		parameter and the second second second	-
D. I. D. (C.	40	Amendment	
Disclosure Report Cover		☐ Yes	X
Use this form for concerd nonent and committee information	must be signed and submitted along to	rith other det	toilad

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 In	nformation						The state of the s		
a. Full Name									
COMMITTEE TO ELECT ALVARYS SANTANA									
b. Mailing Address (include City, State and Zip Code) d. Date Filed									
JULY 23, 2025									
301 S MCDOV	301 S MCDOWELL ST 1251726 CHARLOTTE NC 28204 e. Phone Number								
917 917 863 7991									
2. Report Year	3. Period Start	Date (mm/dd/y	y) 4. Period E	nd Dat	e (mm/dd/yy)	5. Treasure	r Full Name		
2025	05/14/2025		7/22/2025			ALVARYS	SANTANA		
6. Type of Com	mittee (Check O	ne)	D. Type of Rep	ort (ch	to the condition of the	type of repo	rt from one category)		
X Candidate Cam			Municipal		State/County		Referendum		
PAC		rendum	Organizationa		Organizat		Organizational		
Independent Ex		1	Thirty-five day	У	Quarterly First		Pre-referendum Final		
Legal Expense	Fund		Pre-primary Pre-election		Seco		Supplemental Final		
7. Type of Fund	l (if applicable,	check one)	Pre-runoff		Thir		Annual		
Booster Fund	1 (ід арріксавіє,	check one)	Semi-annual		Four		Special		
Building Fund		lı lı	X Mid Yea	r	Semi-ann		_ speem		
land 2 diving 1 divi		· li	Year End			Year	10. Special Report Name		
Other:		li	Final		Year	r End	■ 100 mm =		
8. Number of F	undraisers this	Report	Special		Final		MID YEAR		
					☐ Special				
11. Account Inf	ormation			11. Ac	count Inform	nation			
a. Financial Institu	tion Full Name		3	a. Finan	cial Institution	Full Name			
USA BANK				CAE	BARRUS C				
b. Purpose		c. Account Cod	e	BRA	RP OF EL	ECTIONS	c. Account Code		
			JUL 2 4 2025			2025			
CAMPAIGN		d. Period Begin	Balance	002 2 1 2020		2020	d. Period Begin Balance		
		\$ 0		RECEIVED		ED	\$		
CERTIFICATI	ON	Ψ 0	Management of the Control of the Con	TOWN,	110000	-			
I certify that the of the NC Gener	Committee or Fun	it no funds are o	commingled with	prohibi	ted or other no	on-disclosed fu	B & 22D-22M of Chapter 163 ands. I further certify that this		
ALVARYS SA	NTANA		ALVARYS S	ANTAN	Date: 2025.07.2	by ALVARYS SANTANA 4 16:00:46 -04'00'	JULY 23, 2025		
P	rinted Name of Sign	er	Sig	nature of	Appointed Trea	surer	Date		
FOR OFFICE	USE ONLY	41. 0-			LINAS				
Date Receiv	ed: /	-24-25	Employ	yee:	MAN	Del	ivery Method Normal Mail		
Date Postma	arked:	-	Employ	yee:		_	Registered Mail Hand Delivered		
Date Scanne	ed: 1	24/25	Employ	yee:	ull	_ 🗷	Electronically Filed		
Date Data E	ntered:		Employ	yee:		_ 0	Signer has not received mandatory training		
Please No			o amend comm				nmittee address, treasurer,		
Y	ou must amend								
	man amond	michicili	Summerio	- (52.0			0-0-0		

No

Aggregated Contributions from Individuals Page 1 of 1 Amendment Yes No

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

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number												
COMMITTEE TO ELECT ALVARYS SANTANA													
231400813	3. Contributor Information												
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount						
	Add Remove		ACT BLUE DONATION		05/24/2025		\$ 25						
X	Add Remove		ACT BLUE DONATION	¥	05/18/2025		\$10						
X	Add Remove		ACT BLUE DONATION		05/18/2025		\$ 50						
X	Add Remove		ACT BLUE DONATION		05/18/2025		\$ 10						
X	Add Remove		ACT BLUE DONATION		05/17/2025		\$10						
	Add Remove		ACT BLUE DONATION		05/14/2025		\$ 20						
X	Add Remove		ACT BLUE DONATION		05/14/2025		\$50						
X	Add Remove		ACT BLUE DONATION		05/15/2025		\$ 20						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove		W AND SOCIETY OF THE PROPERTY				\$						
	Add Remove				1		\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
	Add Remove						\$						
4		nly this Page				\$	195						
5.	Total o	f ALL CRO-	1205 Pages	(RO-1100)	diamental and a second control of the second	\$	195						
(1	(This line must be on line 5 of Detailed Summary Page CRO-1100)												

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment X No ☐ Yes

1. Committee Full Name (and Fund if applicable) 2. Ty	pe of Report 3	. ID Number
COMMITTEE TO ELECT ALVARYS SANTANA MID Y	EAR	
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) \$ 195	\$ 195
6) Contributions from Individuals (CRO	1210) \$ \$1,360	\$ 1,360
7) Contributions from Political Party Committees (CRO	.1220) \$ 2,000	\$ 2,000
8) Contributions from Other Political Committees (CRO	-1230) \$ 0	\$ 0
9) Loan Proceeds (CRO	-1410) \$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO	-1240) \$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO	1250) \$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO	-1250) \$ 0	\$ 0
11c) Outside Sources of Income (CRO	-1250) \$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO	-1270) \$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO	-1265) \$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d an	d 11e) \$ 3,555	\$ 3,555
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO	1310) \$ 21.84	\$ 21.84
13b) Contributions to Candidates/Political Committees (CRO	-1310) \$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO	-1310) \$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO	1315) \$ 511.43	\$ 511.43
15) Loan Repayments (CRO	-1420) \$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO	-1320) \$ 0	\$ 0
17) In-Kind Contributions (CRO	-1510) \$ 2,000	\$ 2,000
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a	nd 17) \$ 2,533.27	\$ 2,533.27
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract l	ine 18) \$1,021.73	\$ 1,021.73
ADDITIONAL INFORMATION		
	-1330) \$0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO		11 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	-1610) \$ 0	
	-1620) \$ O	
24) Account Transfers Within the Committee (CRO	-1720) \$ 0	
25) Administrative Support (CRO	-1710) \$ 0	\$ O
26) Forgiven Loans (CRO	-1440) \$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-		\$0
28) Contributions to be Refunded (CRO- CRO-1100 NC State Board of El		\$ 0 August 200

Amendment **Contributions from Individuals** X No Pg 1 of 2 Yes 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 ALVARYS SANTANA X Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT CANDIDATE ALVARYS SANTANA c. Employer's Name/Specific Field 301 S MCDOWELL STREET 1251726 **CHARLOTTE NC 28204** e. Election Sum to Date AS STRATEGY \$400 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount **ACT BLUE** 05/16/2025 \$ 50 DONATION ACT BLUE X \$250 05/16/2025 DONATION X BANK TRANSFER \$ 100 05/14/2025 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ATTORNEY** c. Employer's Name/Specific Field STEPHANIE NELSON 940 St. Nicholas Apt 5A New York NY e. Election Sum to Date 10032 SL Nelson Law Firm \$ 250 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description ACT BLUE 05/16/2025 \$ 250 DONATION \$ \$ X Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MEMBERSHIP DESK c. Employer's Name/Specific Field 106 Purple Heron Way Jacquelyn Chisholm e. Election Sum to Date Hopkins SC 29061 COSTCO \$ 100 g. Account Code . Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount ACT BLUE 05/17/2025 \$ 100 DONATION \$ \$

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)

\$ 750

\$ 1,360

Amendment **Contributions from Individuals** No No Pg 2 of 3 Yes 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 ALVARYS SANTANA 3. Contributor Information X Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Training & Customer Service c. Employer's Name/Specific Field **TaylorBoykin** 1288 Farm Branch Dr SWConcordNC28027 e. Election Sum to Date Strickland Brothers \$100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount ACT BLUE П 05/21/2025 \$ 100 DONATION \$ \$ 3. Contributor Information X Add Remove b. Job Title/Profession . Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Logistic Analysis c. Employer's Name/Specific Field Trenton Littlejohn 21267 Scarborough DriveLexington Park e. Election Sum to Date Zenetex MD 20653 \$ 100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount ACT BLUE \$ 100 05/23/2025 DONATION \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Safety Manager c. Employer's Name/Specific Field Alva Santana 4017 South Woodbine St Harvey LA e. Election Sum to Date 70058 Goodwill SELA \$ 75 j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment i. In-Kind Description k. Amount Prior ACT BLUE 07/03/2025 \$ 75 DONATION \$ П \$ 4. Total only this Page \$ 275

5. Total of ALL CRO-1210 Pages

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

\$1,360

Contributions from Individuals X No Yes 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 ALVARYS SANTANA 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) N/A · Mario Martinez1134 Michael StNew Orleans c. Employer's Name/Specific Field e. Election Sum to Date 70114 N/A \$100 . Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount ACT BLUE \$ 100 07/11/2025 DONATION \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date . Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date g. Account Code j. Date (mm/dd/yyyy) . Prior h. Form of Payment i. In-Kind Description k. Amount \$ \$ 4. Total only this Page \$ 100 5. Total of ALL CRO-1210 Pages \$ 1,360

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

Amendment

1)1	sh	m	sei	me	nts

				Amendment	:
Pg	1	of	2	☐ Yes	X No

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

3. Type of Disbu Operating Expe 4. Payee Inform	enses	e use separate Cl	RO-1310				
Operating Expe4. Payee Inform	enses	CONTRACTOR	271-1311				ng managan ang panggan ang managan ang
4. Payee Inform			the second reserved by the second of	cal Committees	or any standard in the Control of th		ement.) Ated Party Expenditures
representation and analysis to the advantage		nurroutions to Candid	ates/Foliti	The second second second second second	Remove	Ooruma	ned Faity Expenditures
a. rull maille, ivia	ailing Address & Ph	ione	12602-061	a description of the second	ed Committee Na	me	d. Comments
(include city, state,							
ACT BLUE P.O. Box 4411	46, Somerville, MA	02144		c. Level Regi	stered (Specify)	y:	-
salzaim@actble				☐ State	X Munic	ipality:	e. Election Sum to Date
Phone: 6	817-517-7600						\$ 21.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	Required Remarks
	DEBITED ACCOUNT	С	06/01/	2025	\$ 15.68	AC	T BLUE PLATFORM
	DEBITED	С	07/01/2	2025	\$.90	AC	T BLUE PLATFORM
4. Payee Inform	ACCOUNT ation		х	Add	Remove		
THE STREET WAS DON'T WIND TO SHOULD SEE AND THE STREET, THE STREET	ng Address & Phone			STALLES IN SIGNATURE T	ed Committee Na	me	d. Comments
(include city, state	e, & zip)						
EMERGE AME 818 Connectica Suite 450	20100000			c. Level Regi	stered (Specify)	y:	POLITICAL TRAINING
Washington, D	.C. 20006			☐ State	-	ipality:	e. Election Sum to Date
phone							\$ 351.83
202.921.4100	E en	h. Purpose Code	I. n	(11/	j. Amount	lı, r	Required Remarks
	g. Form of Payment DEBIT CARD		06/06/		\$ 51.83		DLITICAL TRAINING
		0	-			-	
	DEBIT CARD	0	06/30/		\$300	PO	LITICAL TRAINING
4. Payee Inform			X	Market State of the Control of the C	Remove		
a. Full Name, Mailin (include city, state	ng Address & Phone e, & zip)			b. Coordinat	ed Committee Na	me	d. Comments
USPS Po 36169609				c. Level Regi	stered (Specify)	y:	FILING FEE
concord Nc 07/	/07 Card 3267			State	X Munic	ipality:	e. Election Sum to Date
							\$ 112.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. F	Required Remarks
	DEBIT CARD	0	07/07/	2025	\$ 112.35	FIL	ING FEE
Lupicho Salamano de la comunicación de la comunicac					\$		A MANAGEMENT OF A COMMENT OF A
5. Total only thi	e Paga				<u>l'</u>		\$ 480.76
							400.70
(This line goes in l (This line goes in l	CRO-1310 Pages line 13a of Detailed Sur line 13b of Detailed Sur line 13c of Detailed Sur	mmary Page CRO-1	100 if Con	trib to Candid	ates/Political Con	ım)	\$ 511.43
Contract of the second of the	odes (List detailed		TUTE SUPPLIES				
A* - Media	B* - Printi			undraising	D - T	o Ano	other Candidate
E - Salaries I - Postage O* Other	F* - Equip J - Penalt	ement ies	G - Po K* - C	litical Party Office Expen	Н* -	Holdi	ng Public Office Expenses tion to Legal Expense Fund

Dis	hii	rc	m	en:	tc

				Amendment	
Pg	1	of	2	☐ Yes	X No

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

1. Committee	Full Name (and Fur	nd if applicable)					2. ID Number
COMMITTEET	TO ELECT ALVARY	S SANTANA	114				
3. Type of Dis	bursement (Pleas	e use separate Ci	RO-1310	forms for a	each type of D	isburs	ement.)
X Operating Ex	PRINCES NOT THE DESCRIPTION OF PARTY AND	ntributions to Candid	The state of the s	CONTRACTOR OF THE PROPERTY OF	Commence of Philosophy and Philosophy and Participated Andread Angle	Control of the Contro	ated Party Expenditures
4. Payee Infor	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		X		Remove		The state of the s
a. Full Name, N	Mailing Address & P	hone		b. Coordinat	ed Committee Na	me	d. Comments
(include city, state	e, & zip)	1					
ACT BLUE				c. Level Regi	stered (Specify)		+
	146, Somerville, MA	02144		☐ Federal	Count	y:	1
salzaim@actl	olue.com			☐ State	X Munic	ipality:	e. Election Sum to Date
Phone:	617-517-7600		•				\$ 21.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. F	Required Remarks
	DEBITED ACCOUNT	С	06/01/2	2025	\$ 5.62	AC	T BLUE PLATFORM
		С			\$		
4. Payee Infor	mation		X	Add	Remove		
	ling Address & Phone	1 to	i i	b. Coordinat	ed Committee Na	me	d. Comments
(include city, sta	ate, & zip)						
							SMS CAMPAIGN
				- provident	stered (Specify)		-
GOOD PART	Υ			Federal State	Count Munic	y: :ipality:	e. Election Sum to Date
				State	A Munic	пранту.	
							\$ 47.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	-	Required Remarks Web Authorized Pmt Good
	DEBIT CARD	0	06/06/	2025	\$ 47.25		Party Lic TRAINING
					\$	T	
4. Payee Infor	mation			Add	Remove		
a. Full Name, Mai	ling Address & Phone			b. Coordinat	ed Committee Na	me	d. Comments
(include city, sta	ate, & zip)						
							_
				c. Level Regi	stered (Specify)		-
				State	Count Munic	y: cipality:	e. Election Sum to Date
						1 ,	\$
C A securit Code	La France of Dominant	h. Purpose Code	l: Data	(mar. // // // // // // // // // // // // //	j. Amount	lie T	Required Remarks
f. Account Code	g. Form of Payment	n. I ur pose Coue	I. Date ((mm/dd/yyyy)		K. I	Required Remarks
			 		\$	—	
Company of the process constitution					\$		
5. Total only t							\$ 69.09
	L CRO-1310 Pages	27 A COLO 2781 N. 12.4					
337	n line 13a of Detailed Su						\$ 511.43
	n line 13b of Detailed Su n line 13c of Detailed Su		(5)			um)	
CONTRACTOR AND ASSESSMENT OF THE PARTY OF TH	Codes (List detailed		nice transfer of the second				
A* - Media	B* - Print			undraising	D - T	o And	other Candidate
E - Salaries	F* - Equip	oment		litical Party			ing Public Office Expenses
I - Postage	J - Penalt		K* - C	Office Exper			tion to Legal Expense Fun
O* Other			BATTE SELECTION OF THE PARTY OF			NATIONAL POSTOR	
* Codes requi	re detailed explana	tion in required	remark	s field (k)			

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

Page 1 of 1 Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

	Optional form used to report IVC IVon-Media Expenditures of \$50 or less.											
TO THE BUILD	1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ALVARYS SANTANA 2. ID Number											
	3. Payee Information											
-		V	I n en	Tin ai	T B 4 4 404 N	la v						
		b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks					
Х	Add Remove		DEBIT CARD	o*	5/16/2025	\$ 47.25	Web Authorized Pmt Good Party Llc- SMS Sending					
Х	Add Remove		,			\$						
Х	Add					\$						
X	Remove Add		×									
	Remove					\$						
님	Add Remove					\$						
	Add Remove					\$						
ᆸ	Add					\$						
	Remove Add					, p						
	Remove					\$						
	Add Remove					\$						
	Add					\$						
	Remove Add		-									
	Remove			,		\$						
님	Add Remove					\$						
	Add Remove					\$						
ᆸ	Add	CONTRACTOR				\$						
	Remove Add					_						
	Remove					\$.						
ᆸ	Add Remove					\$						
	Add Remove					\$						
	Add					\$						
	Remove Add											
	Remove					\$						
ᆸ	Add Remove					\$						
4.	-	only this Page			i la Kan (\$						
		of ALL CRO-				\$						
			Detailed Summary Page detailed expend		i) above)							
	6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate											
	E - Salar - Postas		- Equipment Penalties	G - Politica K* - Office			c Office Expenses Legal Expense Fund					
)* - Otl		Charties	A - Office	- Aponsos	Donations to 1	Degai Daponso I unu					
	* Codes require detailed explanation in required remarks field (g)											

Amendment **In-Kind Contributions** Yes

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ALVARYS SANTANA				2. ID Number		
3. Contributor Information	Ad	ld— 🔲 Rer	nove	19 4 756		
a. Full Name, Mailing Address & Phone	ь. 7	Type of Contrib	outor	c. C	omments	
(include city, state, & zip) NC DEMOCRATS 220 Hillsborough Street Raleigh, NC 27603 P.O. Box 1926 Raleigh NC 27602VOTER ASSISTANCE HOTLINE: 1-833- VOTE4NC team@ncdp.org Office: 919-821-2777		Individual Candidate Party PAC Referendum		VOTEBUILDER d. Election Sum to Date		
	Other Receip		Source	2242.00	\$ 2,000	
e. Description	l f.		f. Date (mm/dd/yyyy)		g. Fair Market Amount	
_cdacous* sv					\$	
					\$	
					\$	
3. Contributor Information	Ad	ld 🔲 Rer	nove			
a. Full Name, Mailing Address & Phone	b. 7	Type of Contril	outor	c. C	Comments	
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receip		L .		1	
					d. Election Sum to Date	
e. Description			f. Date (mm/dd/yyyy)		g. Fair Market Amount	
					\$.	
					\$	
					\$	
3. Contributor Information	Ad	ld 🔲 Rei	nove			
a. Full Name, Mailing Address & Phone	-	Type of Contril	outor	c. C	Comments	
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt Source					
				d. Election Sum to Date		
			t Source		\$	
e. Description			f. Date (mm/dd	/уууу)	g. Fair Market Amount	
					\$	
					\$	
					\$	
4. Total only this Page				0	2,000	

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$ 2,000

No No