Disclosure	Report Cover
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Amendme	nt	
☐ Yes	X 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.

Do not use this i		nnoimauon.									_
1. Committee Inf	formation										
a. Full Name									c. ID Number	<u>, </u>	
COMMITTEE TO	ELECT PAM	ESCOBAR									
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)						d. Date Filed		
1115 ANDUIN FA									05/09	0/2022	
CIII II LOTTE, IV	2020)								e. Phone Nu	mber	
									(980) 49	94-3235	
2. Report Year	3. Period Star	t Date (mm/dd/3	y)	4. Period l	End Dat	e (mı	n/dd/yy)	5. Treasu	rer Full Name	e	
2022	12	2/13/2021			04/30/20	022		CATHERI	NE PARRISH		
б. Туре of Comm				e of Report	(ch	ieck d	only one	type of rep	ort from one	category)	
Candidate Cam		_	Munic				/County		Referendum		
Joint Fundraise	_		╚	Organizatio	I		rganizatio	nal	Organizat:		
Referendum		al Expense Fund		Thirty-five	-	_	uarterly		Pre-refere	ndum	
7. Type of Fund		le, check one)		Pre-primary		片	First		Final		
Booster Fund				Pre-election	1	片	Second		Supplemen	ntal Final	
Building Fund		4: 4 - 4 Po 4		Pre-runoff Semi-annual	.	H	Third		Annual		
 □ Presidential Ele □ NC Public Cam 				Mid Ye	_	_	Fourth emi-annua		Special Special		
NC Public Cam	ipaign Financing	rund		Year E		_ ~	emi-annua Mid Ye	-	10. Special l	Danaut Nam	_
Other:			H	Final	16	H	Year E		10. Special I	Xeport Ivain	
8. Number of Fu	ndraisers this	Report	lH	Special		ΗF	inal				
o. Ivaliabel of La		терогі		оресни		=					
	0						pecial				
3. Account Infor							Informat				
a. Financial Insti	tution Full Na	me			a. Fina	ncial	Instituti	on Full Nar	ne		
UWHARRIE BAI	NK				PAYPA	AL					
b. Purpose		c. Account Cod	e		b. Purp	ose			c. Account C	ode	
COMMITTEE			1		CAMP	AIGN				2	
TRANSACTIONS	S				CONT	RIBU'	TION PO	RTAL			_
		d. Period Begin	ı Balan	ce	FOR W	EBSI	TE		d. Period Beg	gin Balance	
		\$		0.00					s	0.00)
CERTIFICATIO	N										
I certify that th	ne Committee o	or Fund is in co	mplian	ce with all a	pplicab	le pro	ovisions	of Article	22A, 22B & 22	D-22M of	
Chapter 163 of	the NC Gener	al Statutes and	that no	funds are	commit	ngled	with pro	hibited or	other non-disc	closed	
funds. I furthe	er certify that t	his report is co	mplete,	true and c	orrect a	nd th	at I have	been train	ed by the NC	State Board	l
										9/2022	
	inted Name of S	igner		Sign	ature of .	Appo	inted Trea	surer	D	ate	_
FOR OFFICE US	SE ONLY							_			
Date Receive	ed:		_	Emplo	yee: _			- 🗆	livery Metho Normal Mail		
Date Postma	rked:		_	Emplo	yee: _				Registered N Hand Delive		
Date Scanne	d:		_	Emplo	yee: _				Electronicall	y Filed	
Date Data En	itered:		_	Emplo	yee: _				Signer has n		
Planca Nati	or This fame -	annat ha was d		d committe	on info		n anala -	e the com			1
riease Moto		annot be used								, treasurer,	
v		nt treasurer, cu									

Amendment □ Yes X No

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

Use this form to summarize all disclosure reporting forms a 1. Committee Full Name (and Fund if applicable)	2. Type of Rep		3. II) Number
COMMITTEE TO ELECT PAM ESCOBAR	2022 First Qua	arter		
Start of Election Cycle: January 1,		Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		S	0.00	\$ 0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	S	0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,51	7.61	\$ 2,517.61
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 1	2.00	\$ 12.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 2,52	9.61	\$ 2,529.61
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 33	4.79	\$ 334.79
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	S	0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	S	0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$	0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 20	8.00	\$ 208.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 1 7)	\$ 54	2.79	\$ 542.79
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 1,98	6.82	\$ 1,986.82
ADDITIONAL INFORMATION		T -	_	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		2.00	
21) Outstanding Loans (incl. ones from other campaigns)			0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)		0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00	
24) Account Transfers Within the Committee	(CRO-1720)		4.68	
25) Administrative Support	(CRO-1710)	\$	0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	S	0.00	\$ 0.00

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C	OB	twikı	ntione	from	Indix	idual	63
	vIII						

					Amendm	ent	
ributions from Individuals			Pg1 of	6	☐ Yes	X No	
A CONTRACTOR ASSESSMENT	0.50	2.00	4 000:00	OD 0 400			

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT PAM ESCOBAR ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) LANCE ALTSCHULER c. Employer's Name/Specific Field NC e. Election Sum to Date 42.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount In-Kind COOKIES FOR TOILETRY 03/13/2022 \$ 42.00 DONATION DRIVE \$ П \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) FIRE FIGHTER MATTHEW BALLANCE c. Employer's Name/Specific Field 113 N PINECREST LANE HENDERSONVILLE, NC 28739 CITY OF ASHVILLE e. Election Sum to Date 51.99 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran 2. 02/25/2022 \$ 51.99 \$ П \$ □ Add □ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REALTOR VICTORIA BAUGHMAN c. Employer's Name/Specific Field 9681 BRANDYBUCK DR CHARLOTTE, NC 28269 WILKINSON ERA REALTY e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 04/04/2022 250.00 \$ 343.99 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 2,517.61

(This line must be on line 6 of Detailed Summary Page CRO-1100)

				Amendme	ent
Pg	2	of	6	☐ Yes	X No

Contributions from Individuals

Pg 2 of 6

Ves

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

		dividual contributions		minouno	ns un	der \$50 if form CRO I			
1. Com	nittee Full Name	(and Fund if applicabl	e)				2. I	D Number	
COMM	ITTEE TO ELECT	PAM ESCOBAR							
• ~ .					1 -				
	ributor Informati		Ц		Ren				
	ame, Mailing Add			b. Job Ti	le/Pro	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		DIRECTO	OR				
	BLOOMBERG C								
9671 AS	SHLEY GREEN C	ΓNW		c. Emplo	ver's l	Name/Specific Field			
CONCC	ORD, NC 28027			NAVIGA	NT C	CONSULTING			_
							e. E	lection Sum t	o Date
							s		50.00
		I		<u> </u>			_	-	20.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	2	Electric Funds Tran				03/13/2022		s	50.00
								s	
								S	
3. Conti	ributor Informati	o n		Add	Ren	nove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Ti	le/Pro	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		RETIREI)				
KATHI	EEN CUNNINGH	AM		1					
	CLEWIS CT	1111		c. Employ	ver's l	Name/Specific Field	1		
UNIT 30				RETIRE					
	, FL 33629			KETIKE			e. E	lection Sum t	o Date
IAMI	, FL 33027								
							\$		103.98
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	2	Electric Funds Tran				02/20/2022			
	_					03/28/2022		\$	51.99
	2	Electric Funds Tran				0.4/0.0/0.00			
	2					04/28/2022		S	51.99
								\$	
3 Contr	ributor Informati	0 n		Add	Ren	nove			
	ame, Mailing Add			b. Job Ti			a c	Comments	
	de city, state, & z				•••••	JIE SSIVII		Johnneits	
				RETIREI)				
	CIA CUNNINGHA	M		. Formler	! N	Name/Specific Field			
	MMIT STREET				•••••				
PHILAI	DELPHIA, PA 191	18		Education	nal Se	rvices	- T	lection Sum t	- D-4-
							e. L	lection Sum t	o Date
							\$		1,000.00
f Duinn	- A C-d-	h. Form of Payment	2 I. Vi. J D.	!		: D-4- (/11/)		1. A	
f. Prior	g. Account Code		i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
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	al only this Pa	ge					\$		1,153.98
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				Amendm	ent
Pg	3	of	6	☐ Yes	X No

Ŭs€	thi	s fo	orm t	to re	port	ind	ivio	iual	contr	ibu	tions	0	ver	\$50) oi	contribu	tions	sund	ler (850	if (form	CR	O	120	15 i	s no	t u	sec	l
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		dividual continuation.		maio anomo an	der 950 ir reim erce r	200	IS HOT USOU		
		(and Fund if applicabl	le)			2.1	D Number		
COMMI	TTEE TO ELECT	PAM ESCOBAR							
3. Conti	ributor Informati	on		Add Re	move				
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments		
	de city, state, & z			PUBLIC INFO	DMATION	\$100) deposit to open		
				OFFICER	KWATION		paign checking accour	nt	
	A ESCOBAR	•			Name/Specific Field	1			
_	NDUIN FALLS DR								
CHARL	OTTE, NC 28269			MECKLENBU	JRG COUNTY	e F	lection Sum to l	Data	
						e. L	lection Sum to I	Date	
						\$		266.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			12/21/2021		S	100.00	
		In-Kind	PAYMENT FOR COMMITTEE P		02/18/2022		\$	166.00	
							s		
	ributor Informati			Add 🔲 Re	move				
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. C	Comments		
(inclu	de city, state, & z	ip)							
PATRIC	CK GRIFFIN]					
NC				c. Employer's	Name/Specific Field	1			
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						e. E	lection Sum to l	Date	
				1					
						S		21.10	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	2	Electric Funds Tran			02/26/2022		S	21.10	
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2 Comb	ributor Informati			Add Re					
				Add Res		1 (Comments		
	ame, Mailing Add			b. Job little/Pi	oression	a. C	omments		
(inclu	de city, state, & z	ib)		TEACHER					
DANIEI	L HELMS								
	ONEWOOD VW			c. Employer's	Name/Specific Field				
KANNA	APOLIS, NC 2808	1		CABARRUS	COUNTY				
				SCHOOLS		e. E	lection Sum to l	Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	2	Electric Funds Tran			04/07/2022		s	100.00	
							s		
							s		
4. Tota	al only this Pa	ge				S		387.10	
5. Tota	al of ALL CR	O-1210 Pages				_			
		6 of Detailed Summary 1	Page CRO-1100)			S	2,	517.61	

Contributions from Individuals

				Amendm	ent
Pg	4	of	6	☐ Yes	X No

	Use this form to report individu	al contributions over \$50	or contributions under \$50 if for	m CRO 1205 is not used
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	-	dividual contributions		munduu	ions un	dei \$30 ii foiiii CRO f		
•••••		(and Fund if applicabl	e)				2. I	D Number
COMMI	TTEE TO ELECT	PAM ESCOBAR						
3. Conti	ributor Informati	o n		Add	Ren	nove		
	ame, Mailing Add					ofession	d. C	Comments
	de city, state, & z			SELEE	MPLO	VFD		
	HUFFMAN			JELLI L	AVII LO	LD		
	/ALKING PATH I	N		c. Empl	loyer's l	Name/Specific Field		
	OTTE, NC 28213	211		SELF				
CIII IICE	0112,110 20213			SELI			e. E	lection Sum to Date
							s	51.99
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	2	Electric Funds Tran				03/10/2022		\$ 51.99
								S
								S
3. Conti	ributor Informati	on		Add	Ren	nove		
a. Full N	ame, Mailing Add	lress & Phone		b. Job	Title/Pn	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		PRESII	DENT			
JESSIC	A KAWSKI							
	N HORSE LN			c. Empl	loyer's l	Name/Specific Field		
MIDLA	ND, NC 28107			CHAR	LOTTE	SUPERMOMS		
	ŕ						e. E	lection Sum to Date
							s	200.00
cn:	1 (6.1	LE CD	1 T W 1D			1.15 4 2 /11/ 5		
	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	1	Check				04/04/2022		\$ 200.00
								\$
								\$
3. Conti	ributor Informati	on			Ren			
a. Full N	ame, Mailing Add	lress & Phone		b. Job	Title/Pro	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		OCCUI	PATION	IAL THERAPIST		
CYNTH	IA KIRKWOOD							
1109 AN	NDUIN FALLS DR			c. Empl	loyer's l	Name/Specific Field		
CHARL	OTTE, NC 28269			INDEF	ENDEN	NT		
				CONT	RACTO	R	e. E	lection Sum to Date
			_				\$	103.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	2	Electric Funds Tran				01/11/2022		\$ 103.48
								S
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4. Tota	al only this Pa	ge					S	355.47
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				s	2,517.61
							_	

Contributions from Individuals

				Amendm	ent
Pg	5	of	6	☐ Yes	X No

Use	this f	form to	report i	ndiv	idual	contri	butions	over	\$50	or	contribut	ions ur	ıder	\$50) if	form	CRO	D 1	205	15 1	not us	ed
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Ose uns	tomi to report in	dividual contributions	0 0 0 0 0 0 CC	minibunons u	rider \$30 if form CKO i	.200	is not used	
1. Comn	uittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
COMMI	TTEE TO ELECT	PAM ESCOBAR						
3. Contr	ributor Informati	o n		Add 🗆 R	emove			
	ame, Mailing Add			b. Job Title/F		d. C	Comments	
	de city, state, & z							
				RETIRED				
	VRIGHT ROBERT	S		. Formlesson's	Name/Specific Field	ł		
	AL BOST RD							
MIDLA	ND, NC 28107			Justice, Publi	c Order, and Safety			
				Activities		e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			03/03/2022		\$	100.00
							S	
							S	
3. Contr	ributor Informati	on		Add 🔲 R	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/F	rofession	d. C	Comments	
(inclu	de city, state, & z	ip)		PHYSICIAN	ASSISTANT	l		
KAY SC	TIME				110010111111			
	AGGINS LN			c. Employer's	Name/Specific Field	1		
	OTTE, NC 28269				VHOLEHEALTH	1		
CHARL	OTTE, NC 26209			EVENTUS	VIOLENEALII	e. F	lection Sum	to Date
						S		51.99
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	2	Electric Funds Tran			12/21/2021		S	51.99
							s	
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						_	•	
	ributor Informatio				emove			
	ame, Mailing Add			b. Job Title/F	'rofession	d. C	Comments	
(inclu	de city, state, & z	ip)		PASTOR				
MARCU	JS SINGLETON							
76 BRID	DLEWOOD PLACE	Ε		c. Employer's	Name/Specific Field			
CONCO	RD, NC 28025			Religious, Gr	antmaking, Civic,			
	,			Professional,	_	e. E	lection Sum	to Date
				Organizations				71.00
						\$	-	51.99
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	2	Electric Funds Tran			12/20/2021		S	51.99
							\$	
							\$	
4. Tota	al only this Pa	ge				S		203.98
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			s		2,517.61
		,						

		_		-
Cont	ribution	e from	Individ	nole

Amendment

Contributions from Individuals

Pg 6 of 6 Ves No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT PAM ESCOBAR	
COMMITTEE TO ELECT PAM ESCOBAR	
3. Contributor Information Add Remove	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	
(include city, state, & zip)	
MICHELLE VEGA	
NC c. Employer's Name/Specific Field	
e. Election Su	4- D-4-
e. Liection Su	m to Date
\$	21.10
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amoun	t
Electric Funds Tran	
2 Electric Funds 17an 03/06/2022 \$	21.10
□	
s	
3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	
(include city, state, & zip) REALTOR	
SHANNON YOUNG	
814 ELROND DR c. Employer's Name/Specific Field	
CHARLOTTE, NC 28269 EXP REALTY	
e. Election Su	m to Date
s	51.99
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amoun	t
Electric Funds Tran	71 00
03/13/2022 S	51.99
4. Total only this Page S	73.09
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	2,517.61

Refunds/Re	imbu	rsements '	To the Comn	nittee P	g <u>1</u> of _	1	Yes X No
Use this form to re	port ref	funds received 1	by the committee or	r reimbursements	for a previous ex	pendit	ture.
1. Committee Full	Name	(and Fund if app	olicable)			2. ID	Number
COMMITTEE TO I	ELECT	PAM ESCOBAR	t				
3. Contributor Info	ormatic	on		Add R	lemove		
a. Full Name, Mail	ing Add	ress & Phone		d. Type of Comn	nittee	g. Co	mments
(include city, sta	ıte, & zi	p)		Candidate	PAC		
UWHARRIE BANI				Referendum	☐ Party		
PO BOX 338				e. Level Registe		h. Or	riginal Expenditure Date
ALBEMARLE, NC	28002			☐ Federal	County:		01/31/2022
ĺ				☐ State	☐ Municipality		
ĺ						i. Or	iginal Expenditure Amt
						\$	12.00
b. Job Title/Profess	ion	c. Employer's N	Name/Specific Field	f. Purpose		j. Ele	ction Sum to Date
				FEE REVERSAL		\$	36.00
k. Account Code	l. Form	of Payment	m. In-Kind Descrip	tion	n. Date (mm/dd	/уууу)	o. Amount
1	Elect	tric Funds Tran			02/07/2022	2	\$ 12.00
4. Total only th	is Pa	ge				S	12.00
5. Total of ALI (This line must be			S mmary Page CRO-110	00)		s	12.00

Amendment

					Amendme	ent
Disbursements	Pg	1	of	2	☐ Yes	Σ

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

X No

1. Committee Fu	ıll Name (and F	und if applicable)						2. ID Numb	er
COMMITTEE TO									
3. Type of Disbu	rsement (Pla	ease use separate CR	0-1310	forms for each	lı type	of Disbu	rseme	<u>nt.)</u>	
X Operating Exp		Contributions to Candida						ed Party Expe	nditures
4. Payee Inform	ation			Add 🗆	Remo	ve			
a. Full Name, Ma	ailing Address &	& Phone		b. Coordinate	d Com	mittee Na	ame	d. Commen	ts
(include city, sta	te, & zip)								
CABARRUS CO	UNTY BOARD	OF ELECTIONS							
369 CHURCH ST				c. Level Regis					
CONCORD, NC	28025			☐ Federal ☐ State	-	County:		e. Election S	ium to Data
				L State		Municip	anty.		oum to Date
								\$	50.00
f. Account Code	g. Form of Payn	nent h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rema	ırks
1	Check	Н	0	02/22/2022	S	50.00	CAN	DIDATE FIL	ING FEE
					S				
					_				
4. Payee Inform		o 74	ш	Add 🗆	Remo				
a. Full Name, Ma	_	X Phone		b. Coordinate	d Com	mittee N	ame	d. Commen	ts
(include city, sta	te, & zip)								
PAYPAL 2211 N 1ST ST				c. Level Regis	tered (Specify)		1	
SAN JOSE, CA	95131			☐ Federal		County			
Brit (COSE, CIT)	75151			☐ State		Municip	ality:	e. Election S	oum to Date
								s	24.93
							I	_	
f. Account Code			·· T ······		· T		†·····	quired Rema	
2	Electric Funds T	Tran O	C	04/30/2022	\$	24.93	ı	REGATED F	
					\$		REP	ORTING PER	HOD
4. Payee Inform	ation			Add 🔲	Remo	ve			
a. Full Name, Ma		& Phone		b. Coordinate			ame	d. Commen	ts
(include city, sta	_						•••••		
STICKER MULE	E LLC								
336 FOREST AV	E			c. Level Regis	tered (
AMSTERDAM, I	NY 12010			☐ Federal	<u> </u>	County:		T1 1 6	
				☐ State	L	Municip	ality:	e. Election S	oum to Date
								S	211.86
f. Account Code	g. Form of Payn	nent h. Purpose Code	i. Date	(mm/dd/vvvv)	j. Am	ount	k. Re	quired Rema	ırks
1	Debit Card	В	·†····)2/07/2022	S	22.47	t	SNET SAMPI	
			+		-		-		
1	Debit Card	В		03/03/2022	\$	189.39	MAC	SNETS (90)	
5. Total only thi	s Page							S	286.79
6. Total of ALL	CRO-1310 Pag	ges							
(This line goes i	n line 13a of Deta	iled Summary Page CRO)-1100 ij	f Operating Expe	nses)			s	334.79
		iiled Summary Page CRO					omm)		334.17
(This line goes i	n line 13c of Deta	iled Summary Page CRO	-1100 if	Coordinated Pa	rty Exp	enditures)			
7. Purpose Co	odes (List det	ailed expenditure code	in (h.)	above)					
A* - Media	B* - Pr			undraising		D - To	Anot	her Candidat	te
E - Salaries		uipment		Political Party H* - Holding Pu					
I - Postage	J - Per	nalties	K* - 0	Office Expense	S	Q* - D	onatio	on to Legal E	xpense Fund
O* Other	. 4-4-21-4			E-13 (I-)					
" Codes requir	e detailed expla	nation in required rer	narks i	nela (K)					

110	MILLINGER	ments
\mathbf{D}^{19}	vursci	шсціз

			Amendment					
Pg	2	of	2_	☐ Yes	X No			

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

committees and	coordinated party ex	penditues							
1. Committee Fu	ull Name (and Fund i	if applicable)						2. ID Numbe	er
COMMITTEE TO	O ELECT PAM ESCO)BAR							
					47			- 5	
3. Type of Disbu		use separate CRO							
X Operating Exp		ributions to Candidat			<u> </u>	Coo	rdinate	ed Party Expe	nditures
4. Payee Informa	ation			Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committe	ee Na	me	d. Comment	8
(include city, sta	te, & zip)]					
UWHARRIE BA	NK								
PO BOX 338				c. Level Regis	tered (Spec	ify)			
ALBEMARLE, N	NC 28002			■ Federal	☐ Co	unty:			
				State	☐ Mt	nicip	ality:	e. Election S	um to Date
								S	36.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount		k. Re	quired Rema	rks
1	Electric Funds Tran	О	0	4/30/2022	\$ 4	8.00	BAN	K FEES JAN	- APR
					S				
5. Total only thi	с Раде				-			S	48.00
								3	48.00
6. Total of ALL	CRO-1310 Pages								
-	n line 13a of Detailed S		_					s	334.79
	n line 13b of Detailed S		_				mm)		
(This line goes i	n line 13c of Detailed S	Summary Page CRO-	-1100 if	Coordinated Par	rty Expendit	ures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	ıg	C* - F	undraising	D	- To .	Anotl	her Candidat	e
E - Salaries F* - Equipment G - Political Party H* - Holding					lding	Public Offi	ce Expenses		
I - Postage J - Penalties K* - O				Office Expense:	s Q	- Do	natio	n to Legal E	xpense Fund
O* Other									
* Codes require	e detailed explanatio	n in required ren	ıarks f	ield (k)					
CD 0 1310		370.0		4 6774					2000

CRO-1310 NC State Board of Elections December 2009

		C - 4 12 - 41	
In_	Kına	Contributions	

				Amendment				
Pg	1	of	1	☐ Yes	X No			

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1213 if In-Kind Contributions were or will be i	refund	led withir	ı / days.		_		
1. Committee Full Name (and Fund if applicable)				2. ID N	umber		
COMMITTEE TO ELECT PAM ESCOBAR							
3. Contributor Information	Add	Ren	nove				
a. Full Name, Mailing Address & Phone		pe of Con	tributor	c. Com	ments		
(include city, state, & zip)		ndividual					
LANCE ALTSCHULER	_	andidate					
NC	□ P	-					
	□ P					_	
	=	eferendum		d. Elect	tion Sum to l	Date	
	U 0	ther Recei	pt Source	\$		42.00	
e. Description			f. Date (mm/dd	уууу)	g. Fair Marl	set Amount	
COOKIES FOR TOILETRY DONATION DRIVE			03/13/202	2	\$	42.00	
					s		
					s		
3. Contributor Information	Add	☐ Rer	maria.				
a. Full Name, Mailing Address & Phone		pe of Con		c. Com	monto		
(include city, state, & zip)		ndividual	11104101	C. Com	mento		
		andidate					
PAMELA ESCOBAR 1115 ANDUIN FALLS DR	□ P						
CHARLOTTE, NC 28269	PAC Referendum Other Receip						
CHARLOTTE, INC 20209			ı	d. Election Sum to Date			
			Receipt Source		•••••	266.00	
				S		266.00	
e. Description			f. Date (mm/dd	уууу)	g. Fair Marl	set Amount	
PAYMENT FOR COMMITTEE PO BOX			02/18/202	2	\$	166.00	
					s		
					\$		
4. Total only this Page				\$		208.00	
5. Total of ALL CRO-1510 Pages				s		208.00	

Non-Monetary Gifts Given to C	Other Committees 1	Pg1_ of	1	☐ Yes	No No
Use this form to report any in-kind, non-moneta	ry gift, service or items giver	to another commit	_		
1. Committee Full Name (and Fund if applicable)		2. ID N	umber	
COMMITTEE TO ELECT PAM ESCOBAR					
3. Payee Information	☐ Add ☐ F	Remove			
a. Full Name, Mailing Address & Phone	b. Type of Committee		d. Com	ments	
(include city, state, & zip)	Candidate	PAC			
CABARRUS COUNTY SCHOOLS	■ Referendum	☐ Party			
4401 OLD AIRPORT RD	c. Level Registered (S	pecify)			
CONCORD, NC 28025	☐ Federal	County:			
	☐ State	☐ Municipality:			
e. Type of Gift					
■ Coordinated Party Expenditure	☐ Contribution to C	Candidate/Political (Committ	tee	
f. Description		g. Date (mm/dd/y	ууу)	h. Fair Ma	rket Amount
COOKIES		03/13/2022	2	\$	42.00
				\$	
4. Total only this Page			\$		42.00
5. Total of ALL CRO-1330 Pages					12.00
(This line must be on line 20 of Detailed Summary F	Page CRO-1100)		S		42.00
CDO 1220	MC State Based of Planting				D1 2007

Amendment

Account Transfers Within the Committee Page 1 of 1 Yes No No								
1. Committe	e Full Name (and Fund if a		2. ID Number					
COMMITTE	EE TO ELECT PAM ESCOB	AR						
3. Transfer	Information							
a. Amend	b. Account Code	c. Account Code	d. Date (mm/dd/yyyy)	e. Amount				
	Transferred From	Transferred To						
☐ Add	2	1	02/18/2022	\$ 2	200.00			
☐ Remove	_							
Remove	2	1	03/03/2022	\$	70.00			
☐ Add	2	1	04/26/2022	c 3	314.68			
☐ Remove			04/20/2022	,	114.00			
4. Total or	\$ 5	84.68						
5. Total of (This line n	\$ 5	584.68						

CRO-1720 NC State Board of Elections December 2007