D' I D	Amendmen	t	
Disclosure Report Cover	☐ Yes		No
Use this form for general report and committee information, must be signed and submitted along wi	ith other de	etailed t	for

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 . Full Name c. ID Number . Mailing Address (include City, State and Zip Code) d. Date Filed Concard NC PO BOX 5686 455 Concord e. Phone Number 845 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) . Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Municipal State/County Referendum PAC Referendum Organizational rganizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary Final First Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year emi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name RECEIVED b. Purpose b. Purpose IN-PERSON c. Account Code c. Account Code JUL 2 3 2025 d. Period Begin Balance d. Period Begin Balance CABARRUS COUNTY BOARD OF ELECTIONS 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. Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY JAN -23-25 Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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 SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

Committee Full Name (and Fund if applicable) 2. Type of		Report	3. ID Number	
Committee to Elect Deborah Allen				
Start of Election Cycle: January 1, 2025	-	Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		s O	\$	
<u>RECEIPTS</u>				
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	
<u>EXPENDITURES</u>				
13) Disbursements			第一种,果然是	
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, 1.	5, 16 and 17)	\$ 187.98	\$ 379,98	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 50.00	\$ 50.00	
ADDITIONAL INFORMATION			4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	A Comment of the	
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)	\$	The state of the s	
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)	\$	\$	

		rom Individua		Pg	of	Amendment Yes 20 1205 is not use	□ No
		ne (and Fund if appl	THE RESIDENCE OF THE PARTY OF T	onurbutions und	er \$50 ii form Cr	2. ID Number	a
		to Elect.		Allen		av ab i tumber	
3. Cont	tributor Informa	ation		Add Rer	nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes		d. Comments	
(include city, state, & zip) Retired					(
Di	11 Allen	Cuit DIA	(1)	c. Employer's Nan	me/Specific Field		
582	3/1mber	-Falk PLN		HVAC T	Tech	e. Election Sum to Date	
Co	on cord 1	UC 2802	7	7,7,0		\$ 101.95	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount	
	DA	EFT			02/11/202	5 \$ 50	.00
	DA	Debit	Campaigi	phone	02/05/20	\$ 36.	95
	DA	Draft	Phonet	fee	02/05/05	s 15,	00
PERSONAL PROPERTY.	ributor Informa			Add Rer			
	ame, Mailing Addre e city, state, & zip)	ess & Phone		b. Job Title/Profes	4	d. Comments	
_				Ketire	d		
3	II Allei	\cap		c. Employer's Name/Specific Field			
58	23 TI mb	+ Falls PL	NW	HVAC	Tech	e. Election Sum to D	ate
Concord NC 28027		()		\$ 146.9	-		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount	
	PA	Draft	Phone	- Fees	03/05/20	\$ \$ 15,0	50
	DA	Draft	Phane	Pees	04/05/2	5 \$ 15.2	7
	DA	Draft	Phone	e Fees	05/05/2	5 \$ 15,0	50
	ributor Informa			Add Rer			
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	ssion	d. Comments	
Ri	11 Allen	\	\	c. Employer's Nan		7	
58	23 Tim	ber Falls P.	LNW	HVAC Tech		e. Election Sum to Date	
CONCORD NC 28027		1) THE FER		\$ 163.09			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		
	DA	Draft	Phone	Fees	06/5/2	\$ \$ 15,	00
	DA	Draft	Phone	Minutes	6/5/25	, \$ 1,1	4
					ž.	\$	
4. Tota	al only this Pa	age				\$ 163.	09_
		O-1210 Pages of Detailed Summary Pa	ge CRO-1100)			s 237.	98

		rom Individua		Pg	of	Yes No
	THE REPORT OF THE PERSON NAMED IN COLUMN TWO	ndividual contributio	A STATE OF THE PARTY OF THE PAR	ontributions unde	er \$50 if form CF	
1. Committee Full Name (and Fund if applicable)			2. ID Number			
Committee to Elect Deborah Allen						
	tributor Inform				nove	
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments
	le city, state, & zip)	Λ ι ι		Sub lea	acher	
J	ebarah	Allen	p.	c. Employer's Name/Specific Field		
P	O BOXS	1686 1 NC 28		CCS		e. Election Sum to Date
C	en caro	1 NC 28	2027			\$ 266.89
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	j. Date (mm/dd/yyy		yy) k. Amount
	DA	Debit	Buttons	and Coucks	5/7/25	\$ 74.89
						\$
						\$
3. Cont	ributor Informa	ation		Add Ren	nove	
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments
(includ	le city, state, & zip)					
				c. Employer's Name/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
						\$
		*				\$
						\$
3. Cont	ributor Informa	ntion		Add Ren	nove	
a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments
(includ	e city, state, & zip)					
				c. Employer's Nan	ne/Specific Field	
				ev zampiojer o rvan	о органия	
						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
						\$
						\$
					<u> </u>	\$
4. Tota	al only this Pa	age				\$ 74.89
		O-1210 Pages				
. 100	di di Mili Ci	o in in in	GDQ 1100:			\$ 237.98

Amendment

In-Kind Contributions	Pg	of	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)	ded within / day	AND ASSESSMENT OF THE PARTY OF	2. ID Number		
Committee to Blect Deban	ah Aller				
3. Contributor Information	Add Rer				
a. Full Name, Mailing Address & Phone	b. Type of Contrib		c. Comments		
(include city, state, & zip)	Individual				
Rill Allen	Candidate				
Dill laure.	Party				
5823 Timber Falls PINW	PAC				
	Referendum Other Receipt	Cauraa	d. Election Sum to Date		
Concord NC 28027	Other Receipt	Source	\$ 163.09		
e. Description		f. Date (mm/dd/yyy	y) 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	Add Rer	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments		
(include city, state, & zip)	Individual				
Bill Allen	Candidate				
1	Party PAC		i i		
5823 Timber Falls PI NOW	Referendum		d. Election Sum to Date		
Concord NC 28027	Other Receipt	Source	1/2 0		
			\$ 163.09		
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount		
Phone fee		4/5/25	\$ 15.00		
Phone fee		5/5/25	\$ 15,00		
Phone Fee		6/5/25	\$ (5,00		
3. Contributor Information	Add Rer				
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments		
(include city, state, & zip)	Individual	-			
Bill Allen 5823 Timber Falls PINW Concord NC 28027	Candidate Party				
The tall DINU	PAC				
5873 /1mber 19112 +1 hr	Referendum		d. Election Sum to Date		
Dancard NC 28027	Other Receipt	Source	1100		
		le D-4- (/44/	\$ 163.09		
e. Description	24-6-54-6-	f. Date (mm/dd/yyy	y) g. Fair Market Amount		
thone tee		6/5/25	\$ 1.14		
			\$		
			\$		
4. Total only this Page			\$ 113,09		
5. Total of ALL CRO-1510 Pages		经过过的	\$ 187.98		
(This line must be on line 17 of Detailed Summary Page CRO-1100)			3 181, 90		

Amendment

In-Kind Contributions	Pg	of		Yes No
Use this form to report non-monetary contributions, donations, goo			tee o	r fund.
Use CRO-1215 if In-Kind Contributions were or will be refu 1. Committee Full Name (and Fund if applicable)	nded within / day	ys.	2 I	D Number
1. 1 - 1 7 1	20-1 AI	101-	2. 1	Distance
	oorah HI	len		
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rei	the state of the s	o C	omments
(include city, state, & zip)	Individual	outor	c. C	omments
	☐ Candidate			
Terescar Timen	Party			
Deborah Allen PO BOX5686 Concord NC	PAC Referendum		d. E	lection Sum to Date
Conrand NC	Other Receipt	Source		211-0
				266,89
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Buttens and Cards		5/7/25		\$ 74.89
				\$
				\$
3. Contributor Information	Add Rei	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Co	omments
(include city, state, & zip)	Individual			
	Candidate Party			
	☐ PAC			
	Referendum		d. El	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
	Party			
	☐ PAC			
	Referendum Other Receipt	Sauras	d. El	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	14.89
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	187,98

Amendment