D	iscl	osure	Rep	ort	Cover

Amendment

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.

Do not use this form to update information.										
1. Committee Information										
a. Full Name	c. ID Number									
Committee to Elect Larry P; Hman										
o. Mailing Address (include City, State and Zip Code)  d. Date Filed										
250 Rober- Concord, N		July 2, 2024								
concord, N		e. Phone Number								
<b>'</b> .	104-782-3528									
2. Report Year 3. Period Start	Date (mm/dd/vv)	4. Period E	nd Date	(mm/dd/vv)	5. Treasure	r Full Name				
2024 01/011						G. Pittman				
6. Type of Committee (Check O	ne) 9.	Type of Rep	ort (che	ck only one	type of repo	rt from one category)				
Candidate Campaign Party	M	unicipal	S	tate/County		Referendum				
☐ PAC ☐ Refe	rendum	Organizationa	[	Organizati	ional	Organizational				
☐ Independent Expenditure ☐ Joint	Fundraiser	Thirty-five day	y	Quarterly		Pre-referendum				
Legal Expense Fund		Pre-primary		First		Final				
		Pre-election		Seco	nd	Supplemental Final				
7. Type of Fund (if applicable,	check one)	Pre-runoff	أا	Thire	i	Annual				
Booster Fund		Semi-annual	lī.	Four	th	☐ Special				
Building Fund	In	Mid Year	r	Semi-anni	ial					
	- 460 F	Year End	ı	7 Mid	Year	10. Special Report Name				
M Other: Campaign Fir	rance		i	Year		Tot Speedin Report Frame				
8. Number of Fundraisers this	Report		أأ	Final						
O. I tulinoci of Tulidraisci's this	L.	Брести	li li							
			_	Special						
11. Account Information				ount Inforn	-					
a. Financial Institution Full Name	_		a. Financi	al Institution						
Wells Fargo	Bank		4.5		RSON	i de la companya della companya della companya de la companya della companya dell				
b. Purpose	c. Account Code		b. Purpose		0 0004	c. Account Code				
	$\triangle$		25	JUL U	2 2024	•				
(am Daigh				0.10.10011						
canto try	d. Period Begin B	Salance	CABARRUS COUNTY BOARD OF ELECTIONS			d. Period Begin Balance				
Campaign	\$1,958.	36	BOARD OF ELECTIONS		ELECTIONS	\$				
CERTIFICATION	171301	36				7				
	d is in compliant	on with all appl	iaabla neas	visions of Ar	tials 22 4 221	9 & 22D 22M of Chapter 162				
I certify that the Committee or Fun										
of the NC General Statutes and tha			-			nds. I further certify that this				
report is complete, true and correct	t and that I have t	been trained by	the NC S	ate Board of	Elections.					
1 / CP.	17man		1 2	1 V-1	turan	7/1/2024				
Larry G. T.			FIX	1 VV	77 10001					
Pfinted Name of Sign	er	Sig	nature of A	ppointed Treas	surer	Date				
FOR OFFICE USE ONLY										
Date Received:	-2-24	Employ	yee:	TC	- Del	<u>ivery Method</u> Normal Mail				
Date Postmarked: Employee: Registered Mail						Registered Mail				
	2 211			1 (4.1	- 🗵	Hand Delivered				
Date Scanned:	2-24	Employ	yee:	WAN	_ ⊔	Electronically Filed				
Date Data Entered:		Employ	yee:			Signer has not received mandatory training				
Please Note: This form ca	nnot be used to	amend comm	ittee info	rmation suc	h as the con	mittee address treasurer				
assistant treasurer, custodian of books information, or account information.  You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.										

## **Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and  1. Committee Full Name (and Fund if applicable)	2. Type of		[3. I	D Number
Committee to Elect Lagity man	Marine Branch Control Control	d Quarter	-	
	7 (0)	Total this		Total this
Start of Election Cycle: January 1, 2021		Reporting Per		Election Cycle
4) Cash on Hand at Start		\$ 1,958,	36	\$ 800,00
RECEIPTS		<b></b>		Г
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30.0		\$ 560,00
6) Contributions from Individuals	(CRO-1210)	\$ 50.0	0	\$ 5,776,70
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$ 200,00
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)	\$ 80.0	D	\$ 6,536.70
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 81.3	30	\$4,842.94
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)	\$ 500.00	2	\$ 500.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$		\$
17) In-Kind Contributions	(CRO-1510)	\$		\$ 536.70
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 581.3	ð	\$ 5,342.94
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)			\$ 1,457.06
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$		\$
26) Forgiven Loans	(CRO-1440)	\$		\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$
28) Contributions to be Refunded	(CRO-1215)	\$		\$
CRO-1100 NC State Boa	rd of Flactions			August 2003

Aggregated Contributions from Individuals	Page	_1_	of	 Amendment Yes	M	No
Optional form used to report NC Contributions From Individuals	s of \$5	0 or less	S			

1. (	1. Committee Full Name (and Fund if applicable) 2. ID Number							
Committee to Elect Larry Pittman								
3. Contributor Information								
	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	f. Am	ount	
H	Add Remove	0	check		3/8/24	\$	30,00	
	Add Remove					\$		
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_	and the second second second					6		
	5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							

utions fr	om Individua	ls	Pg	_/_ of	_ í	Amendment  Yes No	
n to report in	ndividual contribution	ns over \$50 or co	ontributions unde	er \$50 if form CR	0 12	205 is not used	
					2. II	) Number	
itte	e to Ele	ctLarr	y Pita	man			
3. Contributor Information							
	ss & Phone				d. Co	mments	
, state, & zip)	Caslage		ASS	strative			
nnon 23 Br	ooknell	t., NW	c. Employer's Nan	pe/Specific Field			
cord.	NC 280	027	EXECUT	ive Team	e. Ele	ection Sum to Date	
,			for con	Gorg'NC	\$	50,00	
count Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) l	k. Amount	
0	check			3/8/2	4	\$ 50.00	
						\$	
						\$	
tor Informa	tion						
-	ss & Phone		b. Job Title/Profes	ssion	d. Co	omments	
state, & zip)							
			c. Employer's Nan	ne/Specific Field			
					e. Ele	ection Sum to Date	
		-			\$		
count Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount	
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			<u> </u>			\$	
			reached a construction on the first terminal and the			\$	
tor Informa	ation		Add Rer	nove			
	ss & Phone		b. Job Title/Profes	ssion	d. Co	omments	
state, & zip)							
			c. Employer's Name/Specific Field				
					e. Ele	ection Sum to Date	
					\$		
count Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
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aly this Pa	age				\$		
ALL CR	O-1210 Pages	age CRO-1100)			\$		
	to report in the Full Name of Full Name of Information of Informat	to report individual contribution of Full Name (and Fund if apple in the Fund	tor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information  Count Code h. Form of Payment i. In-Kind Descriptor Information	To report individual contributions over \$50 or contributions under the Full Name (and Fund if applicable)  The Information	ato report individual contributions over \$50 or contributions under \$50 if form CR is Full Name (and Fund if applicable)  a. if the file that I applicable)  b. if the file that I applicable)  contribution	ations from Individuals  To report individual contributions over \$50 or contributions under \$50 if form CRO I is a fertil Name (and Fund if applicable)  The Full Name (and Fund if applicable)  The Fund in The Fund in In-Kind Description  The Fund in The Fund in The Fund in In-Kind Description  The Fund in The Fund	

Disb	ursement	S

				,		
	1	)	-	Amendment		N.
Pg		of		Yes	K	No

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

committees and coordinated party expenditures									
	1. Committee Full Name (and Fund if applicable)  2. ID Number								
Committee to Elect Larry Pittman									
3. Type of Dish		use separate CR							
Operating Exp		tributions to Candida	tes/Politi			rdinated Party Expenditures			
4. Payee Inform				Add $\square$	Remove				
	failing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments			
(include city, state						1			
Stap	5+aples 1480 Concord Pkwy., North    Grederal   County:   State   Municipality: e. Election Sum to Date								
1480									
Snit	e 350			State	Municipa	lity: e. Election Sum to Date			
Concor	d, NC 280	125				\$158,53			
f. Account Code	g. Form of Payment		The second second second second	mm/dd/yyyy)		k. Required Remarks			
0	bankcard	B	2/	22/24	\$81.30	palmcards			
					s	•			
4. Payee Inform	nation		П	Add $\square$	Remove				
	ling Address & Phone				ed Committee Name	d. Comments			
(include city, sta									
/	, C D. L	1				loan +			
Larr	y G. Pit	Tman	)	Section 2	stered (Specify)	repayment			
250 K	loberta R	,oad, 5 h	•	Federal	County:				
Conc	ord, NC	28027		State	Municipa Municipa				
	, , ,					\$ 500.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks			
Ò	check	0				loan repayment			
	CITCOX		1	1/21	- 300(0	10471			
					3				
4. Payee Inform				Add $\square$	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments			
(include city, sta	te, & zip)								
				c. Level Regis	stered (Specify)				
				☐ Federal	County:				
				State	Municipa	lity: e. Election Sum to Date			
						\$			
	F	l. p C. l.			I	1 2 12 1			
f. Account Code	g. Form of Payment	h. Purpose Code	1. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks			
					\$				
					\$				
5. Total only th	nis Page					\$			
6. Total of ALI	CRO-1310 Pages								
		nmary Page CRO-11	00 if Ope	rating Expense	es)	6			
	(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* - Printi	ng		undraising	<b>D</b> - To	Another Candidate			
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses			
I - Postage	J - Penalti	es	K* - C	Office Expen	ises Q* - Do	onation to Legal Expense Fund			
O* Other	a detailed amleret	ion in mossius d	omo al	field (L)					
Codes requii	* Codes require detailed explanation in required remarks field (k)								

Loan Repayments			Pgl of _	Amendment Yes No					
Use this form to report payments on an existing loan.									
1. Committee Full Name (a				2. ID Number					
Committee to	Committee to Elect Larry Pittman								
3. Lender Information	Remove	T							
a. Full Name, Mailing Address & (include city, state, & zip)	k Phone			b. Comments					
(include thy, state, & zip)	D. Hand								
Larry b.		(/()		c. Original Loan Date					
Larry G. 1 250 Rober	ta Koa	$a, > \omega$		12/15/2023					
Concord,	NC 280	27		d. Original Loan Amount					
(candid	ate)			\$ 500.00					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount					
s - 0 -	0	check	05/17/2024	\$ 500.00					
\$				\$					
3. Lender Information		☐ Add	Remove						
a. Full Name, Mailing Address &	Phone			b. Comments					
(include city, state, & zip)									
				c. Original Loan Date					
				d. Original Loan Amount					
2				\$					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount					
\$				\$					
\$				\$					
3. Lender Information		☐ Add	Remove						
a. Full Name, Mailing Address &	Phone			b. Comments					
(include city, state, & zip)									
				c. Original Loan Date					
				- original control					
				d. Original Loan Amount					
				\$					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount					
\$				\$					
\$				\$					
4. Total only this Page				\$					
5. Total of ALL CRO-	6								

(This line must be on line 15 of Detailed Summary Page CRO-1100)

\$