

Disclosure Report Cover

Amendment

☐ 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 Information

a. Full Name

The Committee to Elect Deborah Allen

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO Box 5686 455 Concord Pkwy Concord NC 28027

d. Date Filed

7/23/2025

e. Phone Number

845 775 8378

2. Report Year

2025

3. Period Start Date (mm/dd/yy)

01/29/2025

4. Period End Date (mm/dd/yy)

6/30/2025

5. Treasurer Full Name

Deborah Bamford

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☒ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☒ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Fifth Third Bank

b. Purpose

c. Account Code

DA

d. Period Begin Balance

\$ 0

11. Account Information

a. Financial Institution Full Name

b. Purpose

RECEIVED
IN-PERSON

JUL 23 2025

CABARRUS COUNTY
BOARD OF ELECTIONS

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Deborah Bamford

Printed Name of Signer

Deborah Bamford

Signature of Appointed Treasurer

7/23/2025

Date

FOR OFFICE USE ONLY

Date Received:

7-23-25

Employee:

WAN

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Date Scanned:

7-24-25

Employee:

WAN

Date Data Entered:

Employee:

☐ Signer has not received mandatory training

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

☐ Yes

☐ No

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	
Committee to Elect Deborah Allen		Mid Year			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 237.98		\$ 429.98	
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)		\$ 237.98		\$ 429.98	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
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)		\$ 187.98		\$ 379.98	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 187.98		\$ 379.98	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 50.00		\$ 50.00	
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)		\$		\$	

Contributions from Individuals

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) Committee to Elect Deborah Allen					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Allen 5823 Timber Falls PL NW Concord NC 28027				b. Job Title/Profession Retired		d. Comments
				c. Employer's Name/Specific Field HVAC Tech		
				e. Election Sum to Date \$ 101.95		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DA	EFT		02/11/2025	\$ 50.00	
<input type="checkbox"/>	DA	Debit	Campaign phone	02/05/2025	\$ 36.95	
<input type="checkbox"/>	DA	Draft	Phone fee	02/05/2025	\$ 15.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Allen 5823 Timber Falls PL NW Concord NC 28027				b. Job Title/Profession Retired		d. Comments
				c. Employer's Name/Specific Field HVAC Tech		
				e. Election Sum to Date \$ 146.95		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DA	Draft	Phone Fees	03/05/2025	\$ 15.00	
<input type="checkbox"/>	DA	Draft	Phone Fees	04/05/25	\$ 15.00	
<input type="checkbox"/>	DA	Draft	Phone Fees	05/05/25	\$ 15.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Allen 5823 Timber Falls PL NW Concord NC 28027				b. Job Title/Profession Retired		d. Comments
				c. Employer's Name/Specific Field HVAC Tech		
				e. Election Sum to Date \$ 163.09		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DA	Draft	Phone Fees	06/5/25	\$ 15.00	
<input type="checkbox"/>	DA	Draft	Phone Minutes	6/5/25	\$ 1.14	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 163.09	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 237.98	

Contributions from Individuals

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Deborah Allen						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Deborah Allen PO Box 5686 Concord NC 28027				b. Job Title/Profession Sub Teacher		d. Comments
				c. Employer's Name/Specific Field CCS		
				e. Election Sum to Date \$ 266.89		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DA	Debit	Buttons and Cards	5/7/25	\$ 74.89	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 74.89	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 237.98	

In-Kind Contributions

Pg ____ of ____

Amendment

☐ Yes

☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Deborah Allen			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Bill Allen 5823 Timber Falls Pl NW Concord NC 28027		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 163.09	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign phone		2/5/25	\$ 36.95
Phone fee		2/5/25	\$ 15.00
Phone fee		3/5/25	\$ 15.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Bill Allen 5823 Timber Falls Pl NW Concord NC 28027		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 163.09	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Phone fee		4/5/25	\$ 15.00
Phone fee		5/5/25	\$ 15.00
Phone Fee		6/5/25	\$ 15.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Bill Allen 5823 Timber Falls Pl NW Concord NC 28027		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 163.09	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Phone fee		6/5/25	\$ 1.14
			\$
			\$
4. Total only this Page		\$ 113.09	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 187.98	

In-Kind Contributions

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Deborah Allen			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Deborah Allen PO Box 5686 Concord NC		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 266.89	
e. Description		f. Date (mm/dd/yyyy)	
Buttons and Cards		5/7/25	
		g. Fair Market Amount	
		\$ 74.89	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		g. Fair Market Amount	
		\$	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 74.89	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 187.98	