Disclosure	Report	Cover
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Ame	ndment	
\boxtimes	Yes	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

1. Committee Infor	mation				
a. Full Name					c. ID Number
KESHIA4CABARI	RUSCOUNTY				The second secon
b. Mailing Address (incl	lude City, State and Zip Code)				d. Date Filed
PO BOX 8224 CONCORD NC 28	027				01/10/2025
					e. Phone Number
					(980) 434-1255
2. Report Year	3. Period Start Date (mm/c	d. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2024	10/20/2024	12/3	1/2024	OCTAINIOUS SE	EYMORE
6. Type of Committ	tee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)
Candidate Campa	aign Party	Municipal	State/C	County	Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-referendum
Legal Expense Fi 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(і) арріксавіе, спеск впе)	Pre-election	ΙH	Second	Supplemental Final
Building Fund		Pre-runoff	ΙH	Third	Annual
		Semi-annual		Fourth	Special
		Mid Year	_	Semi-annual	
Other:		Year End	ı 🗆	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account	Information	
a. Financial Institution 1			A CONTROL OF THE PROPERTY OF THE PARTY OF TH	titution Full Name	
UWHARRIE BANI	K			TENNES TO SEE 10 - 20 Mile 20 -	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN FINANCE	1				
	d. Period Begin Balance				d. Period Begin Balance
	S				\$
CERTIFICATION					
the NC General Statu is complete, true and	utes and that no funds are collicorrect and that I have been	mmingled with proh	ibited or other	non-disclosed funds. Elections.	& 22D-22M of Chapter 163 of I further certify that this report
OCTAINIC	OUS L SEYMORE Printed Name of Signer		ignature of Appoin		01/10/2025 Date
FOR OFFICE USE O		3.	ignature of Appoin	ted Treasurer	Date
	01/12/2026	+	10	7	Delivery Method
Date Received:	VIIISTOCA	Employee:		<u>y</u>	☐ Normal Mail
Date Postmarke	d:	Employee:		100 100 100 100 100 100 100 100 100 100	Registered Mail Hand Delivered
Date Scanned:	1/21/2025	Employee:	Me	N	Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi		nend committee informat			ess, treasurer, lassistan treasurer,

Amendment No

Detailed SummaryUse 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
KESHIA4CABARRUSCOUNTY	HARTER		
Start of Election Cycle: January 1,	2024 FOURTH QU 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,413.12	\$ 0.00
RECEIPTS	建长位数据		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 280.93	\$ 1,090.93
6) Contributions from Individuals	(CRO-1210)	\$ 785.85	\$ 6,955.85
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 1,572.50
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		Walter R. R.	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	tions (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,	11c, 11d and 11e)	\$ 1,066.78	\$ 9,619.28
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,444.26	\$ 9,053.14
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$ 200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 35.64	\$ 316.14
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 50.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 3,479.90	\$ 9,619.28
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract line 18)	\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigness)	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	· 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	一种最级对称 新疆
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

<u>1</u> of

Amendment

Ves

No

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

Cont	tributor Info	rmation				
Amen	d	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
]	Add Remove	1	CREDIT CARD		10/27/2024	\$ 2.00
]	Add	1,	CREDIT CARD		10/27/2024	¢ 100
	Remove	1	CREDIT CARD		10/27/2024	\$ 1.00
	Add Remove	1	CREDIT CARD		10/27/2024	\$ 2.50
	Add Remove	1	CREDIT CARD		10/27/2024	\$ 5.00
	Add Remove	1	CASH		10/27/2024	\$ 3.55
	Add	1	CASH		10/27/2024	\$ 25.00
	Remove	-				
	Remove	1	CREDIT CARD		10/28/2024	\$ 1.00
	Add Remove	1	CREDIT CARD		10/28/2024	\$ 25.00
	Add Remove	1	CREDIT CARD 10/28/		10/28/2024	\$ 25.00
	Add Remove	1	CREDIT CARD	10/29/2024		\$ 4.00
	Add					
	Remove	1	CASH		10/29/2024	\$ 25.00
	Add Remove	1	CREDIT CARD		11/02/2024	\$ 3.00
	Add Remove	1	CREDIT CARD		11/03/2024	\$ 2.05
	Add	1	CREDIT CARD		11/03/2024	\$ 2.05
	Remove Add	1	CREDIT CARD		11/04/2024	\$ 2.05
	Remove	+			1	1 2.00
	Add Remove	1	CREDIT CARD		11/04/2024	\$ 1.03
	Add Remove	1	CREDIT CARD		11/04/2024	\$ 1.00
	Add Remove	1	CASH		11/04/2024	\$ 25.00
	Add	1	CREDIT CARD	8	11/05/2024	\$ 11.37
	Remove Add					
	Remove	1	CREDIT CARD		11/05/2024	\$ 1.59
	Add					\$
	Remove					3
	Add					\$
	Remove					
ot	al only this	Page			\$	168.19

Aggregated Contributions from Individuals

Page

<u>2</u> of

me	ndment		
٦	Yes	\boxtimes	N

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

	mmittee Full Na HIA4CABARRU		d if applicable)		2. 1	D Number
KES	HIA4CADARK	JSCOUNTY				
3. Co	ntributor Infor	mation				
a. Amo	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	1	CREDIT CARD		11/05/2024	\$ 1.37
Η	Remove Add				0.0010,000,000,000,000,000	9997
H	Remove	1	CASH		11/05/2024	\$ 25.00
	Add	1	CASH		11/05/2024	\$ 25.00
	Remove	1	CASII		11/03/2024	\$ 23.00
屵	Add Remove	1	CREDIT CARD		11/05/2024	\$ 11.37
Ħ	Add	1.	CDEDIE GLDD		11/05/2024	25.00
	Remove	1	CREDIT CARD		11/05/2024	\$ 25.00
	Add	1	CREDIT CARD		11/06/2024	\$ 25.00
	Remove	1	CREDIT CARD		11/06/2024	\$ 23.00
	Add					\$
	Remove					Ψ
	Add					\$
ᆜ	Remove					<u> </u>
屵	Add	4				\$
౼	Remove					
屵	Add	4				\$
౼	Remove	1				
屵	Add	-				\$
屵	Remove Add	-	-			
旹	Remove	-				\$
旹	Add		+			
H	Remove	1				\$
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	Remove					Ф
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	Remove					
	Add	4				\$
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屵	Add	4				\$
屵	Remove					
<u>H</u>	Add	-			2.2	\$
\dashv	Remove Add	-				
屵	Remove	+				\$
4. To	otal only this	Page			\$	112.74
41000	otal of ALL C	Water the second of the second of	Pane			
			ages ummary Page CRO-1100)		\$	280.93

		ividual contributions of	-	or contributions i	under \$50 if form			
1. Com	mittee Full Name	2. ID Nu	mber					
KESHIA	A4CABARRUSCO	UNTY						
3. Conti	ributor Informati	on		Add	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profess	sion	d. Comme	nts	
	d Bryant-Herron			Organizer				
	Kinnon Ave			c. Employer's Nam	e/Specific Field			
Concord	I NC 28025			Self Employed		Florida	Com to Date	
							Sum to Date	
	_					\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/d	ld/yyyy)	k. Amount	
	1	CREDIT CAR			10/2	24/2024	\$	25.00
							\$	
							\$	
3. Conti	ributor Information	on		Add	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profes	sion	d. Comme	nts	
	e city, state, & zip)			WRITER				
	ED DOOLEY CLYBOURN AVE	2		c. Employer's Nam	e/Specific Field			
	NK, CA 91505			SELF EMPPLO				
						e. Election	Sum to Date	
						\$	178.57	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/c	id/yyyy)	k. Amount	
	1	CREDIT CAR			10/2	27/2024	\$	178.57
							\$	
							\$	
3. Contr	ibutor Information	on		Add	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profes		d. Comme	nts	
	e city, state, & zip)			ACCOUNTAN	T			
	N ERICSON URTNEY ST SE			c. Employer's Nam	ne/Specific Field	-, 100		
	RD NC 28025			ERICSON TAX				
				ACCOUNTING	G	e. Election	Sum to Date	
						\$	175.00	
		1	1.		. Data (man)			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/c	id/yyyy)	k. Amount	
f. Prior	g. Account Code	h. Form of Payment CREDIT CAR	i. In-	Kind Description	,	27/2024	\$	25.00
f. Prior			i. In-	Kind Description	,		1000	25.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

228.57

785.85

\$

\$

		m Individuals ividual contributions of	over \$5		-	of <u>2</u> CRO 1205 is	Amendmer Yes not used	_
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	ımber	
KESHIA	4CABARRUSCO	UNTY						
3. Contr	ibutor Information	on		Add R	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	
(include	city, state, & zip)			CEO				
	M HANEY							
	OLN ROAD			c. Employer's Name	Specific Field			
WAYLA	ND, MA 01778			DRAGONFLY				7.70.7 SEP 9125 S
						e. Election	Sum to Date	A SECTION AL
						\$	227.28	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amount	
	1	CREDIT CAR			11/03	3/2024	\$	227.28
							\$	
							\$	
3. Contr	ibutor Information	on		Add 🔲 R	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commo	ents	
(include	city, state, & zip)			DATA ANALYS	ST			
KATERI	NE MCGEE							
9310 SW	ALLOW TAIL L	ANE		c. Employer's Name	/Specific Field			
CHARL	OTTE, NC 28269			RADGOV			-24000200	
						e. Election	Sum to Date	
						\$	180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
	1	CREDIT CAR			11/17	7/2024	\$	180.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🔲 R	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commo	ents	
	city, state, & zip)			CEO				
AIMY S								
	NTGROVE PLAC	E NW		c. Employer's Name	/Specific Field			
CONCO	RD, NC 28027			NEW NORTH CAROLINA PR	OFCT	a Flantin	n Sum to Date	
				CAROLINA PR	OJECI		n Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
	1	CREDIT CAR			12/06	5/2024	S	150.00

CRO-1210 NC State Board of Elections April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

\$

\$

557.28

785.85

\$

\$

Aggregated N	Non-Media	Expenditures
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Optional	form us	ed to repor	t NC Non-	Media Expe	enditures of	f \$50 or less.
----------	---------	-------------	-----------	------------	--------------	-----------------

1. Committee Full Name (and Fund if applicable) 2. ID Number												
Ε	ESHIA4CABARRUSCOUNTY											
3. Payee Information												
a. /	Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks					
$\sqcup \sqcup$	Add Remove	1	DRAFT	0	10/31/2024	\$ 12.00	BANK FEE					
ШΠ	Add Remove	1	DRAFT	0	12/31/2024	\$ 12.00	BANK FEE					
	Add Remove	1	DEBIT CARD	О	11/06/2024	\$ 11.64	FOOD FOR VOLUNTEERS					
	Add Remove					\$						
ЦΠ	Add Remove					\$						
	Add Remove					\$						
	Add Remove					\$						
E	Add Remove					\$						
	Add Remove					\$						
	Add Remove					\$						
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片	Add Remove					\$						
4	THE RESERVE OF	nly this Page				\$35.64						
-	AND THE RESIDENCE OF THE PERSON OF THE PERSO	f ALL CRO-1	1315 Pages			\$35.64						
			Detailed Summary Page	CRO-1100)		Ф35.04						
6.	Purpos	e Codes (List	detailed expendit	ture code in (d) above)							
	E - Salari	ies F^* -	Printing Equipment	C* - Fundra G - Political	Party H*-1	Another Candida Holding Public O	ffice Expenses					
	- Postag		enalties	K* - Office	Expenses Q* - I	Donations to Lega	ai Expense Fund					
	O* - Other * Codes require detailed explanation in required remarks field (g)											

-	٠.								
D	Л	2	h	11	rs	e	m	en	ts

Amendment

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

KESHIA4CABARRUSCOUNTY							
The second secon		150 USO sonovota C	RO-1310 forms for each t	vna of Dicharaca	ant)		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inform		Contributions to Can	Add	Remove	2 Application		
THE RESIDENCE THE PROPERTY OF	ing Address & Phone		b. Coordinated Committee N	A SECURE OF THE PROPERTY OF THE PARTY OF THE PARTY.	d. Comments		
(include city, state,							
KENISHA REI		AND THE PARTY OF THE PROPERTY OF THE					
1243 PRESTON			c. Level Registered (Specify)		1		
MT PLEASAN	T NC 28124		Federal 🖂	County:	1		
			State	Municipality:	e. Election Sum to Date		
					\$ 377.00		
f. Account Code g. Form of Payment h. Purpose Code			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					CAMPAIGN TSHIRT		
1	DEBIT CARD	A	11/04/2024	\$39.00			
				\$			
4. Payee Inform	lation		Add	Remove			
THE SOUTH AND THE STREET	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
OLIVE GARDI			1				
8010 CONCOR	D MILLS BLVD		c. Level Registered (Specify)				
CONCORD, NO	C 28027		☐ Federal ☐	County:			
			State	Municipality:	e. Election Sum to Date		
**					\$ 81.13		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT CARD	0	11/06/2024	\$81.13	FOOD FOR VOLUNTEERS		
				\$	VOLUMENT		
4. Payee Inform	ation		Add	Remove			
MICARCON CONTRACTOR CONTRACTOR	ng Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,							
IMANI COOK							
8001 DEVELO	PMENT DR		c. Level Registered (Specify)				
MOORISVILLI	E, NC 27560		Federal 🖂	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 350.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	EFT	Е	12/11/2024	\$350.00	CAMPAIGN MARKETING		
				\$			
5. Total only thi	is Page	\$ 470.13					
6. Total of ALL CRO-1310 Pages							
	line 13a of Detailed Sun	\$ 3,444.26					
			0 if Contrib to Candidates/Politic		Ψ 3,111.20		
(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 E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties				er Candidate g Public Office Expenses on to Legal Expense Fund		
t and texturement we determine the common forther than	* Codes require detailed explanation in required remarks field (k)						

Disbursements		
Disdursements		

				Amendment	1	
Pg	2	of	2	Yes	\bowtie	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
	ARRUSCOUNTY		TDO 1010 C	cni i	
3. Type of Dish			CRO-1310 forms for each		
Operating I		Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	1.6
	ing Address & Phone		b. Coordinated Committee N	vame	d. Comments
(include city, state, OCTAINIOUS			-		
	R RIDGE LANE		. I seed Desistant d (Consider)		
CHARLOTTE			c. Level Registered (Specify) Federal	County:	
CHARLOTTE	NC 28209		State	Municipality:	e. Election Sum to Date
			State	Municipanty.	e. Election Sum to Date
					\$ 1,374.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks
1	CHECK	Б	12/20/2024	6774.12	CAMPAIGN
1	CHECK	E	12/30/2024	\$774.13	FINANCE
				\$	
4 D I C.			A 11		
4. Payee Inform			Add b. Coordinated Committee N	Remove	d. Comments
	ing Address & Phone		b. Coordinated Committee N	vaine	d. Comments
(include city, state, HOLDEN SID		A. A. Windowski, S. C.	+		
803 SPRUCEW			c. Level Registered (Specify)		77
KANNAPOLIS			Federal S	County:	-
MAN WIN O'DIS	7110 20001		State	Municipality:	e. Election Sum to Date
				ame.panty.	
					\$ 1,200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	PAYPAL	Е	12/16/2024	\$1,200.00	CAMPAIGN
1	TATTAL	L	12/10/2024	\$1,200.00	FUNDRAISING
				\$	
4. Payee Inform	nation		Add \square	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
ANTHONY JA			1		
308 NEW LEA	F LOOP LN		c. Level Registered (Specify)		<u></u>
SUMMERVILI	LE SC 29486		Federal 🖂	County:	7
			State Municipality:		e. Election Sum to Date
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DAVDAI	E	12/16/2024	\$1,000,00	CAMPAIGN
1	PAYPAL	Е	12/10/2024	\$1,000.00	ADVISOR
				\$	
5. Total only th	is Page				\$ 2,974.13
CONTRACTOR OF STREET,	CRO-1310 Pages				
The second secon	0	nmary Page CRO-110	00 if Operating Expenses)		\$ 2.444.26
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politi	ical Comm)	\$ 3,444.26
(This line goes in	line 13c of Detailed Sun	ımary Page CRO-110	0 if Coordinated Party Expendit	tures)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun	ndraising D - To Another		
E - Salaries	F* - Equipment				
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses	Q* - Donat	ion to Legal Expense Fund
A characteristic and a considerable control of the part of the part of the control of the contro	e detailed explanat	ion in required r	emarks field (k)		
Coaco requir	- actuated explanat	required i			