Kind Contributions	were or will be refund	ds or ser		d to the cor	nmittee or	X No	
1. Committee Full Name (and Fund if applicable)				2. ID	2. ID Number		
COMMITTEE TO ELECT BARBAR	A STRANG						
3. Contributor Information	☐ Add	☐ Re	move				
a. Full Name, Mailing Address & Phone			tributor c. C		Comments		
(include city, state, & zip) LINDA HARRIS 1726 PARK GROVE PLACE CONCORD, NC 28027	□ C □ P: □ P. □ R	Party PAC Referendum		d. Elec	d. Election Sum to Date \$ 515.73		
e. Description			f. Date (mm	/dd/yyyy)	g. Fair l	Market Amount	
PAID FOR COPIES		10/23/2020		2020	\$	255.73	
					\$		
					\$		
4. Total only this Page			\$	\$ 255			
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$		255.73	
CRO-1510	NC State Board of	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1		to the same	- VIIII	December 2007	