

# 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.

<b>1. Committee Information</b>		
a. Full Name KESHIA4CABARRUSCOUNTY		c. ID Number CABARRUS COUNTY BOARD OF ELECTIONS
b. Mailing Address (include City, State and Zip Code) PO BOX 2037 CONCORD, NC 28026		d. Date Filed JUL 10 2020 RECEIVED
		e. Phone Number 07/06/2020

<b>2. Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 04/19/2020	<b>4. Period End Date (mm/dd/yy)</b> 06/30/2020	<b>5. Treasurer Full Name</b> KATHERINE LOCKETT
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name SUNTRUST		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCE	c. Account Code KS	b. Purpose	c. Account Code
	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

Katherine Lockett      [Signature]      07/06/2020  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: <u>7/6/2020</u>	Employee: <u>smg</u>	<b>Delivery Method</b>
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: <u>7/13/2020</u>	Employee: <u>smg</u>	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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.

# 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

CABARRUS COUNTY  
BOARD OF ELECTIONS

OCT 16 2020

RECEIVED

<b>1. Committee Information</b>	
a. Full Name KESHIA4CABARRUSCOUNTY	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 2037 CONCORD NC 28026	d. Date Filed
	e. Phone Number

<b>2. Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 04/19/2020	<b>4. Period End Date (mm/dd/yy)</b> 06/30/2020	<b>5. Treasurer Full Name</b> KATHERINE LOCKETT
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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	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
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input 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	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name SUNTRUST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCE	c. Account Code KS	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1009.11		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.

Katherine Lockett Printed Name of Signer      [Signature] Signature of Appointed Treasurer      10/17/2020 Date

**FOR OFFICE USE ONLY**

Date Received: 10/16/20 Employee: smg

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: 10/27/20 Employee: smg

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	
KESHIA4CABARRUSCOUNTY	2020 Second Quarter		
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2019</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>	\$ 1009.11	\$	
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$ 0	\$ 0	
<b>6) Contributions from Individuals</b> (CRO-1210)	\$ ✓2652.49	\$ ✓3933.75	
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$ 0	\$ 0	
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$ 0	\$ 0	
<b>9) Loan Proceeds</b> (CRO-1410)	\$ 0	\$ 0	
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)	\$ 0	\$ 0	
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$ 0	\$ 0	
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)	\$ 0	\$ 0	
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$ 0	\$ 0	
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)	\$ 0	\$ 0	
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)	\$ 0	\$ 0	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ ✓3661.60	\$ 3933.75	
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b> (CRO-1310)	\$ 690.33	\$ ✓870.51	
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$ 0	\$ 0	
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$ 0	\$ 0	
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$ 0	\$ ✓91.97	
<b>15) Loan Repayments</b> (CRO-1420)	\$ 0	\$ 0	
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)	\$ 0	\$ 0	
<b>17) In-Kind Contributions</b> (CRO-1510)	\$ 0	\$ 0	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 690.33	\$ 962.48	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ ✓2971.27	\$ ✓2971.27	
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$ 0		
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$ 0		
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)	\$ 0		
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)	\$ 0		
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$ 0		
<b>25) Administrative Support</b> (CRO-1710)	\$ 0	\$ 0	
<b>26) Forgiven Loans</b> (CRO-1440)	\$ 0	\$ 0	
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)	\$ 0	\$ 0	
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$ 0	\$ 0	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SHERRY BELL-PARKER 1010 BLUFFTON DRRIVE BAINBRIDGE, GA 39817				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 20.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KIMBERLY BIONDI 928 Pineridge St SE Concord, NC 28025 (704) 701-0149				TEACHER c. Employer's Name/Specific Field Cabarrus County Schools		e. Election Sum to Date	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/26/2020	\$ 10.00 ✓		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 10.00 ✓		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JO K BOBBITT 6325 LAKE RD CHARLOTTE, NC 28227				SUPERVISOR c. Employer's Name/Specific Field DEVELOPMENTAL DISABILITIES RESOURCES		e. Election Sum to Date	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Check		05/15/2020	\$ 50.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 90.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49 2,717.49	
<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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) VICKIE BROWN 37171 Sycamore Street Apt 934 NEWARK, NC 94560				<b>b. Job Title/Profession</b> MENTAL HEALTH WORKER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> DEPARTMENT OF VETERANS AFFAIRS		<b>e. Election Sum to Date</b> \$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/01/2020	\$ 20.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) COLEMAN BUCKHOUSE 409 Woodvale ST FLORENCE, SC 29501				<b>b. Job Title/Profession</b> Anesthesiologist		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> Self employed		<b>e. Election Sum to Date</b> \$ 94.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/25/2020	\$ 94.80		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SHEVONDA BYERS 4828 LYNN LEE CIRCLE CHARLOTTE, NC 28269				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ 5.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 5.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 119.80 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49 ✓	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

Pg 3 of 27

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Shaneequah CHAMBERS 5610 Great woods Blvd Columbus, IL 43231				<b>b. Job Title/Profession</b> SUPERVISOR		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> FEDERAL GOVERNMENT		<b>e. Election Sum to Date</b> \$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/31/2020	\$ 50.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LAKEISHA COOK 1385 Almand Creek Dr SW CONYERS, GA 30094				<b>b. Job Title/Profession</b> PROBATION OFFICER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> DJJ		<b>e. Election Sum to Date</b> \$ 10.00 ✓	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/02/2020	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CHARLES COOLEY 2116 THRLES COURT CHARLOTTE, NC 28207				<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> NO EMPLOYER		<b>e. Election Sum to Date</b> \$ 105.00 ✓	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/25/2020	\$ 105.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 165.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2652.49 <del>2717.49</del>	



# Contributions from Individuals

Pg 4 of 27

Amendment

Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Sandy COPE 1003 n Norris drive LIBERTY, SC 29567				<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		<b>e. Election Sum to Date</b> \$ 15.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/05/2020	\$ 15.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LATOSHA DAVIS 4110 N MARKET AVE SHAWNEE, OK 74804				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 20.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JILL DEBOSE 707 Willow Rd Salisbury, NC 28147				<b>b. Job Title/Profession</b> SOCIAL WORKER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> DDS		<b>e. Election Sum to Date</b> \$ 18.72 ✓	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$ 18.72		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 53.72 ✓	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,652.49 <del>2,717.49</del>	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DELORES DeRosa-Stokes 534 Wild Hickory lane Blythewood, SC 29016				Patient Support Technician 2			
				<b>c. Employer's Name/Specific Field</b>			
				Prisma Health Baptist Hospital			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/12/2020		\$ 100.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
IRIS ELAM 3101 GALBERRYROAD CHESAPEAKE, VA 23323							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ 20.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Leesa EXUM 5589 callcott way unit 1008 Alexandria, VA 22312				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ 50.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 170.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						2,717.49	



# Contributions from Individuals

Pg 6 of 27

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Stephanie Fleming 9916 Season Grove Lane apt 101 CHARLOTTE, NC 28216 (704) 464-6847				Owner/Baker			
				<b>c. Employer's Name/Specific Field</b> Flemings Simply Divine Sweets			
						<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/02/2020		\$ 50.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
AINA GREENE 5203 Split Oak Dr CHARLOTTE, NC 28227							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 40.00 ✓	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ 40.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DENISE HARMON NC				NETWORK SERVICES			
				<b>c. Employer's Name/Specific Field</b> ANTHEM			
						<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ 20.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 110.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2652.49 <del>2777.49</del>	

# Contributions from Individuals

Pg 7 of 27

Amendment  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
STACIE HARRIS 875 Loretta Dr. GOODLETTS, TN 37072				SELF-EMPLOYED			
				<b>c. Employer's Name/Specific Field</b>			
				Beyond The Game Management			
						<b>e. Election Sum to Date</b>	
						\$ 30.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/04/2020		\$ 30.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TARA HARRIS 1107 Berry Tree CHARLOTTE, NC 28216				MENTAL HEALTH			
				<b>c. Employer's Name/Specific Field</b>			
				DDR			
						<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/25/2020		\$ 50.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TIFFANI HARRIS 4435 Clymer Court Charlotte, NC 28269				SOCIAL WORKER			
				<b>c. Employer's Name/Specific Field</b>			
				MECKLENBURG COUNTY DSS			
						<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ 10.00 ✓	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ 40.00 ✓	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 130.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,717.49	

# Contributions from Individuals

Pg 8 of 27

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Lawrence Haywood 13621 Purple Bloom Ln CHARLOTTE, NC 28262				PLUMBER			
				<b>c. Employer's Name/Specific Field</b> Haywood Plumbing Services Inc			
						<b>e. Election Sum to Date</b>	
						\$ 94.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ ✓ 94.80	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TIFFANY HENSON 9557 PARKER SPRINGS CT LAS VEGAS, NV 89166							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ ✓ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LORI HONEYCUTT 4196 MEDFORD DR NW CONCORD, NC 28027							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 25.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ ✓ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ ✓ 139.80	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.49 <del>2,717.49</del>	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

Pg 9 of 27

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) BRIAN KENYA HORTON 13642 W Chaparosa Way Peoria, AZ 85383				<b>b. Job Title/Profession</b> INVESTOR		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> Hortons Investments LLC		<b>e. Election Sum to Date</b> \$ <u>20.00</u>	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/29/2020	\$	20.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SHAVON HUDNALL 510 SERENITY POINT LAWRENCEVILLE, GA 30046				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$	20.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) PAUL HUGGINS 2504 WEST HILLCREST TERRACE FLORENCE, SC 29501				<b>b. Job Title/Profession</b> MEDIA		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> SELF		<b>e. Election Sum to Date</b> \$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$	10.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 50.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						2717.49	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY	<b>2. ID Number</b>
---	---------------------

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LUVNIA HUMPHREY 6929 DOVER COURT HIGHLAND, CA 92346	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b> \$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ ✓20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ERIKA INGRAM 2609 dapple ct CHARLOTTE, NC 28215	<b>b. Job Title/Profession</b> HEALTH CARE WORKER	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> DDR	
		<b>e. Election Sum to Date</b> \$ 18.72

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$ ✓18.72
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) KENA JACKSON 1119 W RIALTO AVE SAN BERNADINO, CA 92410	<b>b. Job Title/Profession</b> CONSULTANT	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF	
		<b>e. Election Sum to Date</b> \$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ ✓20.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 58.72 ✓

**5. Total of ALL CRO-1210 Pages** \$ 2,652.49 ✓  
*(This line must be on line 6 of Detailed Summary Page CRO-1100)* 2,717.49

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY	<b>2. ID Number</b>
---	---------------------

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JASON JENKINS 10724 Glenluce Ave CHARLOTTE, NC 28213		TRAINING AND DEVELOPMENT			
		<b>c. Employer's Name/Specific Field</b> DDR INC			
				<b>e. Election Sum to Date</b>	
				\$ 28.23	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	KS	Electric Funds Tran		05/01/2020	\$ 28.23
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
REBEKAH JOHNSON 1205 Winecoff school rd CONCORD, NC 28207		HAIR STYLIST			
		<b>c. Employer's Name/Specific Field</b> IT'S ALL ABOUT YOU SALON			
				<b>e. Election Sum to Date</b>	
				\$ 94.80	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$ 94.80
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TONIQUA JOHNSON 8805 JEFFREY ST 2023 LAS VEGAS, NV 89123		HAIR STYLIST			
		<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED			
				<b>e. Election Sum to Date</b>	
				\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	KS	Electric Funds Tran		05/04/2020	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 173.03
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 2,652,277.49



# 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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DERRICK JORDAN 1635 N Water ST Apartment 315 Milwaukee, WI 53202				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$	✓ 50.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BLONDELL JOSEPH 3261 Ian Patrick Ave KANNAPOLIS, NC 28083 (704) 287-6052				Accounting Tech-Lead			
				<b>c. Employer's Name/Specific Field</b>			
				CCDHS		<b>e. Election Sum to Date</b>	
						\$ 30.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/02/2020	\$	✓ 30.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SCOTTIE KELLY 266 Georgia st CONCORD, NC 28025 (980) 622-4501				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/03/2020	\$	✓ 30.00	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$	✓ 20.00	
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 130.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49 ✓	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						<del>2717.49</del>	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TONI KENION 520 BARRINGTON HALL DRIVE ROLESVILLE, NC 27571				<b>b. Job Title/Profession</b> NURSE PRACTITIONER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> Hospitals		<b>e. Election Sum to Date</b> \$ <u>50.00</u> ✓	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LASHONEA LEE 408 PITTS SCHOOL RD NW CONCORD, NC 28027				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ 20.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GINA LEMONS 6313 Lake Road MINT HILL, NC 28227				<b>b. Job Title/Profession</b> CEO		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> DDR		<b>e. Election Sum to Date</b> \$ 75.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/04/2020		\$ 75.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 145.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.42 <sup>4</sup> ✓	
<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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DONOVAN LITTLE 4835 ABERCROMBY ST CHARLOTTE, NC 28213				<b>b. Job Title/Profession</b> CONSULTANT		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> WELLSFARGO		<b>e. Election Sum to Date</b> \$ 40.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$ 40.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) KATHERINE LOCKETT 9310 SWALLOW TAIL LANE CHARLOTTE, NC 28269				<b>b. Job Title/Profession</b> REALTOR		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> FATHOM REALTY		<b>e. Election Sum to Date</b> \$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/29/2020	\$ 50.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) RON LOCKETT 9310 SWALLOW TAIL LANE CHARLOTTE, NC 28269				<b>b. Job Title/Profession</b> TRUCK DRIVER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> SEL-EMPLOYED		<b>e. Election Sum to Date</b> \$ 40.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$ 40.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 130.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49 ✓	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						2,917.49	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ZYARA LUCILLE 28 Pine Street Beverly, NJ 08010			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
					<b>e. Election Sum to Date</b> \$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020	\$ 50.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LEKESHIA LYNCH NC			LICENSED CLINICIAN			
			<b>c. Employer's Name/Specific Field</b> NATIONAL HEALTHCARE SOLUTIONS			
					<b>e. Election Sum to Date</b> \$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 20.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
PATRICE MARSH 7467 grandview ridge dr CHARLOTTE, NC 28215			CASE MANAGER			
			<b>c. Employer's Name/Specific Field</b> RAIN			
					<b>e. Election Sum to Date</b> \$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/06/2020	\$ 10.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 80.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 2,652.49 ✓	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					<del>2,217.49</del>	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Deneisha McCallum 2200 Ginnie Springs Drive Kannapolis, NC 28081				PROGRAM MANAGER			
				<b>c. Employer's Name/Specific Field</b>			
				INREACH			
						<b>e. Election Sum to Date</b>	
						\$ 25.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/30/2020	\$ 25.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHARLOTTE MCKEON 119 Ramshorn Rd Charlton, MA 01507				RN			
				<b>c. Employer's Name/Specific Field</b>			
				St Vincent's Hospital, Worcester MA			
						<b>e. Election Sum to Date</b>	
						\$ 30.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/04/2020	\$ 30.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JILL MCKINNEY 6090 GOLD HILL RD E GOLD HILL, NC 28071							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 30.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 30.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 85.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,717.49	
<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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RUTHIE MCMANUS 117 Chester Ave GREAT FALLS, SC 29055 (803) 209-5557				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/06/2020		\$ 10.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SHEENA MINARD 6274 Chamar Circle Kannapolis, NC 28081				REAL ESTATE AGENT			
				<b>c. Employer's Name/Specific Field</b>			
				SHEENA MINARD REALTY		<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/25/2020		\$ 50.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DENISE MULREADY 1102 Bethera Road Bonneau, SC 29431				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 47.25	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/01/2020		\$ 47.25 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 107.25 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2717.49	



# 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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KIMBERLY PERRY 884 Concord parkway n CONCORD, NC 28025				SALES PERSON			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				RAC		\$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/25/2020	\$ 10.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TARA PHELPS-JONES 13 PEBBLE HILL DRIVE BELLEVILLE, IL 62223 (703) 405-2609							
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 20.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Denecia Polite Gardner 403 Westover Ave KANNAPOLIS, NC 28081 (336) 662-7154				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				NOT EMPLOYED		\$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		05/05/2020	\$ 10.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 40.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						<del>2,217.49</del>	

# Contributions from Individuals

Pg 19 of 27

Amendment

Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KESHA PRESSWOOD 9601 Crenshaw Blvd INGLEWOOD, CA 90305 (562) 228-2627				CALL CENTER REP			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				Mike Diamond Plumbing		\$ <input checked="" type="checkbox"/> 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/05/2020		\$ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Iesha PURVIS 3 Coral Way OCEN SHORES, WA 98569				EDUCATOR			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				NBSD		\$ 40.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ <input checked="" type="checkbox"/> 40.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ERICA RAILFORD 1049 CAMBROOK COURT CONCORD, NC 28027							
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ <input checked="" type="checkbox"/> 10.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ <input checked="" type="checkbox"/> 70.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.49 <sup>2,717.49</sup>	
<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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CLARA REED 3235 chatfield lane CONCORD, NC 28027				<b>b. Job Title/Profession</b> ADMIN ASSISTANT		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> DEVELOPMENTAL DISABILITIES RESOURCES		<b>e. Election Sum to Date</b> \$ 20.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 20.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SHIRLEY RHUE 2612 Dundeen St CHARLOTTE, NC 28216				<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		<b>e. Election Sum to Date</b> \$ 30.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/30/2020	\$ 30.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TIRA RILEY 1801 W. 136th St COMPTON, CA 90222 (310) 525-0085				<b>b. Job Title/Profession</b> NO JOB TITLE		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED		<b>e. Election Sum to Date</b> \$ 35.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/04/2020	\$ 35.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 85.00 ✓
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2,652.49 ✓
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						2,717.49

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
KESHIA4CABARRUSCOUNTY						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
TERRY SMITH 6135 SID CRANE DR CHARLOTTE, NC 28216				CARE PROVIDER		
				<b>c. Employer's Name/Specific Field</b>		
				CAREWELL		
						<b>e. Election Sum to Date</b>
						\$ 50.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Cash		05/29/2020	\$ 50.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
TRACIE SNYDER 139 OAKDALE AVE SW CONCORD, NC 28027						
				<b>c. Employer's Name/Specific Field</b>		
						<b>e. Election Sum to Date</b>
						\$ 20.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 20.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
SHAKEENA SPELLER 3076 PARADE LN SW CONCORD, NC 28205				THERAPIST		
				<b>c. Employer's Name/Specific Field</b>		
				RISE UP COUNSELING AND CONSULTING PLLC		
						<b>e. Election Sum to Date</b>
						\$ 28.23
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/29/2020	\$ 28.23 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 98.23 ✓
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2717.49

# Contributions from Individuals

Pg 23 of 27

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DIAMOND STATON 6626 BURKWOOD CT HARRISBURG, NC 28075							
						<b>e. Election Sum to Date</b>	
						\$ 25.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$	✓ 25.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
AIMY STEELE 6012 Bayfield Parkway, Ste #140 CONCORD, NC 28027							
						<b>e. Election Sum to Date</b>	
						\$ 47.25	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/25/2020	\$	✓ 47.25	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BETTY STOCKS 95 CEDAR DR CONCORD, NC 28025				NO JOB TITLE			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	KS	Electric Funds Tran		04/29/2020	\$	✓ 50.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 122.25	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						<del>2717.49</del>	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BRANDY TAYLOR JONES 8828 Bay Leaf St CHINO, CA 91708				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/05/2020		\$ 20.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DESMOND THOMAS 377 amber court CONCORD, NC 28025				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 10.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/30/2020		\$ 10.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JACQUELYN TINSLEY 378 UNION STREET S CONCORD, NC 28025				TEACHER			
				<b>c. Employer's Name/Specific Field</b>			
				CABARRUS COUNTY SCHOOLS		<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ 20.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 50.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						<del>2777.49</del>	



# Contributions from Individuals

Pg 25 of 27

Amendment  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Daytron Waymyers 4000 Dunwoody Park Apt 2214 Dunwoody, GA 30338				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 20.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ 20.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CAROLYN WILLIAMS 904 Fairlane Ave North Augusta, SC 29841				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 9.21	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		04/29/2020		\$ 9.21 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RENEE WISE 4481 FAWN BROOK AVE SW CONCORD, NC 28027							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 15.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020		\$ 15.00 ✓	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 44.21 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2652.49 ✓	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,717.49	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY					<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CONSULEA WONNUM 902 Palmer Road Lithonia, GA 30058			HEALTHCARE ADMINISTRATION			
			<b>c. Employer's Name/Specific Field</b>			
			EMORY HEALTHCARE			
					<b>e. Election Sum to Date</b>	
					\$ 47.25	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/01/2020	\$ 47.25 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JASMINE WRIGHT 716 MIDVALE AVE ROCK HILL, SC 29730 (803) 448-4236			NO JOB TITLE			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 28.23	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		05/06/2020	\$ 28.23 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JASMINE WRIGHT 716 MIDVALE AVE ROCKHILL, SC 29730						
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 30.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	KS	Electric Funds Tran		06/30/2020	\$ 30.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 105.48 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 2652.49 ✓	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2717.49	

# Contributions from Individuals

Pg 27 of 27

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Janie Young P.O. Box 6095 CONCORD, NC 28027			NO JOB TITLE		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			NOT EMPLOYED		
\$ 100.00					
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	KS	Electric Funds Tran		06/12/2020	\$ 100.00 ✓
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 100.00
<b>5. Total of ALL CRO-1210 Pages</b>					\$
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					2652.19 2717.49

# Disbursements

Amendment

Pg 1 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE PO BOX 1926 RALEIGH, NC 27602							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 400.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	05/27/2020	\$ 300.00	VOTE BUILDER ACCESS		
KS	Electric Funds Tran	D	06/09/2020	\$ 100.00			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CANDICE BOATWRIGHT 10298 JARDIN WAY CHALOTTE, NC 28215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 60.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	05/03/2020	\$ 60.00	MARKETING/CAMPAIGN		
				\$	PHOTOS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FUND HERO 243 E 400 S Salt Lake City, UT 84044 (202) 410-6077 ext. 101							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 52.32	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	04/24/2020	\$ 1.28	COLLECTION FEES		
KS	Electric Funds Tran	O	04/24/2020	\$ 1.28	COLLECTION FEES		
<b>5. Total only this Page</b>						\$	✓ 462.56
<b>6. Total of ALL CRO-1310 Pages</b>						\$	✓ 690.33
<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>							
<b>7. Purpose Codes</b> (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

Pg 2 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> FUND HERO 243 E 400 S Salt Lake City, UT 84044 (202) 410-6077 ext.101				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 52.32
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	04/24/2020	\$ 5.20	COLLECTION FEES	
KS	Electric Funds Tran	O	04/24/2020	\$ 5.20	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> FUND HERO 243 E 400 S Salt Lake City, UT 84044 (202) 410-6077 ext.101				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 52.32
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	04/25/2020	\$ 2.75	COLLECTION FEES	
KS	Electric Funds Tran	O	04/25/2020	\$ 5.20	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> FUND HERO 243 E 400 S Salt Lake City, UT 84044 (202) 410-6077 ext.101				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 52.32
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	04/29/2020	\$ 0.79	COLLECTION FEES	
KS	Electric Funds Tran	O	04/29/2020	\$ 1.77	COLLECTION FEES	
<b>5. Total only this Page</b>						\$ 20.91 <input checked="" type="checkbox"/>
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 690.33
<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>						
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>						
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

Pg 3 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KESHIA4CABARRUSCOUNTY						<b>2. ID Number</b>
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FUND HERO 243 E 400 S Salt Lake City, UT 84044 (202) 410-6077 ext.101				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
						<b>e. Election Sum to Date</b> \$ 52.32
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	05/01/2020	\$ 1.77	COLLECTION FEES	
KS	Electric Funds Tran	O	05/01/2020	\$ 2.75	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FUND HERO 243 E 400 S Salt Lake City, UT 84044 (202) 410-6077 ext.101				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
						<b>e. Election Sum to Date</b> \$ 52.32
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	05/01/2020	\$ 2.75	COLLECTION FEES	
KS	Electric Funds Tran	O	06/30/2020	\$ 1.53	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) K. REID GRAPX AND PHOTOGRAPHY PO BOX 1262 MOUNT PLEASANT, NC 28124 (704) 232-1616				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		
						<b>e. Election Sum to Date</b> \$ 155.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	B	04/21/2020	\$ 54.00	CAMPAIGN T-SHIRTS	
KS	Electric Funds Tran	B	05/23/2020	\$ 26.00	CAMPAIGN T-SHIRTS	
<b>5. Total only this Page</b>						\$ 88.80 ✓
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 690.33
<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>						
<b>7. Purpose Codes</b> (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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
KESHIA4CABARRUSCOUNTY						
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments	
K. REID GRAPX AND PHOTOGRAPHY PO BOX 1262 MOUNT PLEASANT, NC 28124 (704) 232-1616						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 155.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Electric Funds Tran	O	06/25/2020	\$ 75.00	5 CAMPAIGN T-SHIRTS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments	
PAYPAL 2211 N. First St SAN JOSE, CA 95131						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Electric Funds Tran	O	05/04/2020	\$ 2.05	TRANSACTION FEE	
KS	Electric Funds Tran	O	05/06/2020	\$ 1.77	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		d. Comments	
PAYPAL 2211 N. First St SAN JOSE, CA 95131						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Electric Funds Tran	O	06/29/2020	\$ 1.75	COLLECTION FEES	
KS	Electric Funds Tran	O	06/30/2020	\$ 0.45	COLLECTION FEES	
<b>5. Total only this Page</b>						\$ <input checked="" type="checkbox"/> 81.02
<b>6. Total of ALL CRO-1310 Pages</b>						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 690.33
<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>						
<b>7. Purpose Codes</b> (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

Page 5 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
PAYPAL 2211 N. First St SAN JOSE, CA 95131							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	06/30/2020	\$ 0.59	COLLECTION FEES		
KS	Electric Funds Tran	O	06/30/2020	\$ 0.74	COLLECTION FEES		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
PAYPAL 2211 N. First St SAN JOSE, CA 95131							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES		
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name		d. Comments	
PAYPAL 2211 N. First St SAN JOSE, CA 95131							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES		
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES		
<b>5. Total only this Page</b>						\$ 4.85 ✓	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 690.33	
<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>							
<b>7. Purpose Codes</b> (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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
KESHIA4CABARRUSCOUNTY						
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PAYPAL 2211 N. First St SAN JOSE, CA 95131						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES	
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PAYPAL 2211 N. First St SAN JOSE, CA 95131						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	06/30/2020	\$ 0.88	COLLECTION FEES	
KS	Electric Funds Tran	O	06/30/2020	\$ 1.03	COLLECTION FEES	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
PAYPAL 2211 N. First St SAN JOSE, CA 95131						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		\$ 30.04
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
KS	Electric Funds Tran	O	06/30/2020	\$ 1.17	COLLECTION FEES	
KS	Electric Funds Tran	O	06/30/2020	\$ 1.17	COLLECTION FEES	
<b>5. Total only this Page</b>						\$ <u>6.01</u>
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 690.33
<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>						
<b>7. Purpose Codes</b> (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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
KESHIA4CABARRUSCOUNTY							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PAYPAL 2211 N. First St SAN JOSE, CA 95131							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality;			
						\$ 30.04	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	O	06/30/2020	\$ 1.18	COLLECTION FEES		
KS	Electric Funds Tran	O	06/30/2020	\$ 1.75	COLLECTION FEES		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
US POST OFFICE 455 CONCORD PKWY N CONCORD, NC 28027							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality;			
						\$ 23.25	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
KS	Electric Funds Tran	I	06/26/2020	\$ 23.25			
				\$			
<b>5. Total only this Page</b>						\$ <u>26.18</u>	
<b>6. Total of ALL CRO-1310 Pages</b>							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 690.33	
<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>							
<b>7. Purpose Codes</b> (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)							