<b>Disclosure Report Cover</b> Use this form for general report and committee information, n	nust be signed and submitted alo	Amendment  Yes No no with other detailed forms
Do not use this form to update information.	hast be signed and submitted around	ing with other detailed forms.
1. Committee Information		
a. Full Name		c. ID Number
Corosoni Hee To Elect Cori (	Clau	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
104 moshytor lace SE		10/30/2023
Concord NC 28025		e. Phone Number
		4803227088
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period I	End Date (mm/dd/yy) 5. Treasur	er Full Name
2023 9(2)/2023 10/23	3/2023 Loke	Clay
6. Type of Committee (Check One) 9. Type of Rep	oort (check only one type of rep	ort from one category)
Candidate Campaign Party Municipal	State/County	Referendum
PAC Referendum Organizationa		Organizational
Independent Expenditure I Joint Fundraiser I Thirty-five da		Pre-referendum
Legal Expense Fund Pre-primary	First	Final
7. Type of Fund (if applicable, check one)	Second Third	Supplemental Final Annual
7. Type of Fund (if applicable, check one) Pre-runoff Booster Fund Semi-annual	Fourth	Special
Building Fund Mid Yea		Special
Year End		10. Special Report Name
Other:	Year End	200 Special Report Came
8. Number of Fundraisers this Report  Special	Final	
	☐ Special	
11. Account Information	11. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name	,
hells Fargo	hellstarge (	merra
b. Purpose ( c. Account Code	b. Purpose ()	c. Account Code
RECEIVED IN-PERSON		A
eriod Begin Balance		d. Period Begin Balance
OCT 3 0 2023		\$ 25
I certify BOARDOOM SUBCE TO Sugd is in compliance with all appl of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by	n prohibited or other non-disclosed f	

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 ☐ No ☐ Yes 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 l	Report 3.	ID Number
Committee To Elect Lori Clay			
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 270.00	\$ 295.00
6) Contributions from Individuals	(CRO-1210)	\$ 5926.31	\$ 12123.64
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 6196.31	\$ 12418.64
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	6,207.04	\$11598.04
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 500.00	\$ 500.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$ 214.60
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 106.00
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	6707.04	\$ 12418.64
ADDITIONAL INFORMATION		Γ	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

A	Aggregated Contributions from Individuals Page of Yes No								
Op	Optional form used to report NC Contributions From Individuals of \$50 or less								
1. (	Committ	ee Full Name (a	nd Fund if applicab	le)	2. I	D Number			
(	Own	oi Her. T	o Elect L	pei Clau					
3.	Control of the second second second	tor Information		Dia Great					
a. A	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
	Add Remove	A	Check		10/11/2023	·s <b>50.</b> 00			
	Add Remove	A	cash		10/11/2023	's 20.00			
	Add Remove	A	Check		10/11/2023	°\$ 25.00			
	Add Remove	A	Check		10/11/2023)	`\$ 25.00			
	Add Remove	A	Check		10/11/2023)	\$ 50.00			
님	Add Remove	A	EFT		9/30/2023	\$ 50.00			
닐	Add Remove	A	EFT		9/30/2023	\$ 50.00			
	Add Remove					\$			
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Ħ	Add Remove					\$			
4.	CONTRACTOR CONTRACTOR	nly this Page			\$	271 12			
-						50.00			
	4. Total only this Page  5. Total of ALL CRO-1205 Pages  (This line must be on line 5 of Detailed Summary Page CRO-1100)  \$ \$\text{270.00}\$								

Amendment

<b>Contributions from Individuals</b>	Pg 2 of 1	
Use this form to report individual contributions over \$50 or c	contributions under \$50 if form C	
1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Cold	Clau	
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	MgR	
Lori Clay 10t Washington lave SE	c. Employer's Name/Specific Field	1
16t Mashington care Sc	Premiuni Ponce Sup 1012 Central De	lins)
Concord, NC 28025	1012 Central De	e. Election Sum to Date
	Concord, NC 28027	\$ ,
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	ption j. Date (mm/dd/yy	yy) k. Amount
- A Electronic	10/23/20	23 3826.31
	, ,	\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Mar	
Rara Distle	c. Employer's Name/Specific Field	
Kara Bestler 60 Woshington lave SE Concord, No 28025	Abacus Planning gro	u Q
CONTROL NO STUDY	2500 Demest	e. Election Sum to Date
	Columbia SU 39205	\$ 200.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri		
		\$
		\$
		\$
3. Contributor Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Homemater	
Elizabeth Stoddard 98 Woshinstonlane Concord, Nc 28025)	c. Employer's Name/Specific Field	
98 Woshington Lake	^ 1 · c	
Concord Ne 28022	NIA	e. Election Sum to Date
		\$ 100.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri	j. Date (mm/dd/yy	yyy) k. Amount
		\$
		\$
		\$
4. Total only this Page		\$ 4126.31
5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Datailed Summary Page (PO 1100)		\$ 4126.31 \$ 59.2.31

Amendment

Cont	ributions fi	om Individua	ls	Pg	3 of 4		Yes No
	DESCRIPTION OF THE PROPERTY OF THE PERSON OF	ndividual contributio	A TANK OF THE PARTY OF THE PART	ontributions und	ler \$50 if form CI	271 Str. 1853	
1. Com	A	ne (and Fund if app	i	A 1		2. II	O Number
	ommi He	e To Cle	et Loui	Clay			
	ributor Inform				move		
	ame, Mailing Addr			b. Job Title/Profe	ession	d. Co	omments
	e city, state, & zip)			Sales	P		
3	ance bo	ger ine	200	c. Employer's Na	me/Specific Field	1	
2	937 M	myord INC	0 10				
	oncord.	not 2 Po	27			e. El	ection Sum to Date
	( )					\$	100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
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							\$
							\$
3. Cont	ributor Inform	ation		Add Re	move		
	ame, Mailing Addr			b. Job Title/Profe	ession	d. Co	omments
	e city, state, & zip)			8.			
R	en Ly Hop	oken5		omner	me/Specific Field	-	
78	7 Whin	SUS.		the state of the s			
Ca	ncordi	NC 28025)		HOPENS	Consulting +	e. El	ection Sum to Date
				203 Chy	NC 28025		100.00
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							\$
							\$
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a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Prof	ession		omments
	le city, state, & zip)			Ran 0	Mice	K	morks for .
IM	artin me	arec ing Are c28025		c. Employer's Na	me/Specific Field		Concord Strue
33	54 try	ing the		Keisen	/ ^		
C	mior of N	C28025		PO Blox 8	38525	e. El	ection Sum to Date
				Brownika	SK136 LAL35283	\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yy	уу)	k. Amount
							\$
							\$
							\$
4. Tot	al only this P	age				\$	300.00
		RO-1210 Pages					5921, 31
(This l	ne must be on line	6 of Detailed Summary I	'age CRO-1100)				- lacy.

Amendment

Contributions from Individuals Use this form to report individual contributions over \$50 or	Pg of No Amendment Yes No Contributions under \$50 if form CRO 1205 is not used
1. Committee Full Name (and Fund if applicable)	2, ID Number
3. Contributor Information	☐ Add ☐ Remove
a. Full Name, Mailing Address & Phone	b. Job Title/Profession d. Comments
(include city, state, & zip)	Housewife
Shaknok Langaster	
Concord, NC 28025	c. Employer's Name/Specific Field
Concord Na. 28025	e. Election Sum to Date
3.7((-))(10	\$ 250.00
f. Prior   g. Account Code   h. Form of Payment   i. In-Kind Desc	
I theck	10/12/2023 \$250.00
	\$
	\$
3. Contributor Information	Add Remove
a. Full Name, Mailing Address & Phone	b. Job Title/Profession d. Comments
(include city, state, & zip)	Omer
Karl Strohminger 160 linion St N	c. Employer's Name/Specific Field
160 Union ST N	
Conion J. Nr. 2,8025	Budget Blinds e. Election Sum to Date
	Concord, NC 28025 \$ 1000.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc	
A check	10 23 2023 \$ 1000.00
	S
	\$
3. Contributor Information	Add Remove
a. Full Name, Mailing Address & Phone	b. Job Title/Profession d. Comments
(include city, state, & zip)	(Danie)
Kip Lyon	c. Employer's Name/Specific Field
90 Washingtonlane. Concord, NC 28025	P= 1 C 1 1 1 1 1
(mcond. No. 28025)	e. Election Sum to Date
arrolleg to street	Company 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
f. Prior   g. Account Code   h. Form of Payment   i. In-Kind Desc	Concor 4 NC 38035 \$ 250.00 ription   j. Date (mm/dd/yyyy)   k. Amount
I THOU IS ACCOUNT CODE IN FORM OF LAYMER IN IN-KING DESC	S S
	S
	\$
4. Total only this Page	\$ 1,500.00 \$ 5926.31
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 502/ 21

D:	1	4-
DIS	burseme	ents

nt
□ No

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

	coordinated party exp					
1. Committee F	ull Name (and Fund	if applicable)				2. ID Number
Commi	Hee To Ele	ct lori	Cla	И		
3. Type of Disbu	irsement (Please	use separate CR	0-1310	forms for e	ach type of Disbu	rsement.)
Operating Expe	nses Cont	ributions to Candidat	es/Politic	al Committees	Coord	linated Party Expenditures
4. Payee Inform	ation			Add	Remove	
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Name	d. Comments
(include city, state,	& zip)					Frad for
Table 11						Food for Ladies Night Out
	<15			c. Level Regis	tered (Specify)	Cherry 11
11 amon				Federal	County:	
Surtero	20			State	Municipal	ty: e. Election Sum to Date
The same of the sa	1, NC 28	025				\$ 28125
f. Account Code		h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks
A	Elect.	C	10/11	12023	\$ 281.25	
			10/11	100-0	\$	
4 D T 6					D.	
4. Payee Inform			Ц		Remove	
	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat						
Camer	on Outdoor Narthas Vi	181		a Level Degis	stered (Specify)	
1824 1	nanthas VI	neitera Ka		Federal	County:	
Work.	50 2974	5		State	Municipal	e. Election Sum to Date
40.0				Otate	Mullerpur	
,						\$ 1000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	A	1	4	- XCD COMMON DESCRIPTION OF THE COMMON PARTY O	Billboard Ad
					\$	
4. Payee Inform	nation			Add	Remove	
a. Full Name, Maili	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	e, & zip)					
Postage						
11505					stered (Specify)	
tola mal	achem Bly 1	SE		Federal	County:	
				State	Municipal	e. Election Sum to Date
	4 NC 2803					\$ 217.80
	g. Form of Payment	h. Purpose Code	1	1	·	k. Required Remarks
A	Check)		10/1	0/2023	\$ 217.20	
					\$	
F (F) ( )		L,				6 14100 2
5. Total only th	is Page					\$ 1499.05
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	?s)	6207.04
(This line goes in	line 13b of Detailed Sum	amary Page CRO-11	00 if Con	trib to Candida	utes/Political Comm)	30.
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)	
7. Purpose Co	odes (List detailed	expenditure code	e in (h.)	above)		
A* - Media	B* - Printii		-	undraising	<b>D</b> - To A	Another Candidate
E - Salaries	F* - Equip	ment	G - Po	litical Party	Н* - Но	lding Public Office Expenses
I - Postage	J - Penaltie	es	K* - O	ffice Expen	ses Q* - Do	nation to Legal Expense Fund
O* Other						
* Codes requir	e detailed explanati	on in required r	emarks	field (k)		

W.	1	4
Die	hiirce	ments
	WILL DU	

	-6	1			
	7	7	1	Amendment	
$p_{\sigma}$	6	of	6	☐ Yes	□ No
1 8		OI		L Its	

	coordinated party exp			And residence of the second		In the state of
	ull Name (and Fund		^/			2. ID Number
Comment of the Commen	and the second substitution of the second substi	et Loci (	THE REAL PROPERTY AND PERSONS NAMED IN			
3. Type of Disb	ursement (Please	use separate CR	<u> 20-1310</u>	forms for e	ach type of Disb	ursement.)
Operating Expe	And the second s	ributions to Candida	ates/Politic			rdinated Party Expenditures
4. Payee Inforn				Add	Remove	
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	& zip)					
Beasle	South Bl	Dup				
1570	Earth 31	rdu		-	stered (Specify)	
563	00			Federal State	County:  Municipa	dity: e. Election Sum to Date
Clade	00 offe, No 28	>203)		State	Municipa	
Chair	ONC/10 as	200				\$ 2000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Chick	A	10/1	12023	\$ 2000.00	Billboard Hd
				100	\$	2/112000
4. Payee Inforn	nation			Add	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta	te, & zip)			<u></u>		
Chua	One St, S MM St, S MJ, NC 28					
038 1	MICH ST S			Bennesi	stered (Specify)	
8300	1 00 22	025,		Federal	County:	
Conce	TI, NO			State	Municipa	· · · · · · · · · · · · · · · · · · ·
						\$148.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
<b>A</b> -	Electronic	. K.	101	5/2023	\$ 148.93)	Foodfor morkers
	Cacinon		10h	J was	\$	JVC 118CCGS
4. Payee Inform	nation			Add $\square$	Remove	
	ing Address & Phone				ed Committee Name	e d. Comments
(include city, sta	기계 등에 가는 하는 것이 가면 가지 않는 것이다.					
50,40	LE SOUCE					
Squa	te Space tspace.co			c. Level Regi	stered (Specify)	
Squar	espace. con	Y		Federal	County:	
U	4			State	Municipa Municipa	e. Election Sum to Date
						\$ 66.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
A	FOOCT	K	1	15/2023	\$ 66.00	melosite hostni
Н	cecs	1	1.01	10/000	66-00	Trabaj acriosini
					12	0
5. Total only th		•				\$ 2214.93)
6. Total of ALI	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	100 if Ope	erating Expens	es)	\$ 6207.04
	line 13b of Detailed Sum					
THE REAL PROPERTY.	line 13c of Detailed Sum		ELECTRICAL PROPERTY.	NO SERVICE DE LA COMPTION DE	Expenattures)	
	odes (List detailed				- F	
A* - Media	B* - Printin			undraising		Another Candidate
E - Salaries I - Postage	F* - Equips  J - Penaltic			litical Party  Office Exper		olding Public Office Expenses onation to Legal Expense Fund
O* Other	J - renaltie	23	W (	ince Exper	ises Q De	onation to Legal Expense Fund
()* ()iner						

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13	TC	harr	MCON	nonte
v	13	vu	13011	nents

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2	7 /	Amendment	t
$P_{\sigma}$	of 6	□ Yes	□ No
1 5	01	. Las	

March of the Control	coordinated party ex	THE RESIDENCE OF THE PARTY OF T				
1. Committee Full Name (and Fund if applicable) 2. ID Number						
Comm	Comparitée To Elect Coli Clay					
3. Type of Dish	oursement (Please	use separate CR	20-1310	forms for e	each type of Disb	ursement.)
Operating Exp		tributions to Candida	ates/Politi		Coo	rdinated Party Expenditures
4. Payee Inform				Add	Remove	
	Mailing Address & Ph	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state						
Macie	Melton restmont D MC 28025			a Level Pegi	stered (Specify)	
1164 (	restment C	of St		Federal	County:	
Concord	MC 28025	•		State	Excessed .	dity: e. Election Sum to Date
						\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Required Remarks
I A-	Electronic	K	iol	21/2023	\$ 200.00	ofice Campaign mgr
	COCTOMO		101	1 200	¢	of the fear that the
					9	U
4. Payee Inform				Add _	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
(include city, sta						
Dollar	Ticee hurch St, N	)		c. Level Regi	stered (Specify)	
690 C	hurch St, N			Federal	County:	(E. V. 24) (C. V.
Concor	1, NO 280	25		State	☐ Municipa	ality: e. Election Sum to Date
						\$ 26.75
f. Account Code	g. Form of Payment	h. Purpose Code	the second second	(mm/dd/yyyy)	and the property between the symptomic of the state of th	k. Required Remarks
A	Elect	一大	10/	13/2023	\$ 26-75	
				,	\$	
4. Payee Inform	mation			Add	Remove	
a. Full Name, Mai	iling Address & Phone			b. Coordinat	ed Committee Name	e d. Comments
(include city, sta						
Cabarr	no Brem no Gill Are, Ly No 280	9/		1 10	1/6 (6)	
3291	nobill Are	JAM		c. Level Regi	stered (Specify)  County:	
Conca	LINC 280	25		State		ality: e. Election Sum to Date
	)	-,-		State	Wanterpe	
						\$ 200.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Elect	C	101	ulzozz	\$ 200.00	Rental - Room
10	- Cuti		100	W.COCC	6	Central Corne
	L				3	
5. Total only the	his Page				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 426.75
6. Total of AL	L CRO-1310 Pages					1 2 2 1
(This line goes i	n line 13a of Detailed Sur	nmary Page CRO-11	100 if Op	erating Expens	es)	\$ 620 (,04
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes i	n line 13c of Detailed Sun	nmary Page CRO-11	100 if Cod	ordinated Party	Expenditures)	
	Codes (List detailed					
A* - Media	B* - Printi			undraising		Another Candidate
E - Salaries	F* - Equip			olitical Party		olding Public Office Expenses
I - Postage	J - Penalti	es	K* - (	Office Exper	ises Q* - D	onation to Legal Expense Fund
O* Other	3.4.9.3			- C-13 (1)		
Codes requi	re detailed explanat	ion in required i	remark	s field (K)		

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	1	7	/	Amendment		
$p_{\sigma}$		of	6	Yes		No
. 5				100	- Description	

	ull Name (and Fund					2. ID Number
			. /	2/021		2. 1D Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
		Control of the Contro				
Operating Expe		ributions to Candid	ates/Politic			rdinated Party Expenditures
4. Payee Inform				Add	Remove	A Comments
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,						
Keyc	hairs con	pay		c. Level Regis	stered (Specify)	
Onlla	e compar	4		Federal	County:	
Kouchai	hauscon e compan ns. co	1		State	Municipal	lity: e. Election Sum to Date
						\$206.20
f. Account Code	g. Form of Payment	h. Purpose Code	1	mm/dd/yyyy)		k. Required Remarks
H	Electrono	C	10/2	2023	\$206.20	
			1	1	\$	
4. Payee Inform	ation	l		Add	Remove	
	ng Address & Phone		Ш		ed Committee Name	d. Comments
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Concore	For The Hete Council nSt S L, NC 280:	25				\$ 8/0.00
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			A STATE OF THE STA		Expenditures)	
	des (List detailed				ЪТ	A all Carlida
A* - Media	B* - Printi			undraising		Another Candidate
E - Salaries I - Postage	F* - Equip			litical Party  Office Expen		olding Public Office Expenses onation to Legal Expense Fund
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	e detailed explanati	on in required	remark	s field (k)		

Dis	hiii	rsel	me	nts

Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)  2. ID Number						
Comm	itter to E	let (	oli	Clay		
3. Type of Disb	ursement (Please				ach type of Disb	ursement.)
Operating Expe	Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures					
4. Payee Inforn	nation			Add	Remove	
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(include city, state,	& zip)					BBQ ticket
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C 302007 1 1	1- (as as	erte		Browned	stered (Specify)	
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Canal	mon si, 2	2025)		State	Wumerpe	\$ 100.00
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34 U	urch St, S			Federal	County:	
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	line 13b of Detailed Sun					3 2001101
(This line goes in	line 13c of Detailed Sun	amary Page CRO-11	100 if Coo	rdinated Party	Expenditures)	
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)	Harris Andrews	
A* - Media	B* - Printi			undraising	<b>D</b> - To	Another Candidate
E - Salaries	F* - Equip			litical Party	H* - H	olding Public Office Expenses
I - Postage	J - Penalti	es	K* - C	ffice Exper	ises Q* - D	onation to Legal Expense Fund
O* Other						
* Codes requir	e detailed explanati	on in required	remarks	field (k)		

TO .	T .		4
DIC	niii	rsen	ients
	Nu		

Pg of Amendment No

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

	coordinated party ex 'ull Name (and Fund					2. ID N	umber
3. Type of Disb	ursement (Please	use separate CI	RO-1310	forms for e	ach type of Di	shursement.)	
Operating Exp		tributions to Candid				oordinated Party E	Expenditures
4. Payee Inform					Remove		
	lailing Address & Ph	one		b. Coordinate	ed Committee Na	me d. Comm	ents
(include city, state,	& zip)				Pos	m Reital	
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4 December 1. Com		L		A del	Parasia		chilbult
4. Payee Inform	ing Address & Phone		L		Remove ed Committee Na	me d. Comm	- Contra
(include city, sta	H. 780 H. H. H. W. W. W. H. H. H. W. H.			D. Coordinate	ed Committee Na	ine ju. Comi	ienis
Chiop	House est America			c. Level Regis	stered (Specify)		
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Kanna	polis, NC .	78081		State	Munic Munic	ipality: e. Election	on Sum to Date
						s 4	6.65
6.1	E CD	h. Purpose Code	l. D.	(12)	l	k. Required R	
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					\$	-	Slaving
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(include city, sta	te, & zip)						
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				entral line of the tips	Ψ		17720
5. Total only th						4	51.20
	L CRO-1310 Pages						207.04
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(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
					Expenaitures)	THE STATE OF THE S	
	odes (List detailed			****	D 7		1:1-4
A* - Media E - Salaries	B* - Printi			undraising		To Another Can	
E - Salaries I - Postage	F* - Equip  J - Penalti			litical Party  Office Expen			ic Office Expenses Legal Expense Fund
O* Other	J - relialti	03	17 (	me Expen	ises V.	Donation to L	regai Expense Fund
	re detailed explanat	ion in required	remark	s field (k)			

Aggregated	Non-Media	<b>Expenditures</b>
aggi egateu	14011-1vicuia	LAPCHUITUICS

Amendment
☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	2. ID Number	
Committee To Elect Loci Clay							
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	yyyy) f. Amount	g. Required Remarks	
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)  \$ 5696 41						7676.71	
6. Purpose Codes (List detailed expenditure code in (d) above)							
		- Printing - Equipment				D - To Another Candidate  H* - Holding Public Office Expenses	
I - Posta				e Expenses	Q* - Donations to	- Donations to Legal Expense Fund	
O* - Other							
* Codes require detailed explanation in required remarks field (g)  NC State Board of Elections  December 2009							