Disclosure	Report Co	ver				Amendment Yes No
Use this form fo	r general report	and committee i	nformation, n	nust be signed and	submitted alor	ng with other detailed forms.
Do not use this		nformation.				
1. Committee I	nformation					
a. Full Name						c. ID Number
		lect John	n A. Swe	eat, Jr.		
b. Mailing Address						d. Date Filed
,	atch stide					07/26/2024
Concor	d, NC28	025				e. Phone Number
	•					704-238-7020
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (mm/dd/yy	5. Treasure	er Full Name
2024	01/01/2	.4	06/3	0/24	Tiffa	ny Macomson
6. Type of Com				THE RESIDENCE OF THE PARTY OF T	THE REAL PROPERTY AND PERSONS ASSESSED.	ort from one category)
Candidate Can	· =		unicipal	State/Count		Referendum
PAC	_	erendum	Organizationa	Based C		Organizational
Independent Ex		nt Fundraiser	Thirty-five da		•	Pre-referendum
Legal Expense	Fund	I⊨	Pre-primary	Fir		Final
7 7 67			Pre-election		cond	Supplemental Final
7. Type of Fund	(if applicable,	check one)	Pre-runoff	Th		Annual
Booster Fund Building Fund			Semi-annual		urth	☐ Special
Building Fund		<u> </u>	Mid Yea			10 G 11D 12
Other:		-	Year End		d Year	10. Special Report Name
	undusiasus this	Report	Final		ar End	
8. Number of F		Report	Special	Final Special		
11. Account Inf					ation	
a. Financial Institu	THE PROPERTY OF STREET, THE RESIDENCE OF STREET, ASSESSED.			11. Account Information a. Financial Institution	HUS COU	NTY
Truis				BOARD	OF ELECT	TONS
	•	I			1 0 1 000	
b. Purpose		c. Account Code		b. Purpose	L 3 1 2024	c. Account Code
For All	14	RHAR	2		ECET/ED	
Campaig	7	d. Period Begin B	alance	R	ECEIVED	d. Period Begin Balance
Campaig	inses	\$1,714	.97	19		\$
CERTIFICATI	ON					
of the NC Gener	al Statutes and the	at no funds are con	mmingled with		on-disclosed fu	B & 22D-22M of Chapter 163 ands. I further certify that this
Tiffany	MacomSo rinted Name of Sign	ner	Zilly Se	Macusu Puture of Appointed Tre	easurer	07 24 7024 Date
FOR OFFICE I		A SOLICE VICEN		1		
Date Receive		-31-24	Employ	ree: WAN		Normal Mail
Date Postma	rked: 7	-26-24	Employ		— JN 55 — 1 2	Normal Mail Registered Mail Hand Delivered
Date Scanne	_{d.} 7	-31-24	F1	MAN		Electronically Filed
	u		Employ	· · · · · · · · · · · · · · · · · · ·		Signer has not received

assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,

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 Report Semi-Annual Mid-Year 3. ID Number Committee To Elect John A Sweat Jr. Total this Start of Election Cycle: Total this January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 14.97 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 6) Contributions from Individuals (CRO-1210) 5.32 \$ 5.32 \$ 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) 5.32 5.32 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 923.00 13b) Contributions to Candidates/Political Committees (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) 5.32 5.32 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17 928.32 928.32 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 791.97 791.97 ADDITIONAL INFORMATION 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) \$ CRO-1100

		rom Individua		$\mathbf{P}_{\mathbf{i}}$	g of	1	Amendment Yes No
Use th	is form to report	individual contribution	ons over \$50 or o	contributions un	der \$50 if form C	RO	1205 is not used
1. Con	mmittee Full Nai	me (and Fund if app	olicable)				ID Number
		o Elect John	1 H. Jweat,	JR.			
	ntributor Inform Name, Mailing Addr			Add Re			
(inclu	de city, state, & zip))		b. Job Title/Prof		d. C	Comments
Ti	ffany Mo	COMSON By Dr. JC 28270		Realto			
30	oo Kingsle	ay Dr.			me/Specific Field		
CL	rarlotte, n	SC28270		KodaVa		e. E	lection Sum to Date
(7	04)238-	7020		Proper	fre sill	\$	5.32
f. Prior		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	14452	Cred:+Card	Postage	Paid	01/25/20	24	\$ 5.32
			-				\$
							\$
	tributor Informa				move		
The state of the state of the	ame, Mailing Addre de city, state, & zip)	ss & Phone		b. Job Title/Profe	ssion	d. C	omments
				c. Employer's Nar	ne/Specific Field		
						e. El	ection Sum to Date
						\$	benon Sam to San
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							\$
	ributor Informa		THE SERVICE STREET STREET, STR	THE RESERVE THE PARTY OF THE PA	nove		
	ame, Mailing Addres e city, state, & zip)	s & Phone		b. Job Title/Profes	sion	d. Co	mments
	•						
			1	c. Employer's Nan	ne/Specific Field		
					ļ	e. Ele	ection Sum to Date
Prior	g. Account Code	L F CD				\$	
	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyyy	7) 1	k. Amount
							\$
							\$
							\$
SALES STREET, SALES OF THE	l only this Pa					\$	5.32
		O-1210 Pages	CPO 1100)			\$	5.32

-	•							
	TC	h	11	PC	On	ne	n	tc
v	10	עוי	u	13		ис	ш	LO

			Amendment	
Pg	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

1. Committee F	Full Name (and Fun	d if applicable)				2. ID Number
Committee	to Elect Jo	hn A. Swea	H, JR			
3. Type of Dish		use separate CI			The late of the la	bursement.)
Operating Exp	THE R. P. LEWIS CO., LANSING, MICH. 49-14039-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120	tributions to Candid	ates/Politic			ordinated Party Expenditures
4. Payee Inform	nation Iailing Address & Ph	ana —		Add	Remove	Lis
(include city, state,		one		b. Coordinate	ed Committee Nam	e d. Comments
	Macomson					
				c. Level Regis	stered (Specify)	
300 King	sley Dr. He, NC 2827	ð		Federal	County:	V. 71. 4. 6
	7.			State	Municipa	
	8-7020					\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount	k. Required Remarks
HHJS2	Check	0	0113	0/2024	\$500,00	Salary
					\$	
4. Payee Inform				Add	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, star	te, & zip)					
Truist	Line oside C	L. Rlus		c. Level Regis	stered (Specify)	
12148	University C	179 1010		Federal	County:	
14arris	University Co burg, NC z	18075		State	Municipa Municipa	ality: e. Election Sum to Date
(980)	258-6083	7				\$ 12.00
	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)		k. Required Remarks
HHJ2,5	Direct Draft	0	03/2	1 2024	\$ 12.00	Bank Fee
					\$	
4. Payee Inform				Add	Remove	
a. Full Name, Maili (include city, stat	ing Address & Phone te, & zip)			b. Coordinate	ed Committee Name	d. Comments
Truist	_					
- 6.1	1 . LOCKING	ity Blud		c. Level Regis	ctered (Specify) County:	- 47
14.5515	burg, NC	28075		State		lity: e. Election Sum to Date
1000	258-6085					\$ 24.00
provide the first of the provide the provi						
	g. Form of Payment	h. Purpose Code	_	nm/dd/yyyy)		k. Required Remarks
HHJSZ	Direct Draft	\mathcal{O}	041	22/2024	\$ 12.00	Bank Fee
					\$	
5. Total only thi	is Page					\$ 524.00 \$ 923.00
	CRO-1310 Pages					
	line 13a of Detailed Sum					\$ 923.00
	line 13b of Detailed Sum					, 23
CALL PROPERTY AND ADDRESS OF THE PARTY OF TH	line 13c of Detailed Sum	AND REAL PROPERTY.	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	THE RESERVE AND PARTY AND PERSON.	Expenditures)	
A* - Media	Ddes (List detailed B* - Printin			ndraising	D To	Another Candidate
E - Salaries	F* - Equipm			tical Party		olding Public Office Expenses
I - Postage	J - Penaltie			fice Expens		onation to Legal Expense Fund
O* Other			NAME OF TAXABLE PARTY.			
* Codes require	e detailed explanation	on in required r	emarks	field (k)		

Disbursements

Pg	2	of	2	Amendment Yes	No	
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee I	Full Name (and Fund	d if applicable)				2. ID Number
_	hee To Elect	John A. S	iwea.	t, JR.		
3. Type of Dish					each type of Disb	oursement.)
Operating Exp	THE RESIDENCE OF THE PERSON NAMED IN	ntributions to Candida	ates/Politi			ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	Mailing Address & Pho	one		b. Coordinat	ed Committee Name	e d. Comments
(include city, state,	M = (500 3000		1114111	-		
littany	Macomson y sley Dr. He, NC 282			c. Level Regi	stered (Specify)	
300 Kin	4 314 01.	70		Federal	County:	
charlos	Hennesde	,,,,		State	Municipa Municipa	
	38-7020	1				\$ 875.00
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount	k. Required Remarks
HHJS2	check	0	041	27/2024	\$ 37500	Salary
					\$	
4. Payee Inform	nation			Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat						
Truis	University (J. Rhyd		a Level Regi	stered (Specify)	77.143
12198	University	ity wiva.		Federal	County:	
Harris	burg, NCZ	8075		State	Municipal	e. Election Sum to Date
(980)2	258-6083					\$ 36.00
		h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
HHJS2	Direct Draft	\Diamond	05/7	21/2024	\$12.00	Bank Fee
					\$	
4. Payee Inform	nation			Add	Remove	
	ing Address & Phone				ed Committee Name	d. Comments
(include city, stat	te, & zip)					
Truist	1	L. Blus				
121981	University C	179 Diva.			stered (Specify) County:	
Harris	burg, NC.	28075		State	Municipal	lity: e. Election Sum to Date
1980)-	burg, N.C. 258-6083					110 00
						3 40.
		h. Purpose Code				k. Required Remarks
HHJ25	Direct Draft	\mathcal{O}	06/7	2112024	\$ 12.00	Bankfee
					\$	
5. Total only thi	is Page					s 399.00 s 923.00
6. Total of ALL	CRO-1310 Pages					
	line 13a of Detailed Sumi	mary Page CRO-110	00 if Oper	rating Expense	25)	913.00
(This line goes in	line 13b of Detailed Sumi	mary Page CRO-110	00 if Cont	trib to Candida	ntes/Political Comm)	\$ 923.
Charles and the second	line 13c of Detailed Sumi	THE RESERVE AND ADDRESS OF THE PARTY OF THE			Expenditures)	
7. Purpose Co	odes (List detailed e					
A* - Media	B* - Printin			indraising		Another Candidate
E - Salaries I - Postage	F* - Equipn J - Penaltie			itical Party		olding Public Office Expenses
O* Other	J - rename	S	K" - OI	ffice Expens	ses Q* - Do	onation to Legal Expense Fund
	e detailed explanatio	on in required r	emarks	field (k)		

In-Kind Contributions	Pg	1 of 1	Amendment Yes No
Use this form to report non-monetary contributions, donations, goo	ds or services prov	vided to the commit	tee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refu	nded within 7 da	ys.	
1. Committee Full Name (and Fund if applicable)	•		2. ID Number
Committee To Elect John A. Sweat			,
	Add Ren		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril	outor	c. Comments
Ti Pray Marom Son	Individual Candidate		
Tiffany Macomson 300 Kingsley Dr. 12m Charlotte, NC 2807 28270	Party		
SOO Kingsley Dis 1000	PAC Pafarandum		
Charlotte, NC 2001 20210	Referendum Other Receipt	O	d. Election Sum to Date
(204) 238-7020	Outer Receipt	Source	\$ 5.32
e. Description		f. Date (mm/dd/yyy	
Postage for Year End Report			24\$ 5.32
			\$
			\$
3. Contributor Information	A CONTRACTOR OF THE PERSON OF	nove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor	c. Comments
(include city, state, & zip)	Individual Candidate		
	Party		
	PAC	1	
	LAC	L	
	Referendum	and the second s	d. Election Sum to Date
	Referendum Other Receipt	Source	\$
e. Description	Referendum Other Receipt	and the second s	\$
e. Description	Referendum Other Receipt	Source	\$
e. Description	Referendum Other Receipt	Source	sy) g. Fair Market Amount
	Referendum Other Receipt	f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$
3. Contributor Information	Referendum Other Receipt	f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$ \$ \$
	Referendum Other Receipt	f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$
3. Contributor Information a. Full Name, Mailing Address & Phone	Referendum Other Receipt	f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$ \$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rem b. Type of Contrib	f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$ \$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rem b. Type of Contrib Individual Candidate Party PAC	f. Date (mm/dd/yyy)	\$ y) g. Fair Market Amount \$ \$ \$ c. Comments
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rem b. Type of Contribut Candidate Party PAC Referendum Referendum Referendum	f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$ \$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Rem b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt S	f. Date (mm/dd/yyy)	\$ y) g. Fair Market Amount \$ \$ c. Comments d. Election Sum to Date \$
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rem b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt S	f. Date (mm/dd/yyyy	\$ y) g. Fair Market Amount \$ \$ c. Comments d. Election Sum to Date \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Rem b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt S	f. Date (mm/dd/yyy)	\$ y) g. Fair Market Amount \$ \$ c. Comments d. Election Sum to Date \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Rem b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt S	f. Date (mm/dd/yyy)	\$ \$ \$ \$ c. Comments d. Election Sum to Date \$ g. Fair Market Amount
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Description	Add Rem b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt S	f. Date (mm/dd/yyy)	\$ \$ \$ \$ C. Comments I. Election Sum to Date \$ P) g. Fair Market Amount \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Rem b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt S	f. Date (mm/dd/yyyy nove utor Source f. Date (mm/dd/yyyy	\$ g. Fair Market Amount \$ \$ c. Comments d. Election Sum to Date \$ g. Fair Market Amount \$ \$

300 Kingsley Dr. Charlotte, NC 2827











U.S. POSTAGE PAID
FCM LETTER
SURFSIDE BEACH, SC 29575
JUL 26, 2024

(I) (I) (I) (I)

R2304M115977-40

RDC 99

Cabarrus County Board of Elections

Concord, NC 28026 PO BOX 1315