Amendment

Disclosure Report Cover

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	
Committee to	Elect	Larry	Pittm	an	26-0803459	
b. Mailing Address (include City, State					d. Date Filed	
250 Roberta					May 20, 2024	
concord, NC.	28027				e. Phone Number	
(704-782-3528	
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/yy)	5. Treasure	er Full Name	
2023 /2/19/	2021	12/3	31/2023	Larry	G. Pittman	
6. Type of Committee (Check O	AND RESIDENCE AND ADDRESS OF THE PROPERTY OF T			type of repo	ort from one category)	
Candidate Campaign Party		nicipal	State/County	1	Referendum	
	erendum t Fundraiser	Organizational Thirty-five day			Organizational Pre-referendum	
Legal Expense Fund	Tundraisei	Pre-primary	First		Final	
	15	Pre-election	☐ Seco		Supplemental Final	
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thir	d	Annual	
Booster Fund		Semi-annual	Four	th	☐ Special	
Building Fund		Mid Year				
Other: Campaign Fi	nance	Year End Final	board	Year	10. Special Report Name	
8. Number of Fundraisers this		Yea	End			
8. Number of Fundraisers this Report Special Final Special						
11. Account Information			11. Account Inform	notion		
a. Financial Institution Full Name			a. Financial Institution			
Wells Fargo Band	k, Union	Street				
b. Purpose	c. Account Code			-PERSON	c. Account Code	
(- 20 00 00 10 10	0		17.			
Campaign Fund			MAY	2 0 2024		
Fund	. Period Begin Balance		CABARRUS COUNT		d. Period Begin Balance	
	\$ 300.0	00	BOARD	OF ELECTION	s\$	
CERTIFICATION						
I certify that the Committee or Fun	nd is in compliance	e with all appli	cable provisions of A	rticle 22A, 22I	B & 22D-22M of Chapter 163	
of the NC General Statutes and tha					ands. I further certify that this	
report is complete, true and correct	t and that I have be	een trained by	the NC State Board o	f Elections.		
Lames a fin	Hman	Land	MAY P.T.	man		
Printed Name of Signo		Sid	ature of Appointed Trea	surer	Date	
FOR OFFICE USE ONLY			autore or reproduce Tree		Dute	
-	20-24		WAN	Del	ivery Method	
Date Received:		Employ	ree:	- 0	Normal Mail	
Date Postmarked:		Employ	IPP:		Registered Mail	
	2. 014	Employ		_ X	Hand Delivered	
Date Scanned: 5	21-24	Employ	ree: WAN	_ 0	Electronically Filed	
Date Data Entered:		Employ	/ee:		Signer has not received mandatory training	
Please Note: This form ca	nnot be used to a	amend comm	ittee information su	ch as the com		
			information, or acc			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.						

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	SERVICE SERVIC	rt	3. ID	Numl	ber
Committee to Elect Larryman	Yea	r	End	26	-08	03459
Start of Election Cycle: January 1, 2021	-	R	Total this eporting Period	d		Total this ection Cycle
4) Cash on Hand at Start		\$	500,00		\$ 5	500,00
RECEIPTS	· · · · · · · · · · · · · · · · · · ·					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$			\$	
6) Contributions from Individuals	(CRO-1210)	\$	300,00		\$ 4	436.70
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)	\$		\top	\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\top	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		十	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\neg	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	800.00		\$ 6	36.70
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	35,5	9	\$	35,59
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$			\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		T	\$	
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)	\$			\$ 1	36.70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$	35.5	9	\$	35.59
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	764.4		\$ 7	764.41
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	500,00)		
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)	\$			\$	

Con	tributions f	rom Individua	als	Pg	_/_ of _	1	Yes No
The same of the sa		individual contribution		contributions und	er \$50 if form C	_	
		ne (and Fund if app				2. 1	D Number
Co	mmitte	e to Ele	ctLar	ry Pit	tman		
3. Con	tributor Inform	ation		Add 🔲 Re	move		
	Name, Mailing Addr			b. Job Title/Profe		d. C	Comments
	de city, state, & zip			Real	tor		
54	annon L	ancas ter		c. Employer's Na	me/Specific Field		
4	901 thos	enix Circl	و	1000	aployed	F	Lating Sum to Date
a	oncord,	NC 2802	-5	Selt	Budea		lection Sum to Date
				1		\$	300,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
	0	check			12/28/2	3	\$300,00
							\$
							\$
	tributor Inform				move		
	lame, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ssion	d. C	Comments
(inclu	ue city, state, & zip)	Makes the state of					
				c. Employer's Na	me/Specific Field		
						- F	lection Sum to Date
							lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
3. Cont	tributor Inform	ation		Add Re	move		
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. (Comments
(includ	le city, state, & zip)			-			
				c. Employer's Na	me/Specific Field	1	
						_	
						e. E	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yyy)	k. Amount
							\$
							\$
							\$
4. Tot	al only this P	age				\$	300,00
5. Tot		RO-1210 Pages	Des. CBO 1100			\$	300.00

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

*									
1)	IC	h	11	rs	a	m	a	n	tc
v	10	v	u	13	C		U		w

		1	Amendment	
Pg	 of	<u>'</u>	Yes Yes	No

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

A CONTRACTOR OF STREET, STORY OF STREET, STREE	Full Name (and Fund	ACOURTING COMMONSCRIPTION ACTIVITIES AND ACTIVITIES				2. ID Number	
Commi	Hee to E	lect Lar	ryf); t+m	an		
3. Type of Disb		A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR OF STREET		ach type of Disb	ursement.)	
Operating Exp		tributions to Candida				rdinated Party Expenditures	
4. Payee Inform					Remove	II.C.	
	failing Address & Pho	one		b. Coordinate	ed Committee Name		
(include city, state,		. <i>L</i>				payment for checks for	
Wells	s Fargo B nion stra	ank		c. Level Regis	stered (Specify)	checking act.	
50 U	nion stra	2et, N		☐ Federal	County:		
CONC	ord, NC:	28025		State	Municipa		
	~				parameter and the second secon	\$ 35,59	
f. Account Code	g. Form of Payment	h. Purpose Code	The second second second second		j. Amount	k. Required Remarks	
0	bank draft	K	12/2	26/23	\$35,59	checks for account	
					\$		
4. Payee Inform					Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments	
(include city, sta	te, & zip)						
	c. Level Registered (Specify)						
				Federal	County:		
				State	Municipa	e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Required Remarks	
van code	a or ar or 1 ayment	code	Late (s		
			-		c		
					S		
4. Payee Inforn					Remove	1.6	
	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments	
(include city, stat	те, се гір)						
					stered (Specify)		
				☐ Federal	************		
				State	Municipa	ality: e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	l mm/dd/yyyy)	j. Amount	k. Required Remarks	
			1	*****	\$		
					s		
5. Total only th	is Page					\$ 35.59	
	CRO-1310 Pages					الاالدل -	
A PARTIE AND A PARTY OF A STREET		mary Page CRO. 11	00 if One	ratino Eynene	es)	\$ 35.59	
(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 Co	odes (List detailed	expenditure code	e in (h.)	above)			
A* - Media	B* - Printii	ng	C* - F	undraising		Another Candidate	
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses	
I - Postage	J - Penaltic	es	K* - C	Office Expen	ises Q* - D	onation to Legal Expense Fund	
O* Other * Codes requir	e detailed explanati	on in required :	remarks	s field (k)			

Outstanding Loan	S
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		,	Amendment	t	
Pg	 of		Yes	□ No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Larry	Pittman	26-0803459
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Refired NC.	
Larry G. Pittman	House member	1
Larry G. Pittman 250 Roberta Road, SW	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
Concord, NC 28027	North Carolina	12/15/2023
104-782-3528	General Assembl	f. End Date (mm/dd/yyyy)
109-182-33 28	CENEVA 171-JEMO	1
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
MA% NA	\$ 500.00	\$ 500.00
/ / / /	, 900.0	
k. Full Name of Lending Institution		l. Loan Number
None-personal loan by ca	ndidate	NA
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	-	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		I. Loan Number
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	e. Start Date (min/ud/yyyy)
		f. End Date (mm/dd/yyyy)
	1	
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l. Loan Number
The state of the s		A SOUR A THAIRD VA
4. Total only this Page		\$ 500,00
5. Total of ALL CRO-1430 Pages		\$ 500.00
(This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 500.00