	Amer	ndment	
Disclosure Report Cover	$\boxtimes$	Yes	
Use this form for ganeral report and committee information must be signed and an house of all and animals.	. 41	I-4-11-1 C	

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 KESHIA4CABARRUSCOUNTY b. Mailing Address (include City, State and Zip Code) d. Date Filed PO BOX 8224 07/10/2024 CONCORD NC 28027 e. Phone Number (980) 434-1255 4. Period End Date 2. Report Year 3. Period Start Date (mm/dd/yy) 5. Treasurer Full Name (mm/dd/yy) OCTAINIOUS SEYMORE 2024 02/18/24 06/30/24 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Municipal State/County Referendum Organizational Referendum Organizational Organizational Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund 7. Type of Fund (if applicable, check one) Pre-primary First Final "Booster Fund" Pre-election Second Supplemental Final **Building Fund** Pre-runoff Third Annual Semi-annual Fourth Special Mid Year Semi-annual Other: Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name **UWHARRIE BANK** b. Purpose c. Account Code b. Purpose c. Account Code **CAMPAIGN FINANCE** d. Period Begin Balance 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 09/26/2024 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY 10-02-24 NAN Delivery Method Date Received: Employee: Normal Mail 09-30-24 WAN Registered Mail Date Postmarked: Employee: Hand Delivered 10-03-24 WAN Electronically Filed Date Scanned: Employee: 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.

CRO-1000

No

Amendment  $\boxtimes$ 

Detailed Summary
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 N	umber
KESHIA4CABARRUSCOUNTY	2024 SECOND Q	UAR	TER		
Start of Election Cycle: January 1,	2024		Total this Reporting Period		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 Organiz	zations (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	b, 11c, 11d and 11e)	\$	3045.00 🗸	\$	4587.50
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	767.17 √	\$	965.57
13b) Contributions to Candidates/Political Com	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)	\$		s	50.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 1	14, 15, 16 and 17)	\$	940.19 √	\$	1188.59
(19) Cash on Hand at End (Add lines 4 and 12 together, then		\$	3398.91	\$	3398.91 √
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committee	es (CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other camp	aigns) (CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		84	
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		S	
26) Forgiven Loans	(CRO-1440)	\$		\$	
48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
8) Contributions to be Refunded	(CRO-1215)	\$		\$	

### **Aggregated Contributions from Individuals**

Page

<u>1</u> of <u>1</u>

Amendment

Yes

No

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

	Committee Full Name (and Fund if applicable) ESHIA4CABARRUSCOUNTY					2. ID Number		
Cont	wihastan Infan							
11-12-57	ributor Infor	b. Account		d. In-Kind	e. Date	BI English or engine and a second		
Amend		Code	c. Form of Payment	Description	(mm/dd/yyyy)	f. Amount		
<u> </u>	Add Remove	1	CREDIT CARD		02/18/2024	\$ 5.00		
	Add	-						
	Remove	1	CREDIT CARD		02/26/2024	\$ 15.00		
	Add	<u> </u>						
	Remove	1	CREDIT CARD		03/01/2024	\$ 25.00		
	Add	- 1	CDEDIT CARD		02/02/2024	£ 25.00		
	Remove	1	CREDIT CARD		03/02/2024	\$ 25.00		
	Add	1	CREDIT CARD		03/02/2024	\$ 25.00		
	Remove	<u> </u>	CIGDII CARD		03/02/2024	\$ 25.00		
	Add	- 1	CREDIT CARD		03/19/2024	\$ 15.00		
	Remove				05/17/2024	J 13.00		
	Add Remove	- 1	CREDIT CARD		04/04/2024	\$ 25.00		
	Add	-						
	Remove	- 1	CREDIT CARD		04/04/2024	\$ 15.00		
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	Remove	- 1	CREDIT CARD		04/05/2024	\$ 25.00		
	Add	1.	CDEDIT CLIDE					
	Remove	1	CREDIT CARD		04/06/2024	\$ 15.00		
	Add	- 1	CREDIT CARD		04/07/2024	A 20.00		
	Remove	1	CREDIT CARD		04/07/2024	\$ 30.00		
	Add	1	CASH		04/07/2024	\$ 20.00		
	Remove		0.101		04/07/2024	\$ 20.00		
-	Add	- 1	CASH		04/07/2024	\$ 20.00		
-	Remove Add							
+	Remove	1	CREDIT CARD		04/07/2024	\$ 25.00		
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	Remove	1	CREDIT CARD		04/07/2024	\$ 25.00		
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_	Add	1	CASH		04/07/2024	\$ 50.00		
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	Remove	1	CREDIT CARD		04/03/2024	\$ 30.00		
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otal	only this F	Page			\$	460.00 √		
		RO-1205 Pa	the second secon			100.00		

Contri Use this f	butions from	n Individuals	ver \$50	Pg ) or contributions unde	of er \$50 if form CRC	5 0 1205 is no	Amendment  Yes t used	□ No
-	NAME AND ADDRESS OF TAXABLE PARTY.	and Fund if applical	NAME AND ADDRESS OF TAXABLE PARTY.			2. ID Num	ber	
	4CABARRUSCO							
3. Contri	butor Informatio	on		Add Ren	nove			
	ne, Mailing Address &			b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			RETAIL				
TOBY N	EAL							
3950 Paig				c. Employer's Name/Sp	ecific Field			
MT PLEA	ASANT NC 2812	4		Sherwin Williams		e. Election S	um to Date	
						e. Election S		
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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	city, state, & zip)		2.19	ASSOCIATE PRO	FESSOR			
	M WOOD			c. Employer's Name/Sp	pacific Field	-		
	ON STREET S RD NC 28025			UNC-CHARLOT		1		
CONCO	RD NC 20023			ONC-CIMILEO I	L	e. Election S	Sum to Date	
						\$	200.00	
	1		1		1			46 17 567 (549.)
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy		k. Amount	
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	city, state, & zip)			Public Education				
	OOLLAR			T	if a Field	-		
	RTERS CT			c. Employer's Name/S Cabarrus County I		+		
CONCO	RD NC 28025			Foundation	Saucation	e. Election	Sum to Date	
						\$	50.00	
		T	1	<u> </u>	: Data (mm/dd/m		k. Amount	
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							\$	250.00
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5. Total of ALL CRO-1210 Pages

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\$

		om Individuals			Pg <u>2</u> o		Yes	_
		dividual contributions		0 or contributions	under \$50 if form C			
		(and Fund if applica	able)			2. ID Nu	mber	
KESHIZ	A4CABARRUSC	OUNTY						
3. Cont	ributor Informat	ion		Add 🗌	Remove			
a. Full Na	ime, Mailing Address	& Phone		b. Job Title/Profes	sion	d. Comme	nts	
	e city, state, & zip)			Non Profit Mar	nagement			
1	LEWTER							
	ary Wynn Court	EW		c. Employer's Nam	e/Specific Field			
KANNA	APOLIS NC 2808:	3		CENTER FOR				
				COMMUNITY	TRANSITIONS	e. Election	Sum to Date	0.00
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
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	me, Mailing Address		Ш	b. Job Title/Profess		d. Comme	nte	
The second second	city, state, & zip)	a i none		Accounting Spe		d. Comme	nts	
	ELL JOSEPH			7 recounting spe	Cidiist			
3261 IAI	N PATRICK AVE	3		c. Employer's Nam	e/Specific Field			
KANNA	POLIS NC 28083	}		CABARRUS C				
				GOVT		e. Election	Sum to Date	
						s	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Description	j. Date (mm/dd/y	yyy) k. Amount		
	1	CREDIT CAR			03/26/	2024	\$	50.00
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3. Contri	ibutor Informati	on		Add 🔲	Remove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Commer	nts	
	city, state, & zip)		- 1	TRAINER				
	MCCONNELL							
	NOVER DR NW			c. Employer's Name				
CONCO	RD NC 28027			SELF EMPLOY	ED			
						e. Election	Sum to Date	1 1 2 2 2 2 3
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR			04/01/2	2024	\$	500.00
							\$	
							\$	
4. Total	only this Pag	e				\$		600.00
5. Total	of ALL CRO	-1210 Pages						2/05.00

Amendment

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

\$

2485.00

# Contributions from Individuals Pg 3 of 5 Amendment Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	1. Committee Full Name (and Fund if applicable)							2. ID Number		
KESHIA	4CABARRUSCO	UNTY								
3. Contri	ibutor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Comment	S	
	city, state, & zip)			COUN	CILW	OMAN	٧			
JEANNE				W. 10.23						
	OCHVILLE RD						cific Field			
KANNA	POLIS NC 28081			CITY	OF KA	NNAP	POLIS	FD 4 6		
								e. Election S	um to Date	<b>张松</b> 、三十三年2月
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy	y) k. Amount		
	1	CHECK					04/07/20	024	\$	100.00
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									\$	
3. Contri	butor Informatio	on		Add		Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	itle/Prof	ession		d. Comment	S	
(include	city, state, & zip)			RETIR	RED					
MAC HU	MPHREY									
	la Mahiku St #75-	·C		THE ATTACHMENT OF THE PARTY OF	-		cific Field			
Waianae	HI 96792			NOT E	EMPLO	YED				
								e. Election S	um to Date	
								\$	500.00	
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									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	iove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Ti	itle/Prof	fession		d. Comment	s	
	city, state, & zip)			COUN	ICILW	OMAN	N			
BETTY S								-		
PO BOX	883 RD NC 28026			CITY O			cific Field	-		
CONCOR	CD NC 28020			CITT	OF CO	INCOR	Œ	e. Election S	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK					04/07/2	024	\$	50.00
									\$	
									\$	
4. Total	only this Page	e						\$		650.00
5. Total	of ALL CRO	-1210 Pages						\$		2485.00
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100	))				, o		2703.00

		m Individuals ividual contributions of	over \$50			f <u>5</u> RO 1205 is no	Amendment  Yes  ot used	t No
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nun	nber	
KESHIA	4CABARRUSCO	DUNTY						
3. Contr	ibutor Informati	on		Add 🔲 I	Remove		+	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Commen	ts	
(include	city, state, & zip)			RETIRED				
	NA ROZIEWSKI							
	NITA DR			c. Employer's Name				
CONCO	RD NC 28027			NOT EMPLOY	ED			C STATE AND A STATE
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	CREDIT CAR			04/07/	2024	\$	100.00
							\$	
							s	
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a. Full Nai	ne, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commen	ts	
(include	city, state, & zip)			Accountant				
MARTIN	N ERICSON							
788 COU	JRTNEY ST SE			c. Employer's Name		1		
CONCO	RD NC 28025			ERICSON TAX	&			
CONCO	KD NC 28023			ACCOUNTING		e. Election S	Sum to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
Ш	1	CREDIT CAR			04/27/	/2024	\$	25.00
	1	CREDIT CAR			05/27	//2024	\$	25.00
	1	CREDIT CAR			06/27	/2024	\$	25.00
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	ne, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commen	ts	
	city, state, & zip)			ORGANIZER				
	ND BRYANT-HE	RRON						
199 MCk	RD NC 28025			c. Employer's Name		2		
CONCO	KD NC 28023			SELF EMPLOY	ED	e. Election S	Sum to Date	VI-19-20,
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
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 1
 CREDIT CAR
 05/01/2024
 \$
 50.00

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 4. Total only this Page
 \$
 225.00

 5. Total of ALL CRO-1210 Pages
 \$
 2485.00

2485.00

\$

Contributions	fuer	Individual	l۵
Contributions	irom	Individual	8

				Ame	ndment	
Pg	_5	of	5_	$\boxtimes$	Yes	No

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

1. Comm	Committee Full Name (and Fund if applicable)						2. ID Number		
KESHIA	4CABARRUSCO	UNTY							
3. Contri	butor Informatio	n		Add Rem	nove				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		THE STANFALLER	
	city, state, & zip)			RETIRED					
	IA BOCKO				TO SEE THE SECOND SECON				
	NITA DR			c. Employer's Name/Spe	ecific Field				
CONCOR	RD NC 28027			NOT EMPLOYED		F1 - 4 0-		45-500-66-8	
						e. Election Su	im to Date		
						\$	360.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	CREDIT CAR			04/30/20	)24	\$	360.00	
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							\$		
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(include	city, state, & zip)			REALTOR					
	A RICHARDSON				ENDERT HER PERSONNEL PROPERTY INC.				
2663 STC	DNEWOOD VIEW	V		c. Employer's Name/Spo					
VANINIAI	POLIS NC 28081			WILINSON & ASS REAL	SOCIATES				
KANNAI	OLIS NC 28081			ESTATE		e. Election St	ım to Date	17 12057	
				LSTATE					
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
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	city, state, & zip)		China !	ASSOCIATE PRO	FESSOR				
	HUMPHREY			TO THE RESERVE TO THE PARTY OF				1	
6929 DO	VER COURT			c. Employer's Name/Sp		-			
HIGHI A	ND CA 92346			CALIFORNIA STA SACRAME	ATE UNIV,				
monex	ND CA 72540			STEIGHNE		e. Election S	um to Date		
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	CHECK			06/05/2	024	\$	200.00	
							\$		
							\$		
4. Total	only this Pag	e				\$		660.00	
5. Total	of ALL CRO	-1210 Pages				s		2485.00	
(This line	e must be on line 6 of	Detailed Summary Page (	CRO-1100	))		•		00.00	

## Contributions from Other Political Committees Pg 1 of 1 Amendment Yes No. No. 1 Yes N

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

1. Committee Full Name (and Fund if applicable)							2. ID Number		
KESHIA4CAB	ARRUSCOUNTY								
3. Contributor	Information		Add		Remov	re e		7.67	
	ing Address & Phone	Total of the second		of Committe			d. Con	nments	
(include city, stat				Candidat		PAC			
DIXON FOR K				Referend	dum	•			
1840 ENOCHV			c. Level	Registered (	(Specify)		1		
KANNAPOLIS	NC 28081			Federal		County:	1		
				State	$\boxtimes$	Municipality:	e. Elec	tion Sum to	Date
							\$	100.00	
f. Account Code	g. Form of Payment	h, In-Ki	ind Descripti	íon	i. I	Date (mm/dd/yyyy	()	j. Amoun	ıt
1	CHECK					05/10/2024	1	\$ 10	00.00
-								s	
				-				\$	
2 Contributor	V-farmation		A 44		D-man			2	
3. Contributor I	voncent, and a second s		Add	of Committee	Remov	е	T d Con		
	ng Address & Phone		b. Type	of Committee		1 PAG	d. Con	nments	NO. 31 350 1831
(include city, state	e, & zip)			Candidat Referend	-	PAC			
			2 Level	Registered (		A A Section of the Control	1		
			e. Lever	Federal	Specify	County:	-		
				State	F	Municipality:	a Flee	tion Sum to	Data
				State		Within Cipanty.	e. Eice	Hon Sum to	Date
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								S	
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								\$	
3. Contributor I	nformation		Add		Remov	e	58		
a. Full Name, Mailin	ng Address & Phone		b. Type	of Committe	ee	0. 万数约100多00	d. Con	nments	
(include city, state	e, & zip)			Candidat	te [	] PAC			
				Referend	lum				
			c. Level	Registered (	(Specify)	Parking the	1		
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f. Account Code	g. Form of Payment	h. In-Ki	nd Description	on	i. I	Date (mm/dd/yyyy	)	j. Amoun	it
								\$	
								\$	
								\$	
4. Total only this	s Page				State of the		\$	100.00	
5. Total of ALL	CRO-1230 Pages	AND WATE	150.028	State State					
	on line 8 of Detailed Summary Pag	ge CRO-1100)					\$	100.00	

Aggregated	Non-Media	<b>Expenditures</b>
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Amendment

	0	port NC Non-Med			ge of	Yes / No	
1. Committee Full Name (and Fund if applicable)					2. ID Number		
KESHI	A4CABARRUSC	OUNTY					
- the same of the	e Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
Add Remo	ove 1	DRAFT	0	02/29/2024	\$ 12.00	BANK FEE	
Add Remo	ove 1	DRAFT	0	03/29/2024	\$ 12.00	BANK FEE	
Add Remo	ove 1	DRAFT	0	04/29/2024	\$ 12.00	BANK FEE	
Add Remo	ove 1	DRAFT	0	03/31/2024	\$ 19.34	PROCESSING FEE	
Add Remo	ove 1	DRAFT	0	04/30/2024	\$ 48.59	PROCESSING FEE	
Add Remo	ve 1	DRAFT	0	05/31/2024	\$ 7.17	PROCESSING FEE	
Add Remo	ve 1	DEBIT CARD	С	04/07/2024	\$ 14.45	FUNDRAISING SUPPLIES	
Add Remo	ve 1	DEBIT CARD	С	04/07/2024	\$ 21.40	FUNDRAISING SUPPLIES	
Add Remo	ve 1	DEBIT CARD	С	04/07/2024	\$ 24.86	FUNDRAISING SUPPLIES	
Add Remo	1	DRAFT	0	02/28/2024	\$ 1.21	PROCESSING FEE	
Add Remo	ve				\$		
Add Remo					\$		
Add Remo					\$		
☐ Add ☐ Remo					\$		
Add Remo					\$		
Add Remo	ve				\$		
Add Remov					\$		
Add Remo					\$		
Add Remov					\$		
Add Remov					\$		
	l only this Page				\$173.02		
5. Total of ALL CRO-1315 Pages					\$173.02		
(This line must be on line 14 of Detailed Summary Page CRO-1100)					\$175.02		

	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		•	

				Amendment	
Disbursements	Pg	1	of <u>3</u>	Yes	$\boxtimes$

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

	Full Name (and Fur	id if applicable)			2. ID Number
	BARRUSCOUNTY				
3. Type of Dish	ursement (Plea	ase use separate (	CRO-1310 forms for each	type of Disburse	ment.)
Operating l	Expenses	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state, USVI WINE	, & zip)	1991527-48003	<u> </u>		
167 Union Stre	et S		c. Level Registered (Specify	)	
Concord NC 2	8025		Federal 🖂	County:	
			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
1	DEBIT CARD	С	04/06/2024	\$172.50	EVENT SPACE
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,					
SAMS CLUB # 2421 Supercent			c. Level Registered (Specify		_
Kannapolis, NC			Federal Specify	County:	
Kamiapons, ive	, 20003		State	Municipality:	e. Election Sum to Date
			J. State	wunicipanty.	
***	*				\$ 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	C	04/07/2024	\$93.87	FUNDRAISING
					SUPPLIES
1	DEBIT CARD	0	06/22/2024	\$109.74	FOOD/SUPPLIES
4. Payee Inform	nation		Add Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,					
STAPLES 1224					
	kwy North Suite		c. Level Registered (Specify		
Concord, NC 28	1025		Federal 🛛		
			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	00 if Operating Expenses) 00 if Contrib to Candidates/Political Comm)		\$ 767.17
			0 if Coordinated Party Expendi	tures)	
A* - Media	B* - Printing	C* - Fun		D - To Ano	ther Candidate
E - Salaries	F* - Equipment				ng Public Office Expenses
- Postage O* - Other	J - Penalties		fice Expenses  Q* - Donation to Legal Expense Fundamental Control of the Expense		
protection of the Ministra contribution of the	e detailed explanati	on in required r	emarks field (k)		

No

Disbursements	Dis	burse	ement	ts
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and	d coordinated party e	xpenditures.	, , , , , , , , , , , , , , , , , , ,	,	
	Full Name (and Fur	id if applicable)			2. ID Number
	BARRUSCOUNTY				
3. Type of Dis			CRO-1310 forms for each i		
Operating		Contributions to Ca	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Infor			Add	Remove	
	iling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state			1		
ACADEMY S 2211 ELDER			- I I D - 1 1 (C - 16 )	Substitution of the substi	-
KANNAPOLI			c. Level Registered (Specify)  Federal	County:	-
KANNAFOLI	3 NC 20003		State	Municipality:	e. Election Sum to Date
				within opanty.	
					\$ 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		05/02/2024	\$22.07	CAMPAIGN
1	DEBIT CARD	0	05/03/2024	\$32.07	T-SHIRTS
				\$	
				3	
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state					
TOWN OF HA					
2421 Supercen			c. Level Registered (Specify)	-	
Kannapolis, N	C 28083		Federal 🛛		
			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
				s	
4. Payee Inform	nation		Add 🗍	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
include city, state,					
STAPLES 122					
1480 Concord	Pkwy North Suite		c. Level Registered (Specify)		
Concord, NC 2	8025		Federal County: State Municipality:		
					e. Election Sum to Date
				\$ 139.07	
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
				\$	
m				CAPPENCIAN DAYS RESPONDED	110.00
. Total only th					\$ 149.86 \( \times \)
	CRO-1310 Pages line 13a of Detailed Sun	mary Page CPO 110	0 if Operating Evpanson		7
			o if Operating Expenses) O if Contrib to Candidates/Politic	ral Comm)	\$ 767.17
			o if Contrib to Canataates Found O if Coordinated Party Expenditi		
	les (List detailed ex				
* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
- Salaries	F* - Equipment				Public Office Expenses
- Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
* - Other					

\* Codes require detailed explanation in required remarks field (k)

### Disbursements Pg 3

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	ARRUSCOUNTY					
3. Type of Disb	ursement (Plea	ise use separate (	CRO-1310 forms for each t	vpe of Disbursem	ent.)	
Operating I			ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform		П	Add	Remove		
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state, PROFORMA						
P.O. Box 64081	14		a Lavel Peristand (Specify)	en Straffer and Straffer		
			c. Level Registered (Specify)	-		
Cincinnati, OH	43204-0814			County:	Floring Comp to Date	
			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	
				s		
4. Payee Inform	nation		Add	Remove	1	
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,						
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
				Municipanty.	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	
				\$		
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	되구 기가들은 어느를 즐겁게 하다 하나 하는데 다					
			1			
			c. Level Registered (Specify)		1	
			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	
	6 v v. v ajment	•		\$		
				s		
5 Total only the	e Dago				\$ 144.92	
5. Total only thi	CRO-1310 Pages				φ 144.94	
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	amary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 767.17	
	es (List detailed ex					
A* - Media E - Salaries I - Postage O* - Other	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					