

Disclosure Report Cover

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

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number:	
KEISHA4CABARRUSCOUNTY				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 2037 CONCORD, NC 28026			10/26/2020	
			e. Phone Number	
2. Report Year:	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2020	07/01/2020	10/17/2020	KATHERINE LOCKETT	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
SUNTRUST BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
EXPENSES OF CAMPAIGNING	KS			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1,009.11		\$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board				
_____		_____		10/26/2020
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.				
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
KEISHA4CABARRUSCOUNTY		2020 Third Quarter			
Start of Election Cycle: January 1, 2019			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,971.27		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,346.00		\$ 1,346.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,817.00		\$ 5,750.75	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,163.00		\$ 7,096.75	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4,174.42		\$ 5,044.93	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 135.15		\$ 227.12	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,309.57		\$ 5,272.05	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,824.70		\$ 1,824.70	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KEISHA4CABARRUSCOUNTY						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/14/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/12/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/21/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/18/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/02/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/03/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/22/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/02/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		10/17/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/22/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/28/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/11/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/03/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/03/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/23/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/04/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Check		08/20/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/22/2020	\$	40.00
4. Total only this Page					\$	\$555.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,346.00

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KEISHA4CABARRUSCOUNTY						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/28/2020	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/17/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/01/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/06/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/17/2020	\$	42.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/22/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/08/2020	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/06/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/05/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/05/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/25/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	7.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/12/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/20/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/18/2020	\$	42.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		10/13/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/17/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/18/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/06/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		07/01/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		09/16/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran		08/19/2020	\$	25.00
4. Total only this Page					\$	\$611.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,346.00

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KEISHA4CABARRUSCOUNTY						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	KS	Electric Funds Tran		08/19/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	KS	Electric Funds Tran		09/23/2020	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	KS	Electric Funds Tran		08/27/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	KS	Electric Funds Tran		09/23/2020	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	KS	Electric Funds Tran		07/01/2020	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	KS	Electric Funds Tran		09/08/2020	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$180.00
5. Total of ALL CRO-1205 Pages					\$	\$1,346.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 20

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KEISHA4CABARRUSCOUNTY							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GARY BETHEA 120 CRICKENTREE BLYTHEWOOD, SC 29016				DENTIST			
				c. Employer's Name/Specific Field			
				BETHEA FAMILY DENTISTRY		e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Electric Funds Tran		07/12/2020	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GUY CHAMBERLAIN 5332 WOODLEIGH OAKS DR CHARLOTTE, NC				Unemployed			
				c. Employer's Name/Specific Field			
				no employer		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Check		08/12/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARBARA COLLINS NC				Unemployed			
				c. Employer's Name/Specific Field			
				no employer		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Check		08/12/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,817.00	

Contributions from Individuals

Pg 2 of 4

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KEISHA4CABARRUSCOUNTY							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHARLES COOLEY 2116 THRLES CT CHARLOTTE, NC 28207				UNEMPLOYED			
				c. Employer's Name/Specific Field			
				NO EMPLOYER			
						e. Election Sum to Date	
						\$ 210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	KS	Electric Funds Tran		07/05/2020		\$ 105.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MACK HUMPHREY 74-718 ALA MAHIKU ST 75-C WAIANAE, HI 96792				UNEMPLOYED			
				c. Employer's Name/Specific Field			
				NO EMPLOYER			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	KS	Check		08/10/2020		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ERICKA INGRAM 2609 Dapple Ct Charlotte NC 28215				Health Care			
				c. Employer's Name/Specific Field			
				DDR			
						e. Election Sum to Date	
						\$ 68.72	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	KS	Electric Funds Tran		04/24/2020		\$ 18.72	
<input type="checkbox"/>	KS	Electric Funds Tran		08/21/2020		\$ 50.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 655.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,817.00	

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KEISHA4CABARRUSCOUNTY							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LILLY PARKER 455 RICHARDSON ST ALBEMARLE, NC 28001				Trainer			
				c. Employer's Name/Specific Field			
				Professional technique training sucs		e. Election Sum to Date	
						\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Electric Funds Tran		07/04/2020	\$ 350.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERMAINE REID 145 W. HARTLEY DR HIGHPOINT, NC 27265				Mail Carrier			
				c. Employer's Name/Specific Field			
				USPS		e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Electric Funds Tran		07/06/2020	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MAKEBIA RORIE 5017 ELIZABETH RD CHARLOTTE, NC 28269				SOCIAL WORKER			
				c. Employer's Name/Specific Field			
				MECKLENBURG COUNTY		e. Election Sum to Date	
						\$ 97.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Electric Funds Tran		09/23/2020	\$ 22.00		
<input type="checkbox"/>	KS	Electric Funds Tran		09/25/2020	\$ 75.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 747.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,817.00	

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number:	
KEISHA4CABARRUSCOUNTY							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHAKEENA SPELLER 700 N CANNON BLVD #106 KANNAPOLIS, NC 28083				COUNSELOR			
				c. Employer's Name/Specific Field			
				RISE UP COUNSELING			
						e. Election Sum to Date	
						\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	KS	Electric Funds Tran		04/29/2020	\$ 30.00		
<input type="checkbox"/>	KS	Electric Funds Tran		09/22/2020	\$ 40.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ERICA STEPHEN 235 W. 103RD ST NEW YORK, NY 10025							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	KS	Electric Funds Tran		09/24/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 140.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,817.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
KEISHA4CABARRUSCOUNTY						
3. Type of Disbursement: (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
ASAP GRAPHIX & SIGNS 8112 STATESVILLE RD F CHARLOTTE, NC 28269						
				c. Level Registered (Specify)*		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 416.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Check	B	08/14/2020	\$ 416.13	PRINTING SIGNS AND	
				\$	BUTTONS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
BOYD GRAPHICS LLC 1147 MARSH RD APT 410 CHARLOTTE, NC 28209						
				c. Level Registered (Specify)*		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Draft	A	08/27/2020	\$ 420.00	LOGO DESIGN	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025						
				c. Level Registered (Specify)*		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 45.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Draft	A	08/23/2020	\$ 8.00	ADVERTISING	
KS	Draft	A	08/24/2020	\$ 12.00	ADVERTISING	
5. Total only this Page						\$ 856.13
6. Total of ALL CRO-1310 Pages						\$ 4,174.42
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k).						

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KEISHA4CABARRUSCOUNTY							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address, & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 45.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KS	Draft	A	08/25/2020	\$ 10.00	ADVERTISING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
INTERNATIONAL MINUTE PRESS 400 MCGILL AVE NW 50 CONCORD, NC 28025							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 274.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KS	Draft	B	10/02/2020	\$ 274.96	PRINTING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
K. REID PHOTOGRAPHY PO BOX 1262 MT PLEASANT, NC 28124							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 155.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
KS	Check	A	10/03/2020	\$ 25.00	PRINTING MASKS ETC		
KS	Check	A	10/07/2020	\$ 25.00	PRINTING MASKS AND SIGNS		
5. Total only this Page						\$ 334.96	
6. Total of ALL CRO-1310 Pages						\$ 4,174.42	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

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

1: Committee Full Name (and Fund if applicable) KEISHA4CABARRUSCOUNTY						2: ID Number
3: Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) K. REID PHOTOGRAPHY PO BOX 1262 MT PLEASANT, NC 28124				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 155.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Draft	A	10/13/2020	\$ 105.00	MASKS AND SIGNS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAMAR COMPANIES PO BOX 96030 BATON ROUGE, LA 70896				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 2,775.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Check	A	10/05/2020	\$ 450.00	3 PANELS POSTER	
KS	Check	A	10/07/2020	\$ 2,325.00	BILLBOARD CONCORD	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAMS CLUB NC				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 103.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KS	Debit Card	O	10/16/2020	\$ 103.33	SUPPLIES FOR	
				\$	VOLUNTEERS	
5. Total only this Page						\$ 2,983.33
6. Total of ALL CRO-1310 Pages						\$ 4,174.42
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						
* Codes require detailed explanation in required remarks field (k)						

Aggregated Non-Media Expenditures

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KEISHA4CABARRUSCOUNTY						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Debit Card	K	10/16/2020	\$ 35.30	SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Draft	B	08/27/2020	\$ 15.00	ADVERTISING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	07/01/2020	\$ 0.50	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	07/11/2020	\$ 1.03	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	08/01/2020	\$ 1.75	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	08/12/2020	\$ 1.03	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	08/14/2020	\$ 1.03	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	08/19/2020	\$ 1.03	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	08/19/2020	\$ 1.03	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	08/27/2020	\$ 1.03	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Electric Funds Tran	K	09/28/2020	\$ 1.17	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Draft	K	10/02/2020	\$ 5.00	PRINT STATEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Draft	K	10/02/2020	\$ 5.00	PRINT STATEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Draft	K	10/02/2020	\$ 5.00	PRINT STATEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Draft	K	10/02/2020	\$ 5.00	PRINT STATEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Debit Card	O	10/16/2020	\$ 40.26	FOOD FOR VOLUNTEERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	KS	Draft	K	10/02/2020	\$ 14.99	VIDEOCONFERENCIN G
4. Total only this Page					\$	135.15
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	135.15
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						