Disclosure Report Co	ver		Amendment Yes No				
Use this form for general report a		nust be signed and submitted a					
Do not use this form to update in			٠/				
1. Committee Information							
a. Full Name			c. ID Number				
The Committee	to elect Cry	Stal Andleson	n				
b. Mailing Address (include City, State	e and Zip Code)		d. Date Filed				
8715 Savara	al Rd.		10/30/23				
Harrisburg, No	28075		e. Phone Number				
		The Transfer of the State of th	719)849-3479				
2. Report Year 3. Period Start		· · · · ·	urer Full Name				
2023 July 2		ember 27,28 Cr	ystal Anderson				
6. Type of Committee (Check O	And the second s	ort (check only one type of re					
Candidate Campaign Part		State/County	Referendum				
Independent Expenditure Join			Organizational Pre-referendum				
Legal Expense Fund	Pre-primary	First	Final				
Legal Expense Fund	Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable,		Third	Annual				
Booster Fund	Semi-annual	Fourth	Special				
Building Fund	Mid Yea	_	- Special				
Dunding Fund	Year End		10. Special Report Name				
Other:	Final	Year End	10. Special Report Name				
8. Number of Fundraisers this		Final					
o. Number of Fundraisers this	Keport Special	Special					
·							
11. Account Information	l e	11. Account Information					
11. Account Information a. Financial Institution Full Name	•						
		11. Account Information a. Financial Institution Full Name RECEIVED	The state of the s				
a. Financial Institution Full Name	c. Account Code	11. Account Information a. Financial Institution Full Name	and production				
a. Financial Institution Full Name	c. Account Code	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON	c. Account Code				
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a. Financial Institution Full Name	d. Period Begin Balance	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose	c. Account Code d. Period Begin Balance				
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a. Financial Institution Full Name	d. Period Begin Balance	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUNT	c. Account Code d. Period Begin Balance				
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a. Financial Institution Full Name LAMBORE b. Purpose Campaign CERTIFICATION	d. Period Begin Balance \$ 500 and is in compliance with all appleat no funds are commingled with	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUN BOARD OF ELECTION icable provisions of Article 22A, prohibited or other non-disclose	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this				
a. Financial Institution Full Name La H Back b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and that	d. Period Begin Balance \$ 500 and is in compliance with all appleat no funds are commingled with	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUN BOARD OF ELECTION icable provisions of Article 22A, prohibited or other non-disclose	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this				
a. Financial Institution Full Name Land Back b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Land B. An	d. Period Begin Balance \$ 500 - and is in compliance with all apple at no funds are commingled with at and that I have been trained by	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUNT BOARD OF ELECTION icable provisions of Article 22A, a prohibited or other non-disclose the NC State Board of Elections Caralana	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this				
a. Financial Institution Full Name Land Back b. Purpose CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and the report is complete, true and correct Lydal B. An Printed Name of Sign	d. Period Begin Balance \$ 500 - and is in compliance with all apple at no funds are commingled with at and that I have been trained by	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUN BOARD OF ELECTION icable provisions of Article 22A, prohibited or other non-disclose	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this				
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a. Financial Institution Full Name Land Back b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Land Back Printed Name of Sign FOR OFFICE USE ONLY	d. Period Begin Balance \$ 500 - and is in compliance with all apple at no funds are commingled with at and that I have been trained by	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUN BOARD OF ELECTION icable provisions of Article 22A, prohibited or other non-disclose the NC State Board of Elections nature of Appointed Treasurer	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this				
a. Financial Institution Full Name Land Back b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Land B. An Printed Name of Sign FOR OFFICE USE ONLY	d. Period Begin Balance \$ 500 and is in compliance with all apple at no funds are commingled with and that I have been trained by the ser Sig	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUNT BOARD OF ELECTION icable provisions of Article 22A, a prohibited or other non-disclose the NC State Board of Elections A Consolar Information Institution Full Name RECEIVED IN-PERSON IN-PERSON BOARD OF ELECTION Institution Full Name CABARRUS COUNT BOARD OF ELECTION Institution Full Name Institution Full Name RECEIVED IN-PERSON IN	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this Delivery Method Normal Mail Registered Mail				
a. Financial Institution Full Name b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked:	d. Period Begin Balance \$ 500 and is in compliance with all apple at no funds are commingled with at and that I have been trained by the standard of the stan	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUNT BOARD OF ELECTION icable provisions of Article 22A, a prohibited or other non-disclose the NC State Board of Elections A Consolar Information Institution Full Name RECEIVED IN-PERSON IN-PERSON BOARD OF ELECTION A Prohibited Treasurer A N yee: J (AN)	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this Delivery Method Normal Mail				
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a. Financial Institution Full Name b. Purpose CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct complete. The Amprinted Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form care	d. Period Begin Balance \$ 500 and is in compliance with all apple at no funds are commingled with an and that I have been trained by the standard of the standard for the stand	11. Account Information a. Financial Institution Full Name RECEIVED IN-PERSON b. Purpose OCT 3 0 2023 CABARRUS COUN BOARD OF ELECTION icable provisions of Article 22A, a prohibited or other non-disclose the NC State Board of Elections The NC State Board of Elections and the NC State Board of Treasurer When the NC State Board of Elections AN OR AN See: WAN See: WAN	c. Account Code d. Period Begin Balance \$ 22B & 22D-22M of Chapter 163 d funds. I further certify that this Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training committee address, treasurer,				

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2. Type of		Report	3. ID Number	
The Committee to elect Anderson	35-0			
Start of Election Cycle: January 1, 2023	2	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 500.4	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 1450.00	\$ 1980.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1450.00	\$ 1980.00	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1496.8	9 \$ 1494.89	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$ 405.00	\$ 435.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 1901,89	\$ 1931,89	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 48.11	\$ 48.11	
ADDITIONAL INFORMATION	\$1,200,000 to \$1,000.			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	4.	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Contributions from Individuals Pg of No						Yes No		
Use this form to report individual contributions over \$50 or contributions under \$50 if form Cl							RO 1205 is not used	
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. I	D Number	
T	The Committee to elect Crystal Anderson							
Section Charles and Control of the Control	tributor Informa	The second of th		Add Rer	THE RESERVE OF THE PARTY OF THE PARTY.			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	1	omments	
ar i	de city, state, & zip)	1		Hairst	ulist	1	medat	
SW	aron K	ohman		c. Employer's Nan		1		
31	85 Parti	ick Henry D	r. NW.	Altitud				
Cor	rcord, N	C 28024		Mittina	esa	e. El	ection Sum to Date	
3185 Patrick Henry Dr. NW. Concord, NC 28027 704)701-3509			So	Jon	\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
	1	Mastercard	e		07/28/3	3	\$ 100.00	
							\$	
							\$	
3. Cont	tributor Informa	ation		Add 🔲 Ret	nove			
a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
	le city, state, & zip)			Farince	Manager	1	tredot	
R	uby Valo	dez Street Y,NJ 0730		c. Employer's Nar		1	110001	
7	15 Palasta	Street		44 1 11		1		
-	5 Cogaci	- Oreel		Eli Lily	4	e. El	lection Sum to Date	
7	ressey Cit	4, NJ 0730))	Company		\$	can a	
				1	J	L	300,	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption j. Date (mm/dd/yyyy		yy)	k. Amount	
	1	Online Visa		07/28/2		3	\$ 500-00	
							\$	
							\$	
3. Cont	ributor Informa	ation		Add Rei	nove			
	a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments							
	le city, state, & zip)			Photog	rapher			
Gina Fleming c. Employer's Name/Specific Field 262 Stone walk Circle SW					1			
262 Stonewall Circle SW Lily a Hayes								
Cor	cord. A	JC 28007		Lely of Ho	iyes.	e. El	lection Sum to Date	
701	1772.7			thotograf	shell of	\$	225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion O	j. Date (mm/dd/yy)	(vv)	k. Amount	
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\vdash							\$	
							\$	
4. Tota	al only this Pa	age				\$	825.00	
5. Tota	al of ALL CR	O-1210 Pages				\$	1450 w	
(This lin	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Amendment

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CONTRACTOR WINGS	tributor Informa			Add Rei		L		
	ame, Mailing Addro de city, state, & zip)	ess & Phone		b. Job Title/Profe		-	omments	
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MI	Ili Myers	> 1		c. Employer's Nar		1		
1201 Cranebridge Place Chapel Hill, NC 27517			Retire		_			
Chapel Hill, NC 27517			1 Serve			lection Sum to Date		
97	0)342-9	106				\$	25.W	
		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
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							\$	
							\$	
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(includ	le city, state, & zip)			Customer	Bervice	1	Anodot	
Sh	awree T	urner		c. Employer's Nar	- 1	┤ ′	1 ecc.	
Po	Box 168	1		Absmeier		1		
Ala	mosa, co	0 81101				e. E	lection Sum to Date	
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	le city, state, & zip)	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TINSCHAMA	ce Agent	1	modet	
Lil	ibeth Ko	diguez		c. Employer's Nar		1	" 450	
120	Dianne	Dr.		Archana	1			
St.	Rose LA	driguez Dr. 10087		- 1		e. E	lection Sum to Date	
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	1	online Visa			08/03/2	3	\$ 100.00	
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							\$	
4. Tota	al only this Pa	age				\$	145.00	
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		of Detailed Summary P	age CRO-1100)			\$	1950.	

Cont	ributions fr	om Individua	le.	_	2		Amendment	
Contributions from Individuals Pg 2 of Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CPO 1305 is not used.								
STATE OF THE OWNER, WHEN PARTY	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							
1. Com		. 1 1	1 1	0 1 1	A 4	₩. I	D Number	
III		rittee to	elect		Andlesor			
SHOW THE PROPERTY.	tributor Informa	CONTRACTOR OF THE PROPERTY OF		Add Rer				
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
	le city, state, & zip)			Extheti	cian			
Cn	ystal A	nderson unali Ro 5, Nc 2807		c. Employer's Nan	ne/Specific Field			
87	115 Savo	male Ro	ad.	Essertia	al Radian		ection Sum to Date	
Ho	misbur	=, NC 2807	15			e. El	ection Sum to Date	
) .				\$	210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
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	le city, state, & zip)	ass & Thore		b. Job Tide/Troles	551011	1	1 /	
	,	1 1		tormes		1	thedot	
10	erya Sw	talk y Road 125 (081101		c. Employer's Name/Specific Field				
7	251 Count	y Road 125	South	Selfenployed		e. Election Sum to Date		
A	lanosa.	CO 81101		Jen ont Je				
						\$	200.0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	1	online - Visa		08/25/20		93	\$ 200.00	
							\$	
							\$	
3. Cont	ributor Informa	ition		Add Rer	nove			
a. Full Na	ame, Mailing Addre	ss & Phone					omments	
(includ	e city, state, & zip)			~ 11 L	`.`.			
Carstal Anderson				Estletician				
Crystal Anderson 8715 Savarnalı Rd. Harrisburg, NC 28075				c. Employer's Name/Specific Field				
OT	15 340	110 0007		Essential Radiance		e. El	lection Sum to Date	
Ha	rrisburg	, NC 280 +	2	Ke	ion, ance	\$	310.00	
f. Prior	g. Account Code	-	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount	
	1	Check			09/25/2	23	\$ 100.00	
							\$	
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4. Tota	al only this Pa	age				\$	480.00	
5. Tota	al of ALL CR	O-1210 Pages				\$	iden @	
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CKU-12	CRO-1210 NC State Board of Elections April 2007							

In-Kind Contributions	Pg	of		Amendment Yes No
Use this form to report non-monetary contributions, donations, good	U		tee o	Approximation in the control of the control of the control
Use CRO-1215 if In-Kind Contributions were or will be refun				
1. Committee Full Name (and Fund if applicable)			2. I	D Number
The Committee to sleet Crysta	d Ander	300		
3. Contributor Information	Add Ren			
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
Gina Flemina	Party			
2102 Stone wall Circle So	PAC			
Gina Fleming 262 Stonewall Circle Sw Concord, NC 28027	Referendum		d. E	lection Sum to Date
and the same of th	Other Receipt	Source	\$	225.W
704-773-7173 e. Description		f. Date (mm/dd/yyy		g. Fair Market Amount
N 1 1		1 1	-	
Photo Shoot		07/30/2	3	\$ 225.00
				\$
				\$
3. Contributor Information	Add Ren	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. C	omments
(include city, state, & zip)	Individual			
Crystal Anderson.	Candidate Party			
8715 Sayannal Rd.	PAC			
Crystal Anderson 8715 Savarral Rd. Harrisburg, NC 28075	Referendum		d. E	lection Sum to Date
719/849-3479	Other Receipt	Source	:	310.00
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Campaign T-Shirts		08/17/200)3	\$ 180.00
				\$
				\$
3. Contributor Information	Add Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. C	omments
(include city, state, & zip)	Individual			
	Candidate Party			
	PAC			
	Referendum		d. E	lection Sum to Date
,	Other Receipt	Source	\$	
e. Description	-	f. Date (mm/dd/yyy	y)	g. Fair Market Amount
-				\$
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				\$
4. Total only this Page			\$	
5. Total of ALL CRO-1510 Pages			Ψ	405
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	405.00

			tee for o	perating exp	Pg of of penses, contribution	Amendment Yes No ons to candidate/political
	'ull Name (and Fund			(a. M.T. of Land or Safe a		2. ID Number
The Co	ommittee	to Elect	- Cn	Ktal F	Inderson	.
3. Type of Disb					ach type of Disbu	
Operating Exp		ributions to Candida				dinated Party Expenditures
4. Payee Inform				Add \square	Remove	
	ailing Address & Pho	one			ed Committee Name	d. Comments
(include city, state,						Durlosed
FIME						Purchased — Campaign — Checks
Lat lot P	sace			c. Level Regis	stered (Specify)	Carpacy
635 Ch	urch St. N	orth		☐ Federal	County:	Checks
Concord	urd 54. N NC 2802	5		State	Municipal	ity: e. Election Sum to Date
704)78	38-6555					\$ 27.00
		h. Purpose Code	I. D. t. /	(11/)		k. Required Remarks
1. Account Code	g. Form of Payment	n. I ur pose Code		mm/dd/yyyy)		k. Required Remarks
4.	Electronic	K	0110	5 12623	\$27.00	
					\$	
4. Payee Inforn	nation			Add	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)					Marketine Materials
Vista F	Dint					Marketing Materials — Palm Cards, Biz — Cards, Flyers
				c. Level Regis	stered (Specify)	Cards Flyers
215 WY	1man 5t. n, MA 0245	-1		Federal	County:	
Walthan	n, MA 0245	51		State	☐ Municipal	ity: e. Election Sum to Date
						\$ 189.54
	6008-419	h Dumana Cada	l. n. /	(11)		
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
1	Electronic	5	07/2	6/2023	\$ 189.54	
				•	\$	
4. Payee Inforn	nation			Add \square	Remove	
The state of the s	ing Address & Phone				ed Committee Name	d. Comments
(include city, stat				b. Coordinate	ed Committee Name	
						Website
Go Dac	ddy			c. Level Regis	stered (Specify)	
2155 6	st GoDadde	1 120cm		Federal	County:	
Tio	17 80000			State	Municipal	ity: e. Election Sum to Date
	AZ 85284					\$ 126 00
480-505	5-8800		,			\$ 130.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electronic	B	07/2	6/2023	\$130.05	
					\$	
- m . 1 . 1 . 1	• •		W05051551500			2.11
5. Total only th						\$ 346.59 \$ 1496.89
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)	s 1491, 89
	line 13b of Detailed Sum					11100.01
	line 13c of Detailed Sum	AND THE RESERVE OF THE PARTY OF	Post of the last o	CONTRACTOR OF THE PARTY OF THE	Expenditures)	
7. Purpose Co	odes (List detailed	expenditure cod	e in (h.)	above)		
A* - Media	B* - Printin	-		undraising		Another Candidate
E - Salaries	F* - Equipm			itical Party		lding Public Office Expenses
I - Postage	J - Penaltie	S	K* - O	ffice Expen	ses Q* - Do	nation to Legal Expense Fund
O* Other			repaire consumer		face of the second contract of the second con-	
* Codes requir	e detailed explanation	on in required i	emarks	field (k)		

Disbursem	nents				Pg 2 of	Amendment Yes No
		from the commit	tee for o	perating exp	0	ions to candidate/political
committees and	coordinated party ex	penditures				-
1. Committee I	Full Name (and Fun	d if applicable)				2. ID Number
The Co	omnittee.	to elect (348	tal Ar	derson	
3. Type of Dish		use separate CF	20-1310	forms for e	each type of Disb	pursement.)
Operating Exp		ntributions to Candida	ates/Politi	-		ordinated Party Expenditures
4. Payee Inform				Add	Remove ed Committee Name	- L C
(include city, state	failing Address & Ph	ione		b. Coordinate	ed Committee Name	
	e Mcconn	11				1-shirts
				District Co.	stered (Specify)	Printing
Kanna	olis, NC 28	-01·		Federal State	County:	ality: e. Election Sum to Date
		001		- 5		\$305.00
	80-9339	I. D. G.	T	L		
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
	Check	D	09/6	31/2093	\$ 305.00	
				_	\$	
4. Payee Inform					Remove	T. a
a. Full Name, Mail (include city, sta	ling Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
		11.4		1		
KS Im	age Soluti	ons UC		c. Level Regi	stered (Specify)	
4464 R	age Soluti aceway Dr. 1, Nc 280	Ste. B		Federal	County:	
Concord	1, NC 280	76		State	Municipa Municipa	ality: e. Election Sum to Date
(186-7763					\$845.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	09/2	7/2023	\$845.30	Yard Signs
					\$	
4. Payee Inform	nation			Add \square	Remove	
THE RESIDENCE SHOWS AND ASSESSED OF THE PERSON	ing Address & Phone		11(21/20/05	b. Coordinate	ed Committee Name	e d. Comments
(include city, sta	te, & zip)					
				a Lavel Degi	stered (Specify)	
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				State	☐ Municipa	ality: e. Election Sum to Date
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5. Total only th						\$ 1150.30 \$ 1496.89
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CONTRACTOR STATE AND STATE OF		nmary Page CRO-11	00 if Ope			s 1/191 80
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