Disclosure Report Cover	Amendment	
	☐ Yes ⊠ N	0

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 Infor	mation						
a. Full Name					c. ID Number		
KESHIA4CABARF	RUSCOUNTY						
b. Mailing Address (incl	ude City, State and Zip Code)	10 - 10 - 5			d. Date Filed		
PO BOX 8224 CONCORD NC 280	027				01/26/2024		
					e. Phone Number		
					(980) 434-1255		
Light species as beginning as her					(980) 434-1233		
2. Report Year	3. Period Start Date (mm/	/dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full			
2023	07/01/2023	12/3	31/2023	OCTAINIOUS S	EYMORE		
6. Type of Committ		9. Type of Report	: (check on	ly one type of report	from one category)		
Candidate Campa		Municipal	State/C		Referendum		
PAC Independent	Referendum	Organizationa		Organizational	Organizational		
Expenditure	☐ Joint Fundraiser	☐ Thirty-five da	y	Quarterly	Pre-referendum		
Legal Expense Fu	nd						
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual Mid Yea	_ _	Fourth Semi-annual	Special		
Other:		Year End		Mid Year	10. Special Report Name		
		Final		Year End	10. Special Report Ivame		
8. Number of Fundr	aisers this Report	Special		Final			
	0	-		Special			
11. Account Informa	ation		11. Account l	nformation			
				itution Full Name			
The second control of							
UWHARRIE BANK							
UWHARRIE BANK b. Purpose	Charles and America		b. Purpose		c. Account Code		
UWHARRIE BANK b. Purpose CAMPAIGN			b. Purpose		c. Account Code		
UWHARRIE BANK b. Purpose		e	b. Purpose				
UWHARRIE BANK b. Purpose CAMPAIGN	c. Account Code	e	b. Purpose		d. Period Begin Balance		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE	c. Account Code	e	b. Purpose				
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION	c. Account Code d. Period Begin Balanc				d. Period Begin Balance		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com	c. Account Code d. Period Begin Balanc \$ mittee or Fund is in compl	iance with all applica	ble provisions	of Article 22A, 22B,	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Statu	c. Account Code d. Period Begin Balanc \$ mittee or Fund is in completes and that no funds are co	iance with all applica	ble provisions of ibited or other i	non-disclosed funds.	d. Period Begin Balance		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been	iance with all applica	ble provisions of ibited or other is state Board of E	non-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE	iance with all applica ommingled with proh n trained by the NCS	ble provisions of ibited or other is state Board of E	non-disclosed funds. lections. 11 CIV	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report 1/26/2024		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE Printed Name of Signer	iance with all applica ommingled with proh n trained by the NCS	ble provisions of ibited or other is state Board of E	non-disclosed funds. lections. 11 CIV	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and OCTAINION FOR OFFICE USE OF	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE Printed Name of Signer	iance with all applica ommingled with proh n trained by the N	ble provisions of ibited or other is state Board of E	non-disclosed funds. Elections. LCIV ed Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 1/26/2024 Date Delivery Method		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Statu is complete, true and OCTAINIOU	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE Printed Name of Signer	iance with all applica ommingled with proh n trained by the NCS	ble provisions of ibited or other is state Board of E	non-disclosed funds. Elections. LCIV ed Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 1/26/2024 Date Delivery Method Normal Mail		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and OCTAINION FOR OFFICE USE OF	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE Printed Name of Signer NLY	iance with all applica ommingled with proh n trained by the N	ble provisions of ibited or other is state Board of E	non-disclosed funds. Elections. LCIV ed Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 1/26/2024 Date Delivery Method Normal Mail Registered Mail		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Statu is complete, true and OCTAINION FOR OFFICE USE OF Date Received: Date Postmarked	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE Printed Name of Signer NLY	iance with all applica ommingled with proh n trained by the NC S Employee:	ble provisions of ibited or other is state Board of E	non-disclosed funds. Elections. LCIV ed Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 1/26/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered		
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UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and OCTAINION FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been US L SEYMORE Printed Name of Signer NLY 2-5-24 2-1-24 d:	iance with all applica commingled with proh n trained by the NCS	ble provisions of ibited or other is state Board of E	non-disclosed funds. Elections. LCIV ed Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 1/26/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training		
UWHARRIE BANK b. Purpose CAMPAIGN FINANCE CERTIFICATION I certify that the Com the NC General Status is complete, true and OCTAINION FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code d. Period Begin Balance s mittee or Fund is in completes and that no funds are cocorrect and that I have been us L SEYMORE Printed Name of Signer NLY 2-5-24 2-7-24 d: form cannot be used to an	iance with all applica commingled with proh n trained by the NCS	ble provisions of ibited or other istate Board of Full from the province of Appointment of Appoi	non-disclosed funds. Clections. Corresponding to the committee address.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 1/26/2024 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received		

CRO-1000

NC State Board of Elections

5 2 1 2008

Detailed Summary

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

3. ID Number

Amendment

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report			3. ID Ni	ımber
KESHIA4CABARRUSCOUNTY	2023 Year End Se Annual	mi			
Start of Election Cycle: January 1,	2023		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	0.00	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	20.00	\$	20.00
6) Contributions from Individuals	(CRO-1210)	\$		\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	1472.50	\$	1472.50
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				Million.	
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$	1492.50	\$	1492.50
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	198.40	\$	198.40
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$	50.00	\$	50.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$	248.40	\$	248.40
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$	1244.10	\$	1244.10
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	rs) (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)	\$		\$	

Aggregated Contributions from Individuals

Page

of

Amendment

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Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)						2.	2. ID Number	
3	. Cont	tributor Inforn	nation					
a.	. Amen	d -	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
		Add	1	CREDIT CARD		12/20/2023	\$ 5.00	
Ł	4	Remove		CICENT CARD		12/20/2025	\$ 5.00	
F	-	Add	1	CREDIT CARD		12/29/2023	\$ 15.00	
F	=	Remove Add						
F	+	Remove					\$	
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		d only this P		The second secon		9	3 20.00	
	5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						5 20.00	

Contributions from Other Political Committees

Pg <u>1</u> of <u>1</u> Amendment ☐ Yes ⋈ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KESHIA4CABA	RRUSCOUNTY						
3. Contributor In	formation		Add	Re	move		
a. Full Name, Mailing	A SAME AND		b. Type of C		move	d. Com	nments
(include city, state,				Candidate	PAC	u. 0011	
KESHIA3CABA	(F.1)		- =	Referendum			
P.O. Box 602				istered (Specify	v)	-	
CONCORD NC 2	28027			Federal	County:	1	
				State	Municipality:	e. Elect	tion Sum to Date
				23002			1, 14 C 1 C 14 C 1 C 1 C 1 C 1 C 1 C 1 C 1
						\$	1472.50
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyyy)		j. Amount
1	ELECTRONIC TRAN				12/20/2023		\$ 1472.50
							\$
							\$
3. Contributor In	formation		Add	Re	move		
a. Full Name, Mailing			b. Type of C		MAN SOCIETY OF THE PARTY OF THE	d. Com	ments
(include city, state,				Candidate	PAC		
	***		1 ==	Referendum	— 35555		
				istered (Specify	<i>i</i>)		
				Federal	County:		
				State	Municipality:	e. Elect	tion Sum to Date
				= 3773754			
						\$	
f. Account Code	g. Form of Payment	h. In-Kind	l Description		i. Date (mm/dd/yyyy)		j. Amount
							\$
							\$
							\$
3. Contributor In	formation		Add		move		
a. Full Name, Mailing			b. Type of C	ommittee		d. Com	ments
(include city, state,	& zip)			Candidate	PAC		
				Referendum			
			c. Level Reg	istered (Specify)		
				Federal	County:		
				State	Municipality:	e. Elect	tion Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description		i. Date (mm/dd/yyyy)		j. Amount
							\$
							\$
							\$
4. Total only this l	Page					\$	1472.50
5. Total of ALL C	RO-1230 Pages					c	1472.50
(This line must be on	line 8 of Detailed Summary Page CR	0-1100)				\$	1472.50

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Pg <u>I</u> of <u>2</u> Amendment ☐ Yes ☐ No

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

•			ć	
committees.	and co	ordinated	narty	expenditures.
COMMITTELLEC	and co	orumated	Daily	CADCITUITUIOS.

1. Committee	Full Name (and Fur BARRUSCOUNTY				2. ID Number	
3. Type of Disl		ise use separate (CRO-1310 forms for each	type of Disbursen	nent.)	
Operating			ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform			Add	Remove		
	ling Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state			b. Coordinated Committee 1	tame	u. comments	
USPS	,		-			
455 CONCOR	D PKWV N		c. Level Registered (Specify)			
CONCORD NC 28027			Federal	County:	-	
CONCORD II	0 20021		State	Municipality:	e. Election Sum to Date	
				waneipanty.	California de Campa (CCC) des forces por Central de Discentino	
					\$ 176.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		The state of the s			POST OFFICE BOX	
1	DEBIT CARD	K	12/20/2023	\$176.00	1 doi offiel box	
				\$		
4. Payee Inform	nation		Add	Remove		
	ling Address & Phone		b. Coordinated Committee N	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	d. Comments	
(include city, state	, & zip)					
USPS						
455 CONCOR	D PKWY N		c. Level Registered (Specify)			
CONCORD N	C 28026		Federal X	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 184.70	
f. Account Code	a Form of Bouncart	h. Purpose Code	: Date (mm/dd/mm)	1. 4	CAR DECEMBER OF THE PROPERTY O	
I. Account Code	g. Form of Payment	n. r ar pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks POSTAGE	
1	DEBIT CARD	1	12/20/2023	\$8.70	POSTAGE	
				\$		
4. Payee Inform	nation		Add	Remove		
	ling Address & Phone	and the state of t	b. Coordinated Committee Name		d. Comments	
(include city, state,	, & zip)			WOODS COLUMN TO THE TOTAL	100000000000000000000000000000000000000	
USPS			1			
455 CONCOR	D PKWY N		c. Level Registered (Specify)			
CONCORD NO	C 28026		Federal X	County:		
			State	Municipality:	e. Election Sum to Date	
					£ 106.10	
					\$ 186.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT CARD	I	12/20/2023	\$1.70	POSTAGE	
				\$		
5. Total only th	is Page				\$ 186.40	
THE RESIDENCE OF THE PROPERTY	L CRO-1310 Pages				100.10	
	The state of the s	nmary Page CRO-110	0 if Operating Expenses)		8	
(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)						
	les (List detailed ex					
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate	
E - Salaries	F* - Equipment			H* - Holding	g Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	on to Legal Expense Fund	
O* - Other						
" Codes requir	re detailed explanat	ion in required r	emarks neld (k)		THE TAXABLE STREET, AND THE ST	

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Pg <u>2</u>

Amendment Yes

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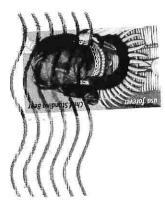
No

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

	Full Name (and Fun	d if applicable)			2. ID Number	
KESHIA4CAB	ARRUSCOUNTY					
3. Type of Disb	ursement (Plea	ase use separate (CRO-1310 forms for each	type of Disburse	ment.)	
Operating E			ndidates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove	Carlo Challeng New College Col	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee		d. Comments	
(include city, state,	& zip)					
UWHARRIE B	BANK					
700 Church St 1			c. Level Registered (Specif	v)		
CONCORD NO			Federal X		-	
COMCORD 110 20023			State	Municipality:	e. Election Sum to Date	
			State	ividinoipanty.	C. Election Sum to Date	
					\$ 12.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
arresonar code			i. Date (illin/dd/j3j3)	J. Amount	BANK FEE	
1	EFT	0	12/29/2023	\$12.00	BANK FEE	
,				\$		
4. Payee Inform	nation	examination and of	Add	Domovo		
	ing Address & Phone		b. Coordinated Committee	Remove	d. Comments	
(include city, state,	75		b. Coordinated Committee	Name	d. Comments	
(menade eng, state,	C Lip)		-			
			. I and Desistant I (Const	X		
			c. Level Registered (Specify		_	
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
	4271000 0000			\$		
4. Payee Inform	ation		Add	Remove	The state of the s	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments	
(include city, state,	& zip)					
			İ			
			c. Level Registered (Specify	0		
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
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				\$		
				2		
				\$		
5. Total only thi	s Page				\$ 12.00	
	CRO-1310 Pages				12.00	
TARGOLD SETTING TO SERVICE STATES AND SETTING TO SELECT THE SECTION OF SECTION SERVICES AND SECTION SE	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fund		D - To Anot	her Candidate	
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses	
I - Postage	J - Penalties		e Expenses		on to Legal Expense Fund	
O* - Other		altes Company	SH - D		and the second second	
* Codes require detailed explanation in required remarks field (k)						

3120 Passour Kidge IN Charlitte NC 28269

CHARLOTTE NC 280 1 FEB 2024 PM 5 L



Cabareus County BOE P.O. Bux 1315 Concerd NC 28026-135

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