Ame	endm	ent			
	Yes		IN	0	

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information					
a. Full Name		0			c. ID Number
Committee	2 Flutto	100 (110	u		
b. Mailing Address (include City, State			~		d. Date Filed
10+ Washing to			•		1/26/24
Concord No	28025				e. Phone Number
					980 322 7088
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. P	eriod End Da	te (mm/dd/yy)	5. Treasure	r Full Name
2023 10/24/	2023 1	2/31/20	023	LORI	Clay
6. Type of Committee (Check C	ne) 9. Type	of Report (c)	heck only one	type of repo	rt from one category)
Candidate Campaign Part	y Municipa		State/County		Referendum
		nizational	Organizati	ional	Organizational
☐ Independent Expenditure ☐ Join		y-five day	Quarterly		Pre-referendum
Legal Expense Fund		orimary	First		Final
		election	Seco		Supplemental Final
7. Type of Fund (if applicable,	KANNESS PROPERTY OF THE PERSON	runoff	Thire		Annual
Booster Fund		i-annual Mid Year	Semi-anni		Special Special
■ Building Fund	11=	Year End	Semi-anno		10. Special Report Name
Other:	H Final		Year	-0.00	10. Special Report Name
8. Number of Fundraisers this			Final	Lind	
So I tulide of I undraisers this	жероге	6	Special		
11 4 41 41		111 4.	count Inform	ootfor	
11. Account Information a. Financial Institution Full Name			icial Institution		
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b. Purpose	c. Account Code	b. Purp	ose . RECEI	VED	c. Account Code
	\sim	, v	IN-PER		
Campain forome	11-	8: 12:		0.0001	
•	d. Period Begin Balance	P.	; JAN 2	b ZUZ4	d. Period Begin Balance
	\$ \		CABARRUS	COUNTY	\$
CERTIFICATION ,		an the entoxical	BOARD OF E		
I certify that the Committee or Fur	nd is in compliance with	all applicable p	rovisions of Ar	ticle 22 A 22	R & 22D-22M of Chapter 163
of the NC General Statutes and that	- CSS				
report is complete, true and correct					
	,—				1 /
X	4	> TH	70		1/26/24
Printed Name of Sign	er	Signature of	Appointed Trea	surer	Date
FOR OFFICE USE ONLY	THE STORY THE				
	1-26-24	Paral series	HAN	De	livery Method
Date Received:		Employee:			Normal Mail
Date Postmarked:		Employee:			Registered Mail
Date i ostiliarketi.		Employee.	1,000		Hand Delivered
Date Scanned:	- 29 - 24	Employee:	WAN		Electronically Filed
Date Data Entered:		Employee:			Signer has not received
					mandatory training
Please Note: This form ca					
	treasurer, custodian				
You must amend	the Statement of Orga	anization (CRC	0-2100A-E) to	make comr	nittee changes.

Detailed	Summary
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Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	d to total monetary information 2. Type of Report		3. ID Number	
Start of Election Cycle: January 1,	0	Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		\$ 🛇	\$ 0	
RECEIPTS	197 XXX 1-7			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 295.00	
6) Contributions from Individuals	(CRO-1210)	\$ 2019.38	\$ 14168.02	
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		多数数据编制		
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,1	1d and 11e)	\$2019.38	\$ 14463.02	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2019.38	\$ 13642.42	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 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	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 2019,38		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ &	\$ 8	
ADDITIONAL INFORMATION				
	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	经产生产生的	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	是是 其一种	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	建设设施	
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)	\$	\$	

Cont	ributions fi	rom Individua	ıls	Pg	of	Yes No
		ndividual contribution		ontributions und	er \$50 if form CF	
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. ID Number
	limmore	les la Ele	ct Lori	Clay		
A laborated by the second	ributor Inform	CARRY TABLE TO LANCE TO THE PARTY AND THE PARTY OF THE PA		Add 🗖 Rei	Acts 9mm is a second	
	ame, Mailing Addr			b. Job Title/Profes	ssion	d. Comments
(includ	e city, state, & zip)	ator I cono	SE	I VIP		
107	TIOSIO	nton lane		c. Employer's Nar		
Cr	wing?	15 49 CO		Premuun 1012 Cen	v Poner S	Sydnastre
				1012 Cen	tral De	e. Election Sum to Date
					NC28027	\$ 11,962.02
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion J	j. Date (mm/dd/yyy	yy) k. Amount
	A	EPT			10/24/2	3 \$ 650.00
	A	EFT			1116/23	\$ 520,00
	A	EFT			12/15/2	3 \$ 849.38
North Life Controller	ributor Inform:			Control of the second	nove	
	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. Comments
(inciud	e city, state, & zip)					
				c. Employer's Nar	ne/Specific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k. Amount
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	nme, Mailing Addro e city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. Comments
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4. Tota	al only this P	age				\$ 2019.38
		RO-1210 Pages				
		of Detailed Summary F	Page CRO-1100)			\$

Amendment

Disbursem	onts					- P	Amendment Yes No
		from the committ	ee for o	nerating eyn	Pg	of ributions	
	coordinated party exp		cc ioi o	perating exp	chises, con	Houtions	to candidate/pointear
	ull Name (and Fund		. Vev				2. ID Number
Comn	nille To C	lectlo	ni (Lay			
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of	Disburse	ement.)
Operating Exp		tributions to Candida	tes/Politic	cal Committees		Coordina	ted Party Expenditures
4. Payee Inforn					Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committee	Name	d. Comments
(include city, state,	& zip)		1				
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Conce	nd 18 28	2025		☐ State	☐ Mi	inicipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	lequired Remarks
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	ing Address & Phone			production in the	ed Committee	Name	d. Comments
(include city, stat	te, & zip)		٨				
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52 11	WIND ST S	30LIVE J	1	Federal State		unty: inicipality:	e. Election Sum to Date
Sur	H 3	20 ICTA		State		imerpanty.	
Cimi	ort, we 2	8025					\$
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	ing Address & Phone			b. Coordinate		Name	d. Comments
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Sund	B		.4	Federal		unty:	Bl 4 S 4 D 4
7				State	LI MI	ınicipality:	e. Election Sum to Date
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E - Salaries	F* - Equip	0		litical Party			ng Public Office Expenses
I - Postage	J - Penaltie	es	K* - 0	ffice Expen	ises Q	* - Donat	tion to Legal Expense Fund
O* Other							
Codes requir	e detailed explanati	on in required r	emarks	neld (k)		THE STATE OF THE PARTY.	

Amendment

Use this form to	report expenditures coordinated party ex	from the commit	tee for o	perating exp	enses, contributi	ons to candidate/political
	ull Name (and Fund		A TRUE SAN			2. ID Number
	111 7		,	Clan		
Com						
3. Type of Disb					ach type of Disb	
Operating Experience 4. Payee Inform		tributions to Candida	ites/Politic		Remove	rdinated Party Expenditures
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(include city, state,	The second secon			or coordinate	ou committee runne	ui comments
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nu C	4 No 380	77 =		Federal State	☐ County: ☐ Municipa	lity: e. Election Sum to Date
Chicord	y No do	743		State	Wumcipa	
						\$ 2600.00
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					\$	00
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	ing Address & Phone				ed Committee Name	d. Comments
(include city, stat	te, & zip)					
Cabor	Vnery					
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				State	☐ County: ☐ Municipa	lity: e. Election Sum to Date
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				1		\$
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4. Payee Inform	eation ing Address & Phone	h. Purpose Code	11/	23 Add □	\$.376.36 \$ Remove	Match Party
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Disbursements

Amendment

☐ Yes