Special   Spec	Boundary   Check one   Check	1. Committee Inform	mation					
A. Date Filed   Do BOX 8224   CONCORD NC 28027   C. Phone Number   (980) 434-1255	A. Date Filed						GENERAL STREET	c. ID Number
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O7/10/2024   CPhone Number	PO BOX \$224 CONCORD NC 28027    Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027   Concord NC 28027	h Mailing Address (incl	ude City State and Zip Code)			Long Long W. Long Co.		d Data Filed
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2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  2024  0/2/18/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24  0/3/24	2. Report Year  3. Period Start Date (mm/dd/yy)  2. Report Year  2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  6. Type of Committee (Check One)  2. Candidate Campaign   Party   Municipal  2. Referendum   Organizational   Organization		)27					07/10/2024
2. Report Year 3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  2024  02/18/24  06/30/24  06/30/24  06/30/24  OctalNiOus SeyMore  6. Type of Committee (Check One)  9. Type of Report (check only one type of report from one category)  PAC   Referendum   Organizational   Orga	2. Report Year  2. Report Year  2. Report Year  2. Report  2. Report  2. Report  2. Report  2. Report  2. Report  2. Referendum  3. Referendum  3. Referendum  4. Referendum  5. Referendum  6. Referendu							e. Phone Number
2. Report Year 3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  2024  02/18/24  06/30/24  06/30/24  06/30/24  OctalNiOus SeyMore  6. Type of Committee (Check One)  9. Type of Report (check only one type of report from one category)  PAC   Referendum   Organizational   Orga	2. Report Year  2. Report Year  2. Report Year  2. Report  2. Report  2. Report  2. Report  2. Report  2. Report  2. Referendum  3. Referendum  3. Referendum  4. Referendum  5. Referendum  6. Referendu							(980) 434-1255
2. Report Fell   3-Fellod Start Date (minodayy)   Condiddy   Condiduce   Condiduce   Check One   O2/18/24   O6/30/24   OCTAINIOUS SEYMORE    6. Type of Committee (Check One)   9. Type of Report   Check only one type of proport from one category)    Candidate Campaign   Party   Municipal   State/County   Referendum   Organizational   Organizatio	2.2. S. Petrol State Date (mindolys)  2.2. S. Petrol State Date (mindolys)  2. Candidate Campaign   Party   Municipal   State/County   Referendum   Organizational   Organizatio				4 Period En	d Date		
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)   Candidate Campuigin   Party   Municipal   State/County   Referendum   Party   Municipal   Organizational	6. Type of Committee (Check One)  9. Type of Report Check only one type of report from one category)  Aunicipal Candidate Campaign Pary Municipal State/County Referendum Dospendent Expenditure Expenditure Expenditure Description Dospendent Dospendent Dospendent Dospendent Dospendent Dospendent Dospendent Dospendent Dospenditure Description Dospendent	2. Report Year	3. Period Start Date (mm	ı/dd/yy)	CONTRACTOR OF THE PROPERTY OF	d Date		
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Candidate Campaign	Candidate Campaign	The state of the s		9. Typ	e of Report	(check or	nly one type of rep	ort from one category)
Independent	Independent		= '	Municip	pal	State/C	County	Referendum
Expenditure	Expenditure   Joint Fundraiser   Inity-five day   Quarterly   Pre-referendum		Referendum		Organizational		Organizational	Organizational
Pre-primary	Type of Fund	Expenditure			Thirty-five day		Quarterly	Pre-referendum
Booster Fund"	Booster Fund"				n		Piles	□ r:-1
Building Fund	Building Fund		(if applicable, check one)					
Other:	Other:   Semi-annual   Semi-annual   Semi-annual   Semi-annual   Semi-annual   Semi-annual   Semi-annual   Mid Year   Year End   Mid Year   Year End   Mid Year   Year End   Sepecial   Sepecial   Sepecial   Semi-annual   Year End   Semi-annual   Year End   Semi-annual   Year End   Semi-annual   Sepecial   Semi-annual   Se							
Mid Year   Year End   Mid Year   Year End	Other:							
Final   Special   Final   Final   Special   Final   Fina	Secial   Final   Special   Final   Final   Special   Final   Fin	-0.0				30000		<u> </u>
Final   Special   Final   Final   Special   Final   Fina	Secial   Final   Special   Final   Final   Special   Final   Fin	Other:					Mid Year	10. Special Report Name
11. Account Information   2. Financial Institution Full Name   2. Financial Institu	11. Account Information   a. Financial Institution Full Name   a. Financial Institution Full Name   July Harris Bank   CABARRUS COUNTY   b. Purpose   c. Account Code   b. Purpose   c. Account Code   CAMPAIGN   TINANCE   d. Period Begin Balance   s   RECEIVED   \$    CERTIFICATION   I			-				
11. Account Information a. Financial Institution Full Name  UWHARRIE BANK b. Purpose c. Account Code cAMPAIGN FINANCE  d. Period Begin Balance \$  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 of Elections.  OCTAINIOUS L SEYMORE  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  T. 11 2034  Employee:  Employee:  WAN  CABARRUS COUNTY  C. Account Code  d. Period Begin Balance d. Period Begin Balance for Appointed Teasure of Appointed Treasurer  O//10/2024  Date Delivery Method Normal Mail Registered Mail Registered Mail Signer has not received mandatory training the	11. Account Information a. Financial Institution Full Name  UWHARRIE BANK b. Purpose CABARRUS COUNTY b. Purpose CAMPAIGN FINANCE  d. Period Begin Balance  s. RECEIVED  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 or 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 of Elections.  OCTAINIOUS L SEYMORE  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Date Date Scanned:  Employee:	8. Number of Fundr	aisers this Report		Special		Final	
a. Financial Institution Full Name  UWHARRIE BANK  b. Purpose	a. Financial Institution Full Name  UWHARRIE BANK b. Purpose C. Account Code CAMPAIGN FINANCE  d. Period Begin Balance  d. Period Begin Balance  TOTALIFICATION  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 of Elections.  OCTAINIOUS L SEYMORE  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Date Data Entered:  Employee:		1					
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CACCOUNT Code   BUNARD OF ELECTIONS   C. Account Code	Delivery Method   Date Postmarked:   Date Postmarked:   Date Date Date Date Date Date Postmarked:   Employee:   Employee:   Date Date Date Date Postmarked:   Employee:   MAN   Electronically Filed Signer has not received mandatory training   Employee:   MAN   Electronically Filed Signer has not received mandatory training   Employee:   Employee:   MAN   Employee:   MAN   Electronically Filed Signer has not received mandatory training   Employee:   Employee:   MAN   Employee:   MAN   Electronically Filed Signer has not received mandatory training   Employee:   Employee:   MAN   Employee:   Employee				a.			
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is complete, true and correct and that I have been trained by the No State Board of Elections.  OCTAINIOUS L SEYMORE  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Employee:  Employee:  WAN  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received  mandatory training	is complete, true and correct and that I have been trained by the NC State Board of Elections.  OCTAINIOUS L SEYMORE  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Employee:  Date Data Entered:  Employee:  Employee:  Date Data Entered:  Employee:  Emplo							
OCTAINIOUS L SEYMORE  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Signer has not received mandatory training	Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Employee:  Employee:  Date Date Data Entered:  Employee:  Employee:  Date O7/10/2024  Employee:  Date O7/10/2024  Date Date Signer Namuel  O7/10/2024  Date Date Only  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received mandatory training							ds. I furnice cornery man and report
Date Received: July 1, 2024 Employee: SWL Delivery Method Normal Mail Date Postmarked: Employee: WAN Delivered Date Scanned: 7-11- 2034 Employee: WAN Delivered Employee: WAN Delivery Method Normal Mail Registered Mail Employee: Signer has not received mandatory training	Date Received:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Date Date Employee:  Date Date Data Entered:  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received mandatory training		US L SEYMORE			TSI	ymoll	07/10/2024
Date Received:    July 1, 2024   Employee:   SWL   Delivery Method   Normal Mail   Registered Mail   Registered Mail   Hand Delivered   Employee:   WAN   Electronically Filed   Signer has not received   mandatory training	Date Received:    July 1/2024   Employee:   SWL   Delivery Method   Normal Mail   Registered Mail   Registered Mail   Hand Delivered   Employee:   WAN   Electronically Filed   Signer has not received mandatory training				Signa	ature of Appoin	ited Treasurer	Date
Date Postmarked:  Date Scanned:  Employee:  Employee:  Employee:  Employee:  WAN  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received  mandatory training	Date Postmarked:  Date Postmarked:  Date Scanned:  Date Data Entered:  Employee:  Employee:    Normal Mail     Registered Mail     Hand Delivered     Electronically Filed     Signer has not received     mandatory training		NLY			0		D.C. Madad
Date Postmarked:  Date Scanned:  Employee:  Employee:  Employee:  Employee:  WAN  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received  mandatory training	Date Postmarked:  Date Scanned:  Date Scanned:  Employee:	Date Received:	July 11, 202	4	Employee:	<u>\delta 1</u>	WL_	
Date Scanned:    T_II2034   Employee:   WAN   Hand Delivered   Electronically Filed   Signer has not received   mandatory training	Date Scanned:  Date Scanned:  Date Scanned:  Employee:  Employee:  Employee:  Employee:  WAN  Hand Delivered  Electronically Filed  Signer has not received mandatory training		PU					\$15\\$15\\$25\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Signer has not received	Date Data Entered: Signer has not received mandatory training				Employee.	- 11		Mand Delivered
Signer has not received	Date Data Entered:  Employee:  Signer has not received mandatory training					A STATE OF THE PARTY OF THE PAR	AN	☐ Electronically Filed
Date Data Entered: Employee:	Date Data Entered: Employee:	Date Postmarked			Employee:	W,		
	表表的。2012年1月1日 1日 1	Date Postmarked  Date Scanned:	7-11-2034	-	Employee:			
	anote dian of books information on account information	Date Postmarked  Date Scanned:  Date Data Entere	7-11-2034 ed: s form cannot be used to a	mend com	Employee:	ation such as	s the committee ad	mandatory training
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.		Date Postmarked Date Scanned: Date Data Entere Please Note: This	7-11- 2034 ed: s form cannot be used to a custod	amend com	Employee:  mmittee information	ation such as	s the committee addition tinformation.	mandatory training

CRO-1000

**Disclosure Report Cover** 

## **Detailed Summary**

Use 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 N	umber
KESHIA4CABARRUSCOUNTY	UAR	TER			
Start of Election Cycle: January 1,		Total this Reporting Period	i	Total this Election Cycle	
4) Cash on Hand at Start		\$	1294.10	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	460.00 ✓	\$	530.00
6) Contributions from Individuals	(CRO-1210)	\$	2485.00 🔻	\$	2485.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	100.00	\$	1572.50
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 Organization	ations (CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b,	. 11c, 11d and 11e)	\$	3045.00 🗸	\$	4587.50 <
EXPENDITURES					SPELSWIFELD
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	767.17 √	\$	965.57
13b) Contributions to Candidates/Political Comm	mittees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	173.02 ✓	\$	173.02
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	50.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14	4, 15, 16 and 17)	\$	940.19 √	\$	1188.59
(19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$	3398.91	\$	3398.91√
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campa	igns) (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)	\$		\$	
(8) Contributions to be Refunded		\$		\$	
o, contributions to be Refunded	(CRO-1215)	Φ		2	

## **Aggregated Contributions from Individuals**

Page

1 of 1

Amendment

Yes

No

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

	SHIA4CABARI		ій ії арріісавіе)		2.	ID Number
3. Co	ontributor Info	rmation				H27 12 2 2 3 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
무	Add Remove	1	CREDIT CARD		02/18/2024	\$ 5.00
屵	Add					
$\exists$	Remove	1	CREDIT CARD		02/26/2024	\$ 15.00
	Add	1	CREDIT CARD		02/01/2024	0.2500
	Remove	1	CREDIT CARD		03/01/2024	\$ 25.00
屵	Add	1	CREDIT CARD		03/02/2024	\$ 25.00
屵	Remove				03/02/2024	\$ 25.00
Η	Add Remove	1	CREDIT CARD		03/02/2024	\$ 25.00
屵	Add					
ᅡ	Remove	1	CREDIT CARD		03/19/2024	\$ 15.00
一	Add					
	Remove	1	CREDIT CARD		04/04/2024	\$ 25.00
	Add	1	CDEDIT CARD		0.1/0.1/2021	
	Remove	1	CREDIT CARD		04/04/2024	\$ 15.00
	Add	1	CREDIT CARD		04/05/2024	\$ 25.00
<u> </u>	Remove	1	CREDIT CARD		04/03/2024	\$ 25.00
ᆜ	Add	<del>-</del> 1	CREDIT CARD		04/06/2024	\$ 15.00
H	Remove				01/00/2021	Ψ 15.00
H	Add Remove	1	CREDIT CARD		04/07/2024	\$ 30.00
H	Add				37.426.330.77.77.77	
H	Remove	1	CASH	-	04/07/2024	\$ 20.00
ĦΞ	Add					
	Remove	1	CASH		04/07/2024	\$ 20.00
	Add	1	CDEDIT CARD		0.4/0.7/2004	
	Remove	1	CREDIT CARD		04/07/2024	\$ 25.00
	Add	1	CREDIT CARD		04/07/2024	¢ 25.00
Ц_	Remove	1	CREDIT CARD		04/07/2024	\$ 25.00
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<del>                                     </del>	Add Remove	1	CREDIT CARD		04/08/2024	\$ 25.00
Η-	Add		b-Scottenescose			
Ħ-	Remove	1	CASH		04/07/2024	\$ 50.00
	Add					
	Remove	<del>-</del> 1	CREDIT CARD		03/17/2024	\$ 20.00
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	Remove	1	CREDIT CARD		04/03/2024	\$ 30.00
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4	Add	-				\$
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State Value Walk	tal only this				\$	460.00 ✓
5. To	tal of ALL	CRO-1205 P	ages			460.00
(This	line must be on lin	ne 5 of Detailed Su	mmary Page CRO-1100)		\$	460.00

		om Individuals dividual contributions of	over \$5	Pg 0 or contributions und			Ot used	No No
		(and Fund if applica			or good a real	2. ID Nur		
KESHIA	A4CABARRUSCO	DUNTY			-			
3. Contr	ributor Informati	ion		Add Ren	move			
	nme, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
	e city, state, & zip)			RETAIL				
TOBY N 3950 Pai				c. Employer's Name/Sp	pecific Field			
	EASANT NC 2812	24		Sherwin Williams	eeme Field	1		
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	CREDIT CAR			03/01/2	024	\$	100.00
							\$	
							\$	
3. Contr	ributor Informatio	on		Add Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	e city, state, & zip)			NO JOB TITLE				
	Y M WOOD ION STREET S			c. Employer's Name/Sp	socific Field	-		
	PRD NC 28025			NOT EMPLOYED		1		
						e. Election S	Sum to Date	
		<u></u>				\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CREDIT CAR			03/03/2	024	\$	100.00
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3. Contri	ibutor Informatio	on		Add Ren	nove			
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	42,819,011
	OOLLAR			NO JOB TITLE				
	RTERS CT			c. Employer's Name/Spo	ecific Field	1		
	RD NC 28025			NOT EMPLOYED		-		
						e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CREDIT CAR			03/16/20	024	\$	50.00
							\$	
	*						\$	
4. Total	l only this Page	e				\$		350.00
5. Total	l of ALL CRO	-1210 Pages						2407.00
(This lie	a must be on line 6 of		DO 1100			\$		2485.00

**Contributions from Individuals** 

		m Individuals lividual contributions	over \$5	Property of the Property of th			Yes ot used	No No
		(and Fund if applica				2. ID Nur		
KESHIA	A4CABARRUSCO	DUNTY						
3. Contr	ributor Informati	on		Add 🔲 Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
	e city, state, & zip)			Non Profit Manag	gement			
	LEWTER ary Wynn Court			c. Employer's Name/S	Enosific Field	0.0		
	POLIS NC 28083	}		CENTER FOR	specific Field	7		
- , = '0 = 0				COMMUNITY T	RANSITIONS	e. Election S	Sum to Date	Maria Andrews
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR			03/17/2	2024	\$	50.00
		-					\$	-
							\$	
3. Contr	ibutor Informatio	on		Add Re	emove		35,000,000	
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Accounting Specia	alist			
	ELL JOSEPH N PATRICK AVE	i		c. Employer's Name/S	Specific Field	-		
	POLIS NC 28083			CABARRUS COL				
	2000			GOVT		e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR			03/26/2	2024	\$	50.00
							\$	
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3. Contri	ibutor Informatio	on and a second		Add Re	emove	Ayo. Aga	100	10 th 10 12
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	ts	
	city, state, & zip)  MCCONNELL			TRAINER				
	NOVER DR NW			c. Employer's Name/S	necific Field			
	RD NC 28027			SELF EMPLOYE		-		
					_	e. Election S	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR			04/01/2	2024	\$	500:00
							\$	
							\$	
4. Total	only this Page	e				\$		600.00
5 Total	of ALL CRO	1210 Pages						

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

2485.00

\$

		m Individuals		Pg	_3 of		Yes	
The second secon			THE RESERVE OF THE PERSON NAMED IN	0 or contributions und	er \$50 if form CF			
		(and Fund if applica	ble)			2. ID Nui	nber	
KESHIA	A4CABARRUSCO	DUNTY						
3. Contr	ributor Informati	ion		Add Ren	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	e city, state, & zip) E DIXON		- 10mg/s	NO JOB TITLE				
	OCHVILLE RD			c. Employer's Name/Sp	pecific Field			
KANNA	APOLIS NC 28081			NOT EMPLOYED				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			04/07/2	2024	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add  Rer	nove			100000
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			NO JOB TITLE				
	UMPHREY				CRITICAL STREET			
	Ala Mahiku St #75 HI 96792	-C		c. Employer's Name/Sp NOT EMPLOYED		4		
vv ararrac	111 90/92			NOT EMPLOTED	·	e. Election S	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	CHECK			04/07/2		\$	500.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Ren	nove	Fig. 10		4 010 22
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include BETTY S	city, state, & zip)			NO JOB TITLE				
PO BOX				c. Employer's Name/Sp	ecific Field	-		
	RD NC 28026			NOT EMPLOYED				
						e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
	1	CHECK			04/07/2	024	\$	50.00
							\$	
							\$	
4. Total	l only this Pag	e				\$		650.00
5. Total	of ALL CRO	-1210 Pages				•		2405.00
(This line	e must be on line 6 of	Detailed Summary Page C	RO-1100	)		\$		2485.00

		dividual contributions		0 or contrib	utions und	er \$50 if form CR	205 is r	not used	
1. Com	nittee Full Name	(and Fund if applica	ble)				2. ID Nu	mber	
KESHIA	A4CABARRUSCO	DUNTY							
	ributor Informati			Add [	Rer	move		A Harrison of	
	me, Mailing Address	& Phone			e/Profession		d. Comme	nts	
	e city, state, & zip)			NO JOB	TITLE				
	NA ROZIEWSKI NITA DR			c Employe	er's Name/Sp	socific Field			
	RD NC 28027				APLOYED		4		
							e. Election	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i In	Vind Descript		1 . D. t. (/44/			
TIO			1. 111-1	Kind Descripti	on	j. Date (mm/dd/y		k. Amount	
	1	CREDIT CAR				04/07/2	2024	\$	100.00
								\$	
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2.0.4					_			\$	
	ibutor Informatio					nove			
	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title			d. Commer	nts	
	N ERICSON			Accounta	int				
788 COU	JRTNEY ST SE			c. Employe	r's Name/Spe	ecific Field			
CONCO	RD NC 28025			NOT EM	IPLOYED				
						<i>*</i>	e. Election	Sum to Date	
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	on	j. Date (mm/dd/yy	yyy)	k. Amount	
	1	CREDIT CAR				04/27/2		\$	25.00
	1	CREDIT CAR				05/27/2	2024	\$	25.00
	1	CREDIT CAR				06/27/2	2024	\$	25.00
3. Contri	ibutor Informatio	on		Add	Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/			d. Commen	its	
	city, state, & zip) ND BRYANT-HE	PRON		ORGANI	ZER				
199 MCK		RRON		c Employer	r's Name/Spe	ecific Field	-		
	RD NC 28025				MPLOYED		1		
						•	e. Election	Sum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	on	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CREDIT CAR				05/01/20	024	\$	50.00
								\$	
								\$	
4. Total	only this Page	e					\$		225.00
	of ALL CRO	-1210 Pages	DO 1100				\$		2485.00

**Contributions from Individuals** 

Amendment

Yes 🔀

		m Individuals				Pg	_5 of		Yes	
		lividual contributions		0 or contri	bution	s unde	er \$50 if form CR			Whiteless
		(and Fund if applica	ble)					2. ID Nun	nber	X 200
KESHIA	A4CABARRUSCO	DUNTY								
	ibutor Informati			Add		Rem	nove			
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Ti				d. Commen	ts	
	NA BOCKO			NO JO	BIII	LE				
	NITA DR			c. Emplo	yer's N	ame/Spe	ecific Field			
CONCO	RD NC 28027			NOT E	MPLC	YED				
								e. Election S	Sum to Date	
								\$	360.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption	-115(2)	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR					04/30/2	2024	\$	360.00
									\$	
									\$	
3. Contr	ibutor Informatio	on		Add		Rem	nove	Technology	1000 to 1500	
a. Full Nar	me, Mailing Address	& Phone		b. Job Tit	tle/Prof	ession		d. Comment	ts	
	city, state, & zip)			NO JOI	B TIT	LE				
	DA RICHARDSO! ONEWOOD VIEV			a Familia	wanta Na	/C	aiga Fiald	-		
	POLIS NC 28081			NOT E			ecific Field	4		
				1,012		122		e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descrip	ption		j. Date (mm/dd/yy	ууу)	k. Amount	
	1	CHECK					05/10/2	.024	\$	100.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	iove			E FREE
	ne, Mailing Address &	& Phone		b. Job Tit				d. Comment	s	
	city, state, & zip)  THUMPHREY	Section of the sectio	in Pagal	NO JOI	B TITI	LE				
	VER COURT			c. Employ	ver's Na	me/Spe	ecific Field			
	ND CA 92346			NOT E				1		
								e. Election S	um to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	otion	2000	j. Date (mm/dd/yy	yyy)	k. Amount	
	1	CHECK					06/05/2	.024	\$	200.00
									\$	
									\$	
4. Total	only this Page	e						\$		660.00
5. Total	of ALL CRO	-1210 Pages						6		2495.00
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100	))				\$		2485.00

## Contributions from Other Political Committees $P_{g}$ $\underline{1}$ of $\underline{1}$ Amendment $P_{g}$ $N_{o}$

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Fu	ull Name (and Fund if applicab	le)					2. ID	Number
KESHIA4CABA	ARRUSCOUNTY							
3. Contributor I	nformation		Add		Remove	ALCO COLOR		<b>元本</b>
a. Full Name, Mailin	ng Address & Phone		b. Type o	of Committee			d. Com	nments
(include city, state				Candidate		PAC		
DIXON FOR KA				Referendu				
1840 ENOCHVI			c. Level	Registered (S	pecify)			
KANNAPOLIS	NC 28081			Federal		County:		
				State	$\square$	Municipality:	e. Elect	tion Sum to Date
							\$	100.00
f. Account Code	g. Form of Payment	h. In-Kii	nd Description	on	i. Da	te (mm/dd/yyyy)	)	j. Amount
1	CHECK					05/10/2024		\$ 100.00
								\$
								\$
3. Contributor I			Add		Remove			
a. Full Name, Mailin	ng Address & Phone		b. Type o	of Committee	No. of the		d. Com	ments
(include city, state	e, & zip)			Candidate		PAC		
				Referendu				
			c. Level 1	Registered (S	pecify)			
			1H	Federal	님	County:	FILE	. c . b .
				State		Municipality:	e. Elect	tion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. In-Kir	d Description	n	i. Da	te (mm/dd/yyyy)		j. Amount
								\$
								\$
								\$
3. Contributor In			Add		Remove	TOLER TO	WAR IN	
a. Full Name, Mailin			b. Type o	f Committee			d. Com	ments
(include city, state	, & zip)			Candidate		PAC	100100 10000 10000	
			Ц.	Referendu				
			c. Level I	Registered (S	pecify)			
			18	Federal State	H	County: Municipality:	a Floor	ion Sum to Date
				State		within cipanty.	\$	ion sum to Date
f. Account Code	g. Form of Payment	h. In-Kin	d Description	n	i. Dat	te (mm/dd/yyyy)		j. Amount
								\$
	Table 1							\$
								\$
4. Total only this	Page						\$	100.00
5. Total of ALL	CRO-1230 Pages						ø	100.00
(This line must be o	on line 8 of Detailed Summary Page CR	O-1100)					\$	100.00

Aggregated	Non-Media	<b>Expenditures</b>
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Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commi	1. Committee Full Name (and Fund if applicable)  2. ID Number								
KESHIA	4CABARRUSCO	DUNTY							
3. Payee l	nformation	<b>建筑 的现在分词</b>			And the second second	ANTONIO CONTRACTOR MAINTENANCE			
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
Add Remove	1	DRAFT	0	02/29/2024	\$ 12.00	BANK FEE			
Add Remove	, 1	DRAFT	0	03/29/2024	\$ 12.00	BANK FEE			
Add Remove	1	DRAFT	0	04/29/2024	\$ 12.00	BANK FEE			
Add Remove	, 1	DRAFT	0	03/31/2024	\$ 19.34	PROCESSING FEE			
Add Remove	1	DRAFT	0	04/30/2024	\$ 48.59	PROCESSING FEE			
Add Remove	1	DRAFT	0	05/31/2024	\$ 7.17	PROCESSING FEE			
Add Remove	1	DEBIT CARD	С	04/07/2024	\$ 14.45	FUNDRAISING SUPPLIES			
Add Remove 1 DEBIT CARD C 04/07/2024 \$ 21.40 FUNDRAISING SUPPLIES									
Add Remove	1	DEBIT CARD	С	04/07/2024	\$ 24.86	FUNDRAISING SUPPLIES			
Add Remove	1	DRAFT	О	02/28/2024	\$ 1.21	PROCESSING FEE			
☐ Add ☐ Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
4. Total only this Page \$173.02									
	5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)  \$173.02								
THE RESERVE AND ADDRESS OF	The same of the sa	detailed expendi	DECEMBER OF THE PARTY OF THE PA	) above)					
E - Sala	B* -	Printing Equipment	C* - Fundra G - Political	aising D - T	o Another Candida <b>Holding Public O</b>				
International Commence of Comm	I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund								
O* - Ot	her			A CONTRACTOR OF THE PROPERTY O					
* Codes	require detaile	ed explanation in	required rema	rks field (g)					

## Disbursements Pg 1 of 3 Yes No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee I	Full Name (and Fun	d if applicable)			2. ID Number
KESHIA4CAB	BARRUSCOUNTY				
3. Type of Dish			CRO-1310 forms for each t	ype of Disbursem	tent.)
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees	□ C₀	ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, USVI WINE	, & zip)				
167 Union Stre	et S		c. Level Registered (Specify)		
Concord NC 2	8025		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 172.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		-			EVENT SPACE
1	DEBIT CARD	C	04/06/2024	\$172.50	2 - 2 - 1 - 1 - 1 - 1
				0	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
SAMS CLUB #					_
2421 Supercent			c. Level Registered (Specify)		]
Kannapolis, NC	28083		☐ Federal ⊠	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 203.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	С	04/07/2024	\$93.87	FUNDRAISING SUPPLIES
1	DEBIT CARD	0	06/22/2024	\$109.74	FOOD/SUPPLIES
4. Payee Inform	nation		Add	Remove	1000000000000000000000000000000000000
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, STAPLES 1224					
1480 Concord P	kwy North Suite		c. Level Registered (Specify)		1
Concord, NC 28			Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 96.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	A	04/28/2024	\$69.54	CAMPAIGN CARDS
1	DEBIT CARD	A	05/09/2024	\$26.74	CAMPAIGN CARDS
5. Total only thi	s Page				\$ 472.39
6. Total of ALL	CRO-1310 Pages				
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politics 0 if Coordinated Party Expendition		\$ 767.17
			(h) shave)	res)	
7. Purpose Code A* - Media	B* - Printing	C* - Fund		D. To Anoth	or Candidata
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politic			er Candidate Public Office Expenses n to Legal Expense Fund
* Codes require	e detailed explanati	on in required re	emarks field (k)		

Disbursements

Pg 2 of 3 Amendment

Yes 
No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

	coordinated party ex		tee for, operating expenses,	contributions to c	andidate/pontical		
	Full Name (and Fun				2. ID Number		
KESHIA4CAB	ARRUSCOUNTY						
3. Type of Disb	ursement (Plea	ise use separate (	CRO-1310 forms for each t	ype of Disbursem	ent.)		
Operating E		Contributions to Ca	andidates/Political Committees	Coc	ordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,		143915	4				
ACADEMY SE							
2211 ELDER L			c. Level Registered (Specify)				
KANNAPOLIS NC 28083			Federal County:				
			State	Municipality:	e. Election Sum to Date		
					\$ 32.07		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEDIT CARD			#22.07	CAMPAIGN		
1	DEBIT CARD	0	05/03/2024	\$32.07	T-SHIRTS		
				\$			
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,			4 .				
TOWN OF HA			Y 10 1/0 1/0				
2421 Supercent			c. Level Registered (Specify)				
Kannapolis, NC	. 28083		Federal State	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 75.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	О	06/04/2024 \$75.00		PARADE FEE		
				\$			
4. Payee Inform	nation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
STAPLES 1224			1				
1480 Concord P	kwy North Suite		c. Level Registered (Specify)				
Concord, NC 28025			☐ Federal ⊠	County:			
			State	Municipality:	e. Election Sum to Date		
	9.				\$ 139.07		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT CARD	A	06/15/2024	\$42.79	CAMPAIGN CARDS		
				\$			
5. Total only thi	s Dogo				\$ 149.86 √		
	CRO-1310 Pages				\$ 149.86		
		ımarv Page CRO-110	0 if Operating Expenses)		1		
	line 13b of Detailed Sum	\$ 767.17					
			0 if Coordinated Party Expenditu				
	es (List detailed exp			NAME OF BUILDING			
A* - Media B* - Printing C* - Fund					er Candidate		
E - Salaries F* - Equipment G - Politic				Public Office Expenses			
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	Q* - Donation to Legal Expense Fund		
SABON MICHAELENCON SKRILLNINGS WITCHARD GARLES GEVOLUNG CONTRACTOR	e detailed explanati	on in required re	emarks field (k)				

					Amendment
Disbursements	Pg	3	of	3	☐ Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

	Full Name (and Fun	d if applicable)			2. ID Number	
KESHIA4CAB	ARRUSCOUNTY					
3. Type of Dish			CRO-1310 forms for each t			
Operating I		Contributions to Ca	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments	
(include city, state,	& zip)					
PROFORMA						
P.O. Box 6408			c. Level Registered (Specify)			
Cincinnati, OH 45264-0814			Federal 🖂	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 144.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT CARD	A	05/03/2024	\$144.92	CAR MAGNETS	
				\$		
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				Φ		
				\$		
4. Payee Inform	nation		Add Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
			7 IB 16		-	
			c. Level Registered (Specify)	0 1	4	
		Federal State	County: Municipality:	e. Election Sum to Date		
			State	wunicipanty:	e. Election Sum to Date	
				_	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				Φ.		
				\$	,*	
5. Total only th					\$ 144.92	
(This line goes in			0 if Operating Expenses) 0 if Contrib to Candidates/Politic	ogl Comm)	\$ 767.17	
			0 if Coordinated Party Expenditu			
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fun	draising	D - To Anoth	er Candidate	
E - Salaries F* - Equipment G - Politic			cal Party H* - Holding I		Public Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses Q* - Donation to Legal Expense Fund			
<ul> <li>A Control of An Display Supplement of Annia Annia Annia Annia Annia Annia Annia Annia Annia Annia</li> </ul>	e detailed explanati	ion in required r	emarks field (k)	acod Car		

 $\boxtimes$ 

No