	Amendment	
Disclosure Report Cover	☐ Yes	No.
Use this form for general report and committee information, must be signed and submitted along	with other de	tailed forms

Do not use this form to update information 1. Committee Information c. ID Number a. Full Name Duncil OWN d. Date Filed b. Mailing Address (include City, State and Zip Code) e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name duar 2025 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) State/County Referendum Candidate Campaign Municipal Party Organizational PAC PAC Referendum Organizational Organizational Pre-referendum Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-primary First Final Legal Expense Fund Supplemental Final Pre-election Second Pre-runoff Third Annual 7. Type of Fund (if applicable, check one) Special Semi-annual Fourth Booster Fund Semi-annual Building Fund Mid Year 10. Special Report Name Year End Mid Year Year End Final Other: 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 c. Account Code c. Account Code b. Purpose d. Period Begin Balance 171,06 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. Signature of Appointed Treasurer Printed Name of Signe FOR OFFICE USE ONLY Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Mand Delivered 28-25 JAN Electronically Filed Employee: Date Scanned: ☐ 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 Summary

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

Amendment

Yes
No

1. Committee Full Name (and Fund if applicable)	2. Type of I	Report	3. ID Number
Isaac For Town Commence	Pae-	electron	
Start of Election Cycle: January 1,	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$177.06	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ —
6) Contributions from Individuals	(CRO-1210)	\$ 420.00	\$ 945,00
7) Contributions from Political Party Committees	(CRO-1220)	s —	\$
8) Contributions from Other Political Committees	(CRO-1230)	s —	\$
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)	\$ 420,00	0 \$ 945.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$417.01	\$ 1064.95
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ —	\$
13c) Coordinated Party Expenditures	(CRO-1310)	s —	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	s —	\$
15) Loan Repayments	(CRO-1420)	s <u> </u>	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ —	\$
17) In-Kind Contributions	(CRO-1510)	\$ 81.48	\$ \$1,48
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$498,49	\$1146.43
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 98.57	\$275,63
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)	18	1 \$

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		e (and Fund if appl		7		2. 11	D Number
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	ame, Mailing Addre e city, state, & zip)	ss & Phone		4.1		u. C	omments
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Ch	av latte V	v 2826	9	NURSE	,	e. El	ection Sum to Date
198	(0) 253	-0769	/			\$	25.00
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							\$
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_		RO-1210 Pages				9	(12- 51)
		6 of Detailed Summary I	Page CRO-1100)			ų,	Td0,00

Amendment **Contributions from Individuals** □ 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 ☐ Add ☐ Remove 3. Contributor Information d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) Entropreneur e. Election Sum to Date g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Prior debit Remove ☐ Add 3. Contributor Information . 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 50,00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount . Prior \$ 50,00 Add Remove 3. Contributor Information d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) c. Employer's Name/Specific Field 9635 Stonybridge Wy mint Hill, Ne 2822 Sales e. Election Sum to Date i. In-Kind Description Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount debit

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)

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	1		104	Amendment	۸
Pg		of	D	☐ Yes 【	No No

1. Committee Fu	all Name (and Fund	l if applicable)				2. ID Number
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3. Type of Disbu		use separate CR	0-1310	forms for e	ach type of Disb	ursement.)
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4. Payee Informa				STATE OF THE PARTY	Remove	
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17 Conco Conco	Store cord Comi ed NC	mons K 2802	2	c. Level Regis Federal State	stered (Specify) County: Municipa	ality: e. Election Sum to Date
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7				c. Level Regis Federal State	stered (Specify) County: Municipal	ality: e. Election Sum to Date
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Disbursements

Pg of Samendment Yes Same

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number
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3. Type of Disb		use separate CF	RO-1310	forms for e	ach type of Disi	bursei	nent.)
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(include city, state,			2 40 115				
Squae	aerck st	114-1	,	c. Level Regis	stered (Specify) County:		
005 V	URICK ST	RINFL	-	☐ State	☐ Municip	ality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
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	line 13b of Detailed Sun					n)	\$ 3 1116
	line 13c of Detailed Sun		-				/
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)			
A* - Media	B* - Printi	ng		undraising	D - To	Anot	her Candidate
E - Salaries	F* - Equip	ment	G - Po	litical Party	H* - H	Ioldin	g Public Office Expenses
I - Postage	J - Penalti	es	K* - O	ffice Expen	ises Q* - I	Onati	on to Legal Expense Fund
O* Other				0 11 (1)			
* Codes requir	re detailed explanati	on in required	remarks	s field (k)			

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Dis	burser	nents

Pg	3	of	#	Amendment Yes	Ď No
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1. Committee F	ull Name (and Fund	l if applicable)				2. ID Number
1500	ac FOR	Town	Coy	nai/		
3. Type of Disb	ursement (Please	use separate CF	RO-1310	forms for e	ach type of Disb	ursement.)
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4. Payee Inform					Remove	
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(include city, state,	& zip)					Canas
Uber	Eats d St San	Hoonson	· 4	c. Level Regis	stered (Specify) County:	Ture
1015 G	0) 34.6	RANDEOC	01	State	☐ Municipa	lity: e. Election Sum to Date
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	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments
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000000	20106	, 0		State	Municipa	lity: e. Election Sum to Date
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San +	Ransisco	CA		State	■ Municipa	dity: e. Election Sum to Date
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	line 13b of Detailed Sum) Of the
	line 13c of Detailed Sum				Expenditures)	17
	odes (List detailed					
A* - Media	B* - Printi			undraising		Another Candidate
E - Salaries	F* - Equipo J - Penaltic			litical Party Office Expen		olding Public Office Expenses onation to Legal Expense Fund
I - PostageO* Other	J - Penam	CS	V C	ince Expen	ises Q" - De	onation to Legal Expense rund
And a section of the	e detailed explanati	on in required	remarks	s field (k)		

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DISI	Juis	em	ш	เร

	10		d	Amendment		
Pg	7	of		☐ Yes	☐ No	

1. Committee F	'ull Name (and Fund	d if applicable)		. 1		2. ID Numbe	er			
1 soac for Town Courail										
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 Information										
a. Full Name, M	ailing Address & Ph	b. Coordinate	ed Committee Nam	e d. Comments						
(include city, state,	& zip)									
51-	100									
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1480 Consord Ptuy 11)				Federal	County:	Floring Com	to Data			
Company W 2000 +				State	Municip	ality: e. Election Sum	to Date			
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CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	ing Address & Phone			b. Coordinate	ed Committee Nam	e d. Comments				
(include city, sta	te, & zip)									
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1			09/3	39/295	\$ 11.99	11 //				
4. Payee Inform	nation			A'dd	Remove					
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					\$	s 1,28				
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(This line goes in	\$ 111									
5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (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 B*- Printing C*- Fundraising D - To Another Candidate										
						Iolding Public Of				
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expen										
O* Other	J I Chart			Live Lapen	Q I	James of Legal	und			
* Codes require detailed explanation in required remarks field (k)										

In-Kind Contributions Use this form to report non-monetary contributions, donations, good	ls or services provi		_ D x		
Use CRO-1215 if In-Kind Contributions were or will be refur	ided within / day	/S.	2 ID Nov	-17	
1. Committee Full Name (and Fund if applicable)			2. ID Nu	mber	
Isacc for Town Council					
3. Contributor Information	Add Rer	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Commen	ts	
(include city, state, & zip)	Individual				
Andrea Engber 1111 Jim Sossamen Rd Michany, NE 28107 1704) 793-6634	Candidate Party PAC Referendum Other Receipt	Source	d. Election Sum to Date		
e. Description		f. Date (mm/dd/yyy	y) g. Fair	r Market Amount	
Printing + Flygges	10/02/20		205 \$ 82 48		
			\$		
			\$		
3. Contributor Information	No and Control of the	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments		
(include city, state, & zip)	Individual Candidate Party PAC Referendum		d Florida	Sum to Pate	
	Other Receipt	Source	d. Election Sum to Date		
	Other Receipt	Source	\$	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair	r Market Amount	
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3. Contributor Information	Add Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Commen	its	
(include city, state, & zip)	Individual Candidate Party PAC				
	Referendum		d. Election Sum to Date		
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e. Description	•	f. Date (mm/dd/yy	yy) g. Fai	r Market Amount	
			\$		
			\$		
			\$		
4. Total only this Page			\$ 8	1.48	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 8	31.48	