	neral report and committee	informati	on, must be	signed a	and sub	mitted along with o		Yes No
	to update information							
1. Committee Infor	mation							
a. Full Name	OLIGOOLDITS!	Replications.				E COSTO TO THE RESIDENCE OF THE PARTY OF THE	c. ID	Number
KESHIA4CABARR	RUSCOUNTY							
	lude City, State and Zip Code)			Medical	RI	ECEIVED	d. Da	ate Filed
PO BOX 8224 CONCORD NC 280	007			-		PERSON		10/29/2024
CONCORD NC 200)21			tions	OCT	2 9 2024	e. Ph	one Number
				B	CABARE OARD O	RUS COUNTY OF ELECTIONS		(980) 434-1255
2. Report Year	3. Period Start Date (mm/	(dd/yy)	4. Period E			5. Treasurer Full	l Name	
2024	07/01/2024		•	9/2024		OCTAINIOUS S	EYMO	RE
6. Type of Committ	tee (Check One)	9. Typ	e of Report	(cl	ieck on	ly one type of repor	t from c	one category)
Candidate Campa	aign Party	Municip			State/Co			rendum
PAC	Referendum		Organizational	i		Organizational		Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day	′	(Quarterly		Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary			First		Final
"Booster Fund"	13 44		Pre-election		Ħ	Second		Supplemental Final
Building Fund			Pre-runoff		\boxtimes	Third		Annual
,			Semi-annual			Fourth		Special
====			Mid Year	i	5	Semi-annual		
Other:			Year End			Mid Year	10. 8	Special Report Name
			Final			Year End		
8. Number of Fundr	raisers this Report		Special		☐ F	Final		
	0					Special		
11. Account Informa	ation					nformation		
a. Financial Institution F				a. Finan	cial Insti	itution Full Name		
UWHARRIE BANK							1	
b. Purpose	c. Account Code			b. Purpo	se		c. A	Account Code
CAMPAIGN FINANCE	1	Ĺ						
FINANCE	d. Period Begin Balance	e					d. I	Period Begin Balance
	\$,					\$	
CERTIFICATION								
	nmittee or Fund is in compli	ionoe wit	h all applical	blo prov	isione (f Amiolo 22 A 22B	Pr 22F	22M of Chanter 162 of
	ites and that no funds are co							
	correct and that I have been						. 1 141	of certify that this report
	US L SEYMORE		V	Z	Oe1	MA &	10/29/2	2024
	Printed Name of Signer		Sig	gnature of	Appoint	ed Treasurer		Date
FOR OFFICE USE OF	NLY							
Date Received:	10-29- a	4 1	Employee:		TC	2_		ry Method Normal Mail
Date Postmarked		J	Employee:					Registered Mail Hand Delivered
Date Scanned:	10-29-24	J	Employee:		MAN			Electronically Filed Signer has not received
Date Data Entere	ed:	J	Employee:				1	mandatory training
Please Note: This	s form cannot be used to an	nend com	mittee infor	mation s	such as	the committee addr	ess, trea	asurer, 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

Amendment
☐ Yes ☑ No

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	lumber
KESHIA4CABARRUSCOUNTY	2024 THER OF	Dan	PD.		
Start of Election Cycle: January 1,	2024 THIRD QUA 2024		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	3,398.91	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	280.00	\$	810.00
6) Contributions from Individuals	(CRO-1210)	\$	3,685.00	\$	6170.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	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)	\$	4	\$	
11b) Contributions from Not-for-Profit Organization	ns (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)	\$	3965.00	\$	8552.50
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	4,643.31	\$	5608.88
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	200.00	\$	200.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	107.48	\$	280.50
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, 15,	16 and 17)	\$	4950.79	\$	6139.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr		\$	2413.12	\$	2413.12
ADDITIONAL INFORMATION			And the last		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			经营销的
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$		1000	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			Tests New York H
24) Account Transfers Within the Committee	(CRO-1720)	\$		Pri 8/1	
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)	\$		\$	

Aggregated Contributions from Individuals

Page

1 of

Amendment

Yes

No

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

	mmittee Full Na HIA4CABARRU		nd if applicable)		2. III	Number
KES	HIA4CABARK	JSCOUNTY				
3. Co	ntributor Infor	mation				2021-03-203
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<u> </u>	Add Remove	1	CREDIT CARD		07/27/2024	\$ 20.00
<u> </u>	Add Remove	- 1	CREDIT CARD		08/10/2024	\$ 25.00
Ħ	Add Remove	1	CREDIT CARD		08/10/2024	\$ 25.00
Ħ	Add	1	CREDIT CARD		08/10/2024	\$ 25.00
	Remove Add	1	CREDIT CARD		08/12/2024	\$ 25.00
불	Remove Add	1	CREDIT CARD		08/19/2024	\$ 30.00
	Remove Add	1	CHECK		10/04/2024	\$ 25.00
	Remove Add	1	CREDIT CARD		10/05/2024	\$ 5.00
<u> </u>	Remove Add					
<u> </u>	Remove Add	1	CHECK		10/13/2024	\$ 25.00
	Remove	1	CREDIT CARD		10/14/2024	\$ 25.00
	Add Remove	1	CHECK		10/13/2024	\$ 50.00
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add Remove					\$
	Add					\$
	Remove Add					\$
	Remove Add					\$
	Remove Add					
	Remove Add					\$
	Remove					\$
	Add Remove			8		\$
	Add Remove					\$
4. To	otal only this	Page			\$	280.00
	otal of ALL C		Pages ammary Page CRO-1100)		\$	280.00

		m Individuals	over \$5	P ₂ 0 or contributions un				ent es 🛛 No
		(and Fund if applica				2. ID Nu		
KESHIA	4CABARRUSCO	DUNTY						
3. Contr	ibutor Informati	on		Add Re	emove			
100 Carlo (100 Carlo (me, Mailing Address	& Phone		b. Job Title/Profession	n defendante	d. Comme	nts	
	city, state, & zip)			Organizer				
	Bryant-Herron Kinnon Ave			c. Employer's Name/S	Specific Field			
	NC 28025			Self Employed			10	
				\$2.00 to		e. Election	Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	nt = 1
	1	CREDIT CAR			07/27/2	2024	\$	25.00
	1	CREDIT CAR			09/17/	2024	\$	25.00
	1	CREDIT CAR			10/10/	2024	\$	50.00
3. Contr	ibutor Informati	on		Add Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			INSURANCE SA	LES			
PO BOX	D COUNCIL			c. Employer's Name/S	Specific Field			
	POLIS, NC 28082	2		COUNCIL INSUI		1		
						e. Election	Sum to Date	
		9	1			\$	510.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	t de la company
	1	CREDIT CAR			08/28/2	2024	\$	200.00
	1	CREDIT CAR			09/06/	2024	\$	10.00
	1	CREDIT CAR			09/03/	2024	\$	300.00
3. Contr	ibutor Informatio	on		Add 🗌 Re	emove		A Mariana	
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
BETTY S	city, state, & zip)			COUNCILWOM	AN			
PO BOX				c. Employer's Name/S	pecific Field			
	RD NC 28026			CITY OF CONCO				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amoun	t de la
	1	CREDIT CAR			07/26/2	2024	\$	50.00
							\$	
П							S	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

3685.00

660.00

\$

\$

					Amei	idment		
Contributions from Individuals	Pg	_2	of	5_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contribution	is under	\$50 if for	m CRO	1205 is no	ot used			

1. Comm	nittee Full Name	(and Fund if applica	ble)	6				2. ID Nu	nber	
KESHIA	4CABARRUSCO	UNTY								
3. Contr	ibutor Informati	on		Add		Rem	ove			
a. Full Nar	me, Mailing Address	& Phone		b. Job 7	Title/Prof	ession		d. Commen	ts	Mills Ross
	city, state, & zip)			Public	e Educa	tion				
ANNA D						10				
	RTERS CT RD NC 28025						cific Field lucation			
CONCO	KD NC 28023			1	NDATI(•	lucation	e. Election	Sum to Date	12. 17. 12. 14.
				1001	(D)	711				
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Desci	ription	的情况	j. Date (mm/dd/yy	yy)	k. Amount	
	1	CREDIT CAR					10/08/20	024	\$	50.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	Title/Prof	ession		d. Commen	ts	
(include	city, state, & zip)			CONS	SULTA	NT				
	A ENGBER									
	n Sossoman Road						cific Field			
MIDLAN	ND, NC 28107			Andre	ea Engbe	er Con	sulting	- Flatian	Communication Destroy	
								e. Election :	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
	1	CREDIT CAR					10/05/20	024	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	Title/Profe	ession		d. Commen	ts	
	city, state, & zip)			ACCO	DUNTA	NT				
	ERICSON			DWG _ 7007.	250.2	10				
	RTNEY ST, SE RD, NC 28025				oyer's Na SON TA		cific Field			
CONCOR	KD, NC 28023			1	DUNTIN			e. Election S	Sum to Date	
				11000	, , , , , ,			\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	CREDIT CAR					07/27/20)24	\$	25.00
	1	CREDIT CAR					08/27/2	024	\$	25.00
	1	CREDIT CAR					09/27/2	024	\$	25.00
4. Total	only this Pag	e						\$		175.00
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100)				\$		3,685.00

		m Individuals	0.5	0		Pg	_3 of	5	Amendmen Yes	t No
-		ividual contributions of (and Fund if applical)) or contri	butions	unde	r \$50 if form CR	2. ID Nur		
			bie)					Z. ID Nui	iibei	
KESHIA	4CABARRUSCO	UNTY								
	ibutor Informatio			Add		Rem	nove			
	ne, Mailing Address	& Phone			itle/Profes	sion	1-1-58-46-47	d. Commen	ts	
ASHLEY	city, state, & zip)			DIREC	TOR					
	E MEADOWS LA	ANE		c. Emplo	yer's Nan	ne/Spe	ecific Field	1		
HARRIS	BURG NC 28075			RISE 2	2 THRIV	/E				
								e. Election S	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption	V.	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CREDIT CAR					08/11/2	024	\$	50.00
									\$	
					7.				\$	
3. Contri	ibutor Informatio	on		Add		Rem	iove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Ti	itle/Profes	sion		d. Commen	ts	
	city, state, & zip)	BORDS TO A SE	Z. School	PHYSI	CIAN					
	CA HAYES CTOWN ST, NC			e Emplo	ver's Nan	ne/Sne	ecific Field	-		
	RD NC 28025			CHS	jei sitan	тегоре	cine i kiu			
								e. Election S	Sum to Date	Street Spage
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Descrip	ption	Militia	j. Date (mm/dd/yy	yy)	k. Amount	
	1	CREDIT CAR					08/09/2		\$	250.00
									\$	
								*	\$	
3. Contri	butor Informatio	on The Control of the		Add		Rem	love	A STATE OF		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profess	sion		d. Commen	ts	
	city, state, & zip)			ASSOC	CIATE P	PROF	FESSOR			
ROBERT 6929 DO	HUMPHREY			a Employ	vonte Non	no/Sno	cific Field			
	ND CA 92346						TE UNIV			
	2.20.0			SACRA				e. Election S	Sum to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	CREDIT CAR	-				10/05/2	024	\$	100.00
									\$	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

3,685.00

400.00

\$

\$

\$

		m Individuals ividual contributions o	over \$5(O or contributions	Pg s under	_4 of r \$50 if form CR(<u>5</u> O 1205 is no	Amendment Yes ot used	t No
1. Comn	nittee Full Name	(and Fund if applical	ble)				2. ID Nun	ıber	+ 100 17
KESHIA	4CABARRUSCO	UNTY							
3. Contr	ibutor Informatio	on		Add	Rem	ove			
(include	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profe RETIRED	ession	W-96083	d. Comment	S	
	HUMPHREY			100 Z 100 700 000 000					
	Ala Mahiku St #75-	·C		c. Employer's Na		cific Field			
WAIAN	AE HI 96792			NOT EMPLO	IED		e. Election S	um to Date	
							\$	1,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	NO.	j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK				07/06/20	024	\$	800.00
	1	CHECK				10/10/2	024	\$	500.00
								\$	
3. Contri	ibutor Informatio	n		Add	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ssion		d. Comment	s	
(include LISA LE	city, state, & zip)			BANKING PROFESSION	NAL_				
	ENBROOK WAY	/ NW		c. Employer's Na		cific Field			9)
CONCO	RD NC 28027			WELLS FARO	GO		- Flordon C	t. D.4.	
							e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	(Ca196)	j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK				08/06/20	024	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add	Remo	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ssion		d. Comment	S	
(include	city, state, & zip)			TRAINER					

CRO-1210

f. Prior

WENDY MCCONNELL 1113 HANOVER DR NS

CONCORD NC 28027

1

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

g. Account Code

h. Form of Payment

CREDIT CAR

NC State Board of Elections

c. Employer's Name/Specific Field

j. Date (mm/dd/yyyy)

07/27/2024

SELF EMPLOYED

i. In-Kind Description

April 2007

3,685.00

1,600.00

200.00

e. Election Sum to Date

700.00

\$

\$

\$

\$

\$

k. Amount

		m Individuals	over \$5	P _i 0 or contributions un			Amendmen Yes	t No
		(and Fund if applica	-			2. ID Nu		
KESHIA	A4CABARRUSCO	DUNTY						
3. Contr	ibutor Informati	on		Add Re	emove			
West Control of the C	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	nts	
	e city, state, & zip) N MILLER	Rates of the Books (Last		EDUCATOR				
	TOLIVE ROAD			c. Employer's Name/S	Specific Field			
	RD NC 28025			CHARLOTTE M				
				SCHOOLS		e. Election	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			10/05/	2024	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n alle alle	d. Comme	nts	
	city, state, & zip)			Tobacco Treatment	nt Specialist			
	Y WARD GWOOD ST SE			c. Employer's Name/S	Specific Field	10		
	RD NC 28025			TabakNix, LLC	pecific Ficia			
						e. Election	Sum to Date	
	-					\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR			07/09/	2024	\$	500.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Re	emove		1000	253
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	city, state, & zip)			ASSOCIATE PRO	OFESSOR			
	M. WOOD			E 1 1 1 1 1 16				
	ON STREET, S RD NC 28025			c. Employer's Name/S UNC-CHARLOT				
CONCO	RD NC 28023			UNC-CHARLOT	IL.	e. Election	Sum to Date	
						\$	450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CREDIT CAR			08/08/	2024	\$	100.00
	1	CREDIT CAR			08/18/	/2024	\$	50.00
	1	CREDIT CAR			10/02	/2024	\$	100.00

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

April 2007

3,685.00

850.00

\$

\$

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

1 1	Amendment
Page of	☐ Yes ✓ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number											
K	KESHIA4CABARRUSCOUNTY											
3.	Payee Ir	nformation										
	Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks					
E	Remove	1	DRAFT	0	09/30/2024	\$ 12.00	BANK FEE					
E	Add Remove	1	DRAFT	О	09/16/2024	\$ 12.61	PROCESSING FEE					
E	Add Remove	1	DEBIT CARD	О	08/10/2024	\$ 9.85	POSTAGE					
	Add Remove	1	DEBIT CARD	С	07/03/2024	\$ 9.15	FUNDRAISING SUPPLIES					
E	Add Remove	1	DEBIT CARD	С	07/03/2024	\$ 29.23	FUNDRAISING SUPPLIES					
L	Add Remove	1	DEBIT CARD	С	07/03/2024	\$ 25.64	FUNDRAISING SUPPLIES					
	Add Remove	1	DEBIT CARD	К	08/23/2024	\$ 9.00	OFFICE SUPPLIES					
Н	Add Remove					\$						
	Add Remove					\$						
	Add Remove					\$						
						\$						
	Add Remove					\$						
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	Add Remove					\$						
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	Add					\$						
	Add D					\$						
片	Add					\$						
1	Remove	nly this Dogs										
_	1. Total only this Page \$107.48											
1,610,000	5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) \$107.48											
6.	Purpos	se Codes (List	detailed expendi	ture code in (d) above)							
I	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											
			d explanation in	required rema	rks field (a)							
_	Cours	quite detaile	a capianation in	equired I cilla	and ment (5)							

*							Amendment	
Disbursem	ents			Pg	1 of	4	Yes No	
			ee	for; operating expenses	s, contributions t	o candid	ate/political	
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	coordinated party e							
	Full Name (and Fun ARRUSCOUNTY	id if applicable)					2. ID Number	
3. Type of Disb		asa usa sanavata ('DI	0-1310 forms for each	tung of Dishurs	mont)		
Operating F				lates/Political Committees			ed Party Expenditures	
4. Payee Inform				Add	Remove	Coordinate	Partity Experiments	
The Samuel Control of the Control of	ing Address & Phone		T	. Coordinated Committee I		d. Co	omments	
(include city, state,			Г					
TANI L SEYM					D.			
3120 PASSOU	R RIDGE LANE		c.	Level Registered (Specify)				
CHARLOTTE	NC 28269			Federal 🖂	County:			
12				State	Municipality:	e. Ele	ection Sum to Date	
						\$	600.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
1	CHECK	E		08/14/2024	\$600.0	(S) (S) (S) (S) (S)	MPAIGN	
,	CILLOIT	-		00/11/2021	4000.0	FIN.	ANCE	
					\$			
4. Payee Inform	nation		A	\dd	Remove		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee N	Name	d. Co	omments	
(include city, state,			1					
SAMS CLUB #			5300	V 10 1/ 1/6 16		0-0-0-1		
2421 Supercent			c. Level Registered (Specify)					
Kannapolis, NC	20003		Federal County: State Municipality:			e. Election Sum to Date		
			-	State	wumerpanty.			
						\$ 3	350.52	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks	
1	DEBIT CARD	C		07/03/2024	\$146.91		IDRAISING	
						SUP	PLIES	
					\$			
4. Payee Inform	ation		A	dd 🔲	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Co	mments	
(include city, state,								
STAPLES 1224			-					
Concord, NC 28	kwy North Suite		c.	Level Registered (Specify) Federal	County:			
Concord, NC 28	3023			Federal State	Municipality:	e. Ele	ection Sum to Date	
						\$ 9	997.13	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
1	DEBIT CARD	A		07/25/2024	\$117.69	CAN	MPAIGN CARDS	
200		0.000		100,000,000,000,000,000,000,000,000,000		CAN	MPAIGN CARDS	
1	DEBIT CARD	A		08/21/2024	\$376.61	11111111		
5. Total only thi						\$	1,241.21	
	CRO-1310 Pages line 13a of Detailed Sun	umary Page CPO 110	0 ; 6	Ongrating Expanses)				
(1 ms une goes in	une 13a oj Delaliea San	imary ruge CRO-1100	v ij i	operating Expenses)		•	4 0 42 21	

B* - Printing A* - Media E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties

7. Purpose Codes (List detailed expenditure code in (h.) above)

C* - Fundraising

(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)

D - To Another Candidate

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$

4,843.31

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

O* - Other

									Amei	idment		
Disbursements					Pg	2	of	4		Yes	\boxtimes	No
	0022200	-	7.52	2.0				_	5444400000000000			

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

	1. Committee Full Name (and Fund if applicable) 2. ID Number							
	ARRUSCOUNTY							
3. Type of Disb			CRO-1310 forms for each t					
Operating I		Contributions to Ca	ndidates/Political Committees		pordinated Party Expenditures			
4. Payee Inform			Add	Remove				
a. Full Name, Mail (include city, state, ACADEMY SE 2211 ELDER I	PORTS#149		b. Coordinated Committee No.	ame	d. Comments			
KANNAPOLIS NC 28083			Federal 🖂	County:	7			
THE THE ODIS TO 20003			State	Municipality:	e. Election Sum to Date			
				amo.pano,	\$ 395.51			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	DEBIT CARD	0	07/12/2024	\$363.44	CAMPAIGN T-SHIRTS			
				\$				
4. Payee Inform	nation		Add	Remove				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,								
ACADEMY SP	PORTS ONLINE							
			c. Level Registered (Specify)					
			Federal 🖂	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 171.03			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	DEBIT CARD	О	07/20/2024	\$171.03	CAMPAIGN POLO SHIRTS			
			**	\$				
4. Payee Inform	nation		Add 🗍	Remove	No. of the Control of			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state, STAPLES 1224	& zip)							
1480 Concord F	kwy North Suite		c. Level Registered (Specify)					
Concord, NC 28	3025		Federal 🖂	County:				
			State	Municipality:	e. Election Sum to Date			
	9				\$ 997.13			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	DEBIT CARD	A	09/15/2024	\$181.88	CAMPAIGN CARDS			
1	DEBIT CARD	A	10/19/2024	\$181.88	CAMPAIGN CARDS			
5. Total only thi					\$ 898.23			
(This line goes in (This line goes in		mary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 4,843.31			
	es (List detailed exp							
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fund G - Politic K* - Office		H* - Holding	ner Candidate g Public Office Expenses on to Legal Expense Fund			
* Codes requir	e detailed explanati	on in required re	marks field (k)					

					Ame	ndment		
Disbursements	Pg	3	of	4		Yes	\boxtimes	No
Use this form to report expenditures from the committee for; operating e	expenses,	, contr	ibutions to	cano	didate/polit	ical		

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
	ARRUSCOUNTY				
3. Type of Disb			CRO-1310 forms for each t	THE RESIDENCE IN COLUMN 2 IN COLUMN 2	
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees	C	oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
STAPLES ON	LINE		1		
			c. Level Registered (Specify)	Service Control	
			Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					0 005.05
					\$ 235.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DEDITE CARD		10/05/2001	2225.25	CAMPAIGN POST
1	DEBIT CARD	A	10/06/2024	\$235.37	CARDS
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
KENISHA REI			1		
1243 PRESTOR			c. Level Registered (Specify)	ALCOHOLD S	6
MT PLEASAN			Federal	County:	
WITT LELI IOTH	1110 20121		State	Municipality:	e. Election Sum to Date
				maneipanty.	C. Election Sum to Parc
					\$ 338.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					CAMPAIGN TSHIRT
1	CHECK	О	07/16/2024	\$38.00	
					CAMPAIGN
1	CHECK	0	07/29/2024	\$300.00	TSHSIRTS
4. Payee Inform	nation		Add \square	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
CONSOLIDAT					
3900 GREENS			c. Level Registered (Specify)		
CHARLOTTE			Federal	County:	
CHIMEOTIE	110 20200		State	Municipality:	e. Election Sum to Date
				within cipality.	C. Election Sum to Date
					\$ 1,930.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Wittebuilt Code			ii Date (iiiii da jjjj)		YARD SIGNS
1	DEBIT CARD	A	09/26/2024	\$1930.50	Trice signs
				\$	
5. Total only th	is Page	(1000) 100 E-120			\$ 2,503.87
	CRO-1310 Pages				2,000.07
		mary Page CRO-110	0 if Operating Expenses)	Man de la constant de	960
	5		0 if Contrib to Candidates/Politic	cal Comm)	\$ 4,843.31
	7		0 if Coordinated Party Expenditu		
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	her Candidate
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other		(SERVICE)		1976.	
* Codes requir	e detailed explanati	on in required re	emarks field (k)		

				Amen	dment		
Disbursements	Pg	4	of <u>4</u>		Yes	\boxtimes	No
TI diff. in the Control of the Control		,		. / 1:.:	1		

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	id if applicable)			2. ID Number
3. Type of Dish	oursement (Plea	ase use separate (CRO-1310 forms for each t	type of Dishursem	ent.)
Operating I			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	d. Comments	
(include city, state,					
	ewter for NC Senat		1		
PO BOX 1203			c. Level Registered (Specify)		
KANNAPOLIS	S NC 28082		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
1					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks
1	ONLINE	D	10/25/2024	\$100	CONTRIBUTION TO
	01121112		10/20/2021	4100	CANDIDATE CAMPA
			12	\$	
4. Payee Inform	nation		Add	Remove	Commence of the Commence of th
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
	CUS OF CABARRU	S			
COUNTY			c. Level Registered (Specify)		
	Parkway Suite #1		Federal 🖂	County:	
CONCORD NO	28027		State	Municipality:	e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	ONLINE	G	09/15/2024	\$100.00	CONTRIBUTION TO
1	ONLINE	0	09/13/2024	\$100.00	POLITICAL COMMI
				\$	
4. Payee Inform	lation		Add \square	Remove	
	ing Address & Phone		b. Coordinated Committee Na	d. Comments	
(include city, state,					12
			0		
			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
				\$	
				\$	
5. Total only thi	is Page				\$ 200.00
	CRO-1310 Pages				ψ 200.00
		mary Page CRO-110	0 if Operating Expenses)		
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 4,843.31
			0 if Coordinated Party Expenditu		
	es (List detailed ex	penditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fund		D - To Anothe	
E - Salaries	F* - Equipment			Public Office Expenses	
I - Postage O* - Other	J - Penalties	K" - Offic	ce Expenses	Q" - Donation	n to Legal Expense Fund
	e detailed explanati	on in required re	emarks field (k)	Maria President	