

# Independent Expenditure Report

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

<b>1. Reporting Entity Information</b>			
<b>a. Full Name of Entity Making Disbursement</b>		<b>d. Entity Type (Check One)</b>	
DOWN HOME NORTH CAROLINA		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b>		<b>e. Federal ID Number (if applicable)</b>	
DOWN HOME NORTH CAROLINA 204 NORTH MENDENHALL STREET GREENSBORO, NC 27404 (704) 502-8521		83-1236736	
		<b>f. Date Filed</b>	
		10/24/2025	
		<b>g. Employer's Name or Principal Place of Business</b>	
		<b>h. Occupation</b>	
<b>c. Report Type</b>			
<input type="checkbox"/> Initial      Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour      Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End			
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yyyy)</b>	<b>4. Period End Date (mm/dd/yyyy)</b>	
2025	07/01/2025	10/18/2025	
<b>5. Custodian of Books</b>			
<b>a. Full Name of Entity's Custodian of Books and Accounts</b>			
TODD ZIMMER			
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b>		<b>c. Employer's Name or Principal Place of Business</b>	
PO Box 41262 Greensboro, NC 27404		CABARRUS COUNTY BOARD OF ELECTIONS NOV 05 2025	
		<b>d. Occupation</b>	
		RECEIVED	
<b>6. Total Contributions ALL Pages</b>		\$ 0.00	
<b>7. Total Expenditures ALL Pages</b>		\$ 28,311.88	
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct.			
TODD ZIMMER		10/24/2025	
Printed Name of Signer		Signature	
		Date	

# Independent Expenditure Report

Amendment  
☐ Yes ☒ No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

## 1. Reporting Entity Information

<b>a. Full Name of Entity Making Disbursement</b> DOWN HOME NORTH CAROLINA	<b>d. Entity Type (Check One)</b> <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	<b>e. Federal ID Number (if applicable)</b> 
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> DOWN HOME NORTH CAROLINA 204 NORTH MENDENHALL STREET GREENSBORO, NC 27404 (704) 502-8521	<b>f. Date Filed</b> 10/24/2025	
	<b>g. Employer's Name or Principal Place of Business</b> 	<b>h. Occupation</b> 

## c. Report Type

☐ Initial      Quarterly: ☐ First ☐ Second ☒ Third ☐ Fourth  
☐ 48 Hour      Semi-Annual: ☐ Mid Year ☐ Year End

<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yyyy)</b> 07/01/2025	<b>4. Period End Date (mm/dd/yyyy)</b> 10/18/2025
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## 5. Custodian of Books

<b>a. Full Name of Entity's Custodian of Books and Accounts</b> 	
<b>b. Mailing Address (include City, State and Zip Code) and Phone Number</b> 	<b>c. Employer's Name or Principal Place of Business</b> 
	<b>d. Occupation</b> 

<b>6. Total Contributions ALL Pages</b>	\$ 0.00
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<b>7. Total Expenditures ALL Pages</b>	\$ 28,311.88
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## CERTIFICATION

I certify that this statement is complete, true and correct.

_____ Printed Name of Signer	_____ Signature	10/24/2025 Date
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# Disbursements for Independent Expenditures

Page 2 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
CHARLES ANDREWS NC			\$ 1,032.17
Candidate Full Name		Amount	Office Sought
RANDY ORWIG	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.20	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
BLAIR HELMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.20	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.20	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
CHARLES ANDREWS NC			\$ 1,032.17
Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.20	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
PATTY JONES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.20	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
CHARLES ANDREWS NC			\$ 1,032.17
Candidate Full Name	Amount	Office Sought	
IAN BALTUTIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.02	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
BETH KENNETT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.02	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
BRYANT CRISP <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 129.20	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the '1f' entries on this page)			\$ 2,822.75
<b>3. Total Disbursements ALL Pages</b> (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59



# Disbursements for Independent Expenditures

Page 3 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/17/2025	10/10/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
YOLANDA BARKSDALE NC			\$ 2,822.75
Candidate Full Name		Amount	Office Sought
ABRILLA ROBINSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/17/2025	10/10/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
YOLANDA BARKSDALE NC			\$ 2,822.75
Candidate Full Name		Amount	Office Sought
LATARISH NEAL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KENLY COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office FOUR OAKS COMMISSIO Co. JOHN <input type="checkbox"/> Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/17/2025	10/10/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
YOLANDA BARKSDALE NC			\$ 2,822.75
Candidate Full Name	Amount	Office Sought	
STUART ASHBY LEE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD MAYOR</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
FRANCINE ECHOLS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ARHCER LODGE COUNC</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
FELICIA BAXTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 403.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFILED COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the '1f' entries on this page)			\$ 2,822.75
<b>3. Total Disbursements ALL Pages</b> (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59

CRO-2210c

NC State Board of Elections

October 2010



# Disbursements for Independent Expenditures

Page 4 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
3	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SARAH CLINKSCALES NC			\$ 22.00
Candidate Full Name		Amount	Office Sought
BETH KENNETT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 22.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
2. Total Disbursements THIS Page		(sum all the 'If' entries on this page)	
		\$ 1,281.55	
3. Total Disbursements ALL Pages		(sum all the 'If' entries on all disbursement pages)	
		\$ 55,547.59	

# Disbursements for Independent Expenditures

Page 6 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
EMILY CONWAY NC			\$ 1,259.55
Candidate Full Name		Amount	Office Sought
BRYANT CRISP	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
PATTY JONES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
EMILY CONWAY NC			\$ 1,259.55
Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
EMILY CONWAY NC			\$ 1,259.55
Candidate Full Name	Amount	Office Sought	
BETH KENNETT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
EMILY CONWAY NC			\$ 1,259.55
Candidate Full Name	Amount	Office Sought	
BLAIR HELMS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
IAN BALTUTIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
RANDY ORWIG <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 157.44	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the 'If' entries on this page)			\$ 630.70
<b>3. Total Disbursements ALL Pages</b> (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

Page 7 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MELANIE DAVIS NC			\$ 630.70
Candidate Full Name	Amount	Office Sought	
FRANCINE ECHOLS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 90.01	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ARCHER LODGE COUNC</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MELANIE DAVIS NC			\$ 630.70
Candidate Full Name	Amount	Office Sought	
DORIS LOUISE WALLACE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 90.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
KELLY BLANCHARD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 90.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>FOUR OAKS COMMISSIO</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
STUART ASHBY LEE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 90.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD MAYOR</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MELANIE DAVIS NC			\$ 630.70
Candidate Full Name	Amount	Office Sought	
LATARISH NEAL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 90.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KENLY COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
ABRILLA ROBINSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 90.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the '1f' entries on this page)			\$ 630.70
<b>3. Total Disbursements ALL Pages</b> (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59

CRO-2210c

NC State Board of Elections

October 2010

# Disbursements for Independent Expenditures

Page 9 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KEITH FURGES NC			\$ 1,907.70
Candidate Full Name		Amount	Office Sought
PATTY JONES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KEITH FURGES NC			\$ 1,907.70
Candidate Full Name		Amount	Office Sought
CHELSEA DICKY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
BLAIR HELMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KEITH FURGES NC			\$ 1,907.70
Candidate Full Name	Amount	Office Sought	
IAN BALTUTIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
RANDY ORWIG <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
BETH KENNETT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KEITH FURGES NC			\$ 1,907.70
Candidate Full Name	Amount	Office Sought	
BRYANT CRISP <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 238.46	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
2. Total Disbursements THIS Page (sum all the 'If' entries on this page)			\$ 0.00
3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
7	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
BRANDY GARDNER BERG NC			\$ 869.00
Candidate Full Name	Amount	Office Sought	
JUSTIN LEWTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 289.67	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS MAYOR Co. CABA <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose \$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose \$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
7	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
BRANDY GARDNER BERG NC			\$ 869.00
Candidate Full Name	Amount	Office Sought	
ISAAC DAVIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 289.67	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office MIDLAND COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
JAYNE WILLIAMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 289.67	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose \$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:	
2. Total Disbursements THIS Page (sum all the '1f' entries on this page)			\$ 1,738.00
3. Total Disbursements ALL Pages (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59



# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
8	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MELANIE GRIFFIN NC			\$ 2,085.99
Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office ARCHER LODGE COUNC Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
8	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MELANIE GRIFFIN NC			\$ 2,085.99
Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
STUART ASHBY LEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD MAYOR Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
ABRILLA ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
8	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MELANIE GRIFFIN NC			\$ 2,085.99
Candidate Full Name	Amount	Office Sought	
KELLY BLANCHARD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>FOUR OAKS COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
LATARISH NEAL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>KENLY COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
FELICIA BAXTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the 'lf' entries on this page)			\$ 346.50
<b>3. Total Disbursements ALL Pages</b> (sum all the 'lf' entries on all disbursement pages)			\$ 55,547.59



# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
STEPHANIE HINES NC			\$ 346.50
Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 49.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD TOWN COU Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 46.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office ARCHER LODGE TOWN C Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
STEPHANIE HINES NC			\$ 346.50
Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ 49.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office FOUR OAKS TOWN COU Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
STEPHANIE HINES NC			\$ 346.50
Candidate Full Name	Amount	Office Sought	
STUART ASHBY LEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 49.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD MAYOR Co. JOHN <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
FELICIA BAXTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 49.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD TOWN COU Co. JOHN <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
ABRILLA ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose \$ 49.50	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD TOWN COU Co. JOHN <input type="checkbox"/> Other Office: County/District:	
<b>2. Total Disbursements THIS Page</b> (sum all the 'If' entries on this page)			\$ 346.50
<b>3. Total Disbursements ALL Pages</b> (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59



# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
10	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
NANCY HOFFARTH NC			\$ 2,019.07
Candidate Full Name	Amount	Office Sought	
JAYNE WILLIAMS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 673.02	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KANNAPOLIS COUNCIL</u> Co. <u>CABA</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
10	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
NANCY HOFFARTH NC			\$ 2,019.07
Candidate Full Name	Amount	Office Sought	
ISAAC DAVIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 673.02	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MIDLAND COUNCIL</u> Co. <u>CABA</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
JUSTIN LEWTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 673.02	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KANNAPOLIS MAYOR</u> Co. <u>CABA</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
2. Total Disbursements THIS Page (sum all the '1f' entries on this page)			\$ 4,038.14
3. Total Disbursements ALL Pages (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
11	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
NOAH HOOD NC			\$ 302.50
Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>FOUR OAKS COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
11	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
NOAH HOOD NC			\$ 302.50
Candidate Full Name		Amount	Office Sought
LATARISH NEAL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KENLY COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ARCHER LODGE COUNC</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
STUART ASHBY LEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD MAYOR</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
11	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
NOAH HOOD NC			\$ 302.50
Candidate Full Name	Amount	Office Sought	
DORIS LOUISE WALLACE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
FELICIA BAXTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
ABRILLA ROBINSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 43.21	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the '1f' entries on this page)			\$ 767.29
<b>3. Total Disbursements ALL Pages</b> (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
WHITNEY HUNT NC			\$ 767.29
Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
BRYANT CRISP	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
PATTY JONES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
WHITNEY HUNT NC			\$ 767.29
Candidate Full Name		Amount	Office Sought
BLAIR HELMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
WHITNEY HUNT NC			\$ 767.29
Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
CHELSEA DICKY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
RANDY ORWIG	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
WHITNEY HUNT NC			\$ 767.29
Candidate Full Name		Amount	Office Sought
BETH KENNETT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 95.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
2. Total Disbursements THIS Page (sum all the 'If' entries on this page)			\$ 1,400.67
3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
13	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
CONRAD JAMES NC			\$ 1,400.67
Candidate Full Name		Amount	Office Sought
ABRILLA ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD CONCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
13	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
CONRAD JAMES NC			\$ 1,400.67
Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office FOUR OAKS COMMISSIO Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
STUART ASHBY LEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD MAYOR Co. JOHN <input type="checkbox"/> Other Office: County/District:



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
13	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
CONRAD JAMES NC			\$ 1,400.67
<b>Candidate Full Name</b>		<b>Amount</b>	<b>Office Sought</b>
FELICIA BAXTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<b>Candidate Full Name</b>		<b>Amount</b>	<b>Office Sought</b>
FRANCINE ECHOLS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ARCHER LODGE COUNC</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<b>Candidate Full Name</b>		<b>Amount</b>	<b>Office Sought</b>
LATARISH NEAL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 200.10	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KENLY COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____
<b>2. Total Disbursements THIS Page</b> (sum all the 'If' entries on this page)			\$ 1,400.67
<b>3. Total Disbursements ALL Pages</b> (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

CRO-2210c

NC State Board of Elections

October 2010

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
14	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
GREGORY JOSEPH NC			\$ 1,811.77
Candidate Full Name		Amount	Office Sought
JAYNE WILLIAMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 603.93	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS MAYOR Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 603.92	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS MAYOR Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
14	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
GREGORY JOSEPH NC			\$ 1,811.77
Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 603.93	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office MIDLAND COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
2. Total Disbursements THIS Page (sum all the 'If' entries on this page)			\$ 3,623.54
3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59



# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
15	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
ELIJAH LAWSON NC			\$ 2,046.00
Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 682.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KANNAPOLIS MAYOR</u> Co. <u>CABA</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
15	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
ELIJAH LAWSON NC			\$ 2,046.00
Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 682.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MIDLAND COUNCIL</u> Co. <u>CABA</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
JAYNE WILLIAMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 682.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KANNAPOLIS COUNCIL</u> Co. <u>CABA</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
2. Total Disbursements THIS Page (sum all the 'If' entries on this page)			\$ 4,092.00
3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KRISTOPHER LOY NC			\$ 2,386.69
Candidate Full Name	Amount	Office Sought	
BRYANT CRISP <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KRISTOPHER LOY NC			\$ 2,386.69
Candidate Full Name	Amount	Office Sought	
RANDY ORWIG <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
DONNA VAN HOOK <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALMA</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
CHELSEA DICKEY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KRISTOPHER LOY NC			\$ 2,386.69
Candidate Full Name	Amount	Office Sought	
IAN BALTUTIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
KRISTOPHER LOY NC			\$ 2,386.69
Candidate Full Name	Amount	Office Sought	
BETH KENNETT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
BLAIR HELMS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
PATTY JONES <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 298.34	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
2. Total Disbursements THIS Page (sum all the 'If' entries on this page)			\$ 0.00
3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
17	10/02/2025	10/02/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
OMAR MCKNIGHT NC			\$ 814.00
Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office ARCHER LODGE Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
STUART ASHBY LEE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD MAYOR Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
ABRILLA ROBINSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
17	10/02/2025	10/02/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
OMAR MCKNIGHT NC			\$ 814.00
Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office FOUR OAKS COUNCIL Co. JOHN <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
17	10/02/2025	10/02/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
OMAR MCKNIGHT NC			\$ 814.00
Candidate Full Name	Amount	Office Sought	
FELICIA BAXTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
DORIS LOUISE WALLACE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>SMITHFIELD COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
LATARISH NEAL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 116.29	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>KENLY COUNCIL</u> Co. <u>JOHN</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the 'I' entries on this page)			\$ 902.00
<b>3. Total Disbursements ALL Pages</b> (sum all the 'I' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SHANIKA POOLE-SUMMERS NC			\$ 902.00
Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SHANIKA POOLE-SUMMERS NC			\$ 902.00
Candidate Full Name		Amount	Office Sought
BRYANT CRISP	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
PATTY JONES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
RANDY ORWIG	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SHANIKA POOLE-SUMMERS NC			\$ 902.00
Candidate Full Name	Amount	Office Sought	
BETH KENNETT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
SHANIKA POOLE-SUMMERS NC			\$ 902.00
Candidate Full Name	Amount	Office Sought	
BLAIR HELMS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 112.75	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the 'If' entries on this page)			\$ 2,052.75
<b>3. Total Disbursements ALL Pages</b> (sum all the 'If' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

Page 28 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
19	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MICHAEL POPE NC			\$ 2,052.75
Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 684.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS MAYOR Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
JAYNE WILLIAMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 684.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
19	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MICHAEL POPE NC			\$ 2,052.75
Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 684.25	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office MIDLAND COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
2. Total Disbursements THIS Page (sum all the '1f' entries on this page)			\$ 2,173.75
3. Total Disbursements ALL Pages (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59



# Disbursements for Independent Expenditures

Page 29 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
20	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
BRANDON PORTER NC			\$ 121.00
Candidate Full Name	Amount	Office Sought	
ISAAC DAVIS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 40.33	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office MIDLAND COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
JAYNE WILLIAMS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 40.33	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
20	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
BRANDON PORTER NC			\$ 121.00
Candidate Full Name	Amount	Office Sought	
JUSTIN LEWTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 40.33	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS MAYOR Co. CABA <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:	
2. Total Disbursements THIS Page (sum all the '1f' entries on this page)			\$ 976.26
3. Total Disbursements ALL Pages (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

Page 31 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
LORELEI RAO NC			\$ 855.26
Candidate Full Name		Amount	Office Sought
PATTY JONES	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GREEN LEVEL COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
BETH KENNETT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
LORELEI RAO NC			\$ 855.26
Candidate Full Name		Amount	Office Sought
BLAIR HELMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>MEBANE COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
RANDY ORWIG	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>ELON COUNCIL</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
LORELEI RAO NC			\$ 855.26
Candidate Full Name	Amount	Office Sought	
CHELSEA DICKEY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GRAHAM MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
LORELEI RAO NC			\$ 855.26
Candidate Full Name	Amount	Office Sought	
BRYANT CRISP <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 106.91	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>GIBSONVILLE MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> (sum all the '1f' entries on this page)			\$ 1,834.52
<b>3. Total Disbursements ALL Pages</b> (sum all the '1f' entries on all disbursement pages)			\$ 55,547.59

# Disbursements for Independent Expenditures

Page 32 of 32

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
22	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
TIFFANY SETTLES NC			\$ 1,834.52
Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 611.51	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS MAYOR Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
22	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
TIFFANY SETTLES NC			\$ 1,834.52
Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 611.51	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office MIDLAND COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
JAYNE WILLIAMS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 611.51	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA <input type="checkbox"/> Other Office: County/District:
Candidate Full Name		Amount	Office Sought
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District:



a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
23	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
VERNELL STATEN NC			\$ 22.00
Candidate Full Name	Amount	Office Sought	
BETH KENNETT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 22.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>BURLINGTON MAYOR</u> Co. <u>ALAM</u> <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____	
<b>2. Total Disbursements THIS Page</b> <i>(sum all the 'If' entries on this page)</i>			\$ 1,856.52
<b>3. Total Disbursements ALL Pages</b> <i>(sum all the 'If' entries on all disbursement pages)</i>			\$ 55,547.59

FIRMLY TO SEAL

PRIORITY MAIL  
FLAT RATE ENVELOPE  
POSTAGE REQUIRED



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MAIL

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PS Tracking<sup>®</sup> service included for domestic and many international destinations.  
ited international insurance.\*\*  
en used internationally, a customs declaration form is required.  
nce does not cover certain items. For details regarding claims exclusions see the  
tic Mail Manual at <http://pe.usps.com>.  
nternational Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

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RATE ■ ANY WEIGHT

ACKED ■ INSURED



PS00001000014

EP14F October 2023  
OD: 12 1/2 x 9 1/2



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scan the QR code.



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P

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\$11.90  
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PM  
10/24/25 Mailed from 27408 028W2311114

PRIORITY MAIL<sup>®</sup>

DOWN HOME NC  
204 NORTH MENDENHALL  
GREENSBORO NC 27404

7.70 oz

RDC 03

SCHEDULED DELIVERY DAY: 10/28/25

SHIP  
TO:

CABARRUS BOE  
369 CHURCH ST NORTH  
CONCORD NC 28026



USPS TRACKING<sup>®</sup> NUMBER



9505 5066 8196 5297 6273 32

