Disclosure Re	nort Cover				Amendment Yes No
	neral report and committee	information, must be	signed and su	ا bmitted along with o	Name of the last o
	to update information		8		
1. Committee Infor	mation				
a. Full Name					c. ID Number
REELECT ROB W	ALTER				
	ude City, State and Zip Code)				d. Date Filed
2322 LOMAX COU CONCORD, NC 28					10/29/2024
					e. Phone Number
					704-956-8303
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Ful	l Name
2024	07/01/2024		19/2024	CYNTHIA SNY	DER CATES
6. Type of Committ	ee (Check One)	9. Type of Report	(check o	nly one type of repor	rt from one category)
Candidate Campa		Municipal		County	Referendum
PAC	Referendum	Organizationa	1	Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	у	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	17 77	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
00.57000		Mid Year	r _	Semi-annual	
Other:		Year End	i 🗆	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account	Information	
a. Financial Institution F	*		a. Financial Ins	stitution Full Name	
UWHARRIE BANK			MATERIAL PROPERTY AND ADMINISTRATION OF THE PARTY AND ADMINIST	RECEIVED	
b. Purpose CHECKING	c. Account Code		b. Purpose	IN-PERSON	c. Account Code
CHECKING	1	·	F. 0	OCT 2 9 2024	
	d. Period Begin Balanc	e	CA	BARRUS COUNTY	d. Period Begin Balance
	\$ 264.43		BOA	RD OF ELECTIONS	\$
CERTIFICATION					
I certify that the Con	mittee or Fund is in compl	iance with all applica	able provisions	of Article 22A, 22B	3, & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	ommingled with prob	nibited or other	r non-disclosed funds	s. I further certify that this report
	correct and that I have been	n trained by the NC	State Board of	Elections.	•
CYNTHIA	SNYDER CATES	<u>C</u>	ntheel	2, Calos	10/29/2024
TOD OTTIVE VIEW O	Printed Name of Signer	S	ignature of Appoi	nted Treasurer	Date
FOR OFFICE USE O Date Received:	10-29-24	Employee:	-		Delivery Method
					□ Normal Mail□ Registered Mail
Date Postmarked		Employee:		and the state of t	Hand Delivered
Date Scanned:	10-29-24	Employee:	W.	4 N	☐ Electronically Filed ☐ Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Plages Notes This	form connot be used to an	and committee infe	rmation such -	is the committee and	ress, treasurer, assistant treasurer,
ricase mote. This		an of books informat			icss, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary Use this form to summarize all disclosure reporting forms a	nd to total monetary	information.	Amendment Yes No				
1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number				
REELECT ROB WALTER	2024 THIRD QUA	ARTER					
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle				
4) Cash on Hand at Start		\$ 264.43	\$ 0				
RECEIPTS							
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 100.00				
6) Contributions from Individuals	(CRO-1210)	\$ 700.00	\$ 1,708.96				
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$				
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$				
9) Loan Proceeds	(CRO-1410)	\$ 500.00	\$ 500.00				
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 Organizati	ons (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, 11	c, 11d and 11e)	\$ 1,200.00	\$ 2,308.96				
<u>EXPENDITURES</u>							
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	\$ 738.10	\$ 1,398.67				
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$ 75.00	\$ 150.00				
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$				
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$ 32.96				
15) Loan Repayments	(CRO-1420)	\$	\$				
16) Refunds/Reimbursements From the Committee	6) Refunds/Reimbursements From the Committee (CRO-1320)						
17) In-Kind Contributions	(CRO-1510)	\$	\$ 76.00				
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 813.10	\$ 1657.63				

19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ine 18)	\$ 651.33	\$ 651.33
AD	DITIONAL INFORMATION			
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 500.00	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24)	Account Transfers Within the Committee	(CRO-1720)	\$	
25)	Administrative Support	(CRO-1710)	\$	\$
26)	Forgiven Loans	(CRO-1440)	\$	\$
27)	48-Hour Notice Reports Sum	(CRO-2220)	\$	\$

(CRO-1215)

Contributions to be Refunded

\$

		m Individuals	over \$50) or contr	ibution	Pg s unde	_1 of	0 1205 is no	Amendmen Yes	No No
		(and Fund if applica	NAME AND ADDRESS OF THE OWNER, WHEN	or contr	Toddon	3 dilde	г фзо и тоги сте	2. ID Nun		
	T ROB WALTER									
3. Contr	ibutor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Comment	s	
	city, state, & zip)			SALE	S REPI	RESEN	TATIVE			
	M R. CATES LEWOOD PLAC	E NE		a Fmpla	wowle No	mo/Eno	cific Field			
	RD, NC 28025	E NE			T INDI					
	,							e. Election S	um to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK					09/04/2	024	\$	200.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address &	k Phone		b. Job Ti		ession		d. Comment	S	
	city, state, & zip) IA WALTER			RETIR	RED					
	MORAL ROAD			c. Emplo	ver's Na	me/Sne	cific Field			
	PARK, FL 32789)		RETIR						
								e. Election S	um to Date	
								\$	400.00	
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					10/10/2	024	\$	400.00
									\$	
									\$	
	butor Informatio			Add		Rem	ove			
	ie, Mailing Address & city, state, & zip)	k Phone		b. Job Ti			DINATOR	d. Comment	S	
	B LINDSEY			KETE	MAL	COOK	DINATOR			
	RATFORD COUR	T		c. Emplo	yer's Na	me/Spe	cific Field			
HARRISI	BURG, NC 28075			ATRI	JM HE	ALTH				
								e. Election S	um to Date	
		r-						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK	-				09/26/2	024	\$	50.00
									\$	
Ш								1	\$	
	only this Page							\$		650.00
5. Total	of ALL CRO	-1210 Pages						\$		700.00
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100))				4		700.00

Amendment

		m Individuals		P		of2	Amendmen Yes	_
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ividual contributions	AND RESIDENCE PROPERTY.	or contributions un	ider \$50 if form C			
		(and Fund if applica	ble)			2. ID Nu	mber	
REELEC	T ROB WALTER	₹						
3. Contr	ibutor Informatio	on		Add 🗌 R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	nts	
	city, state, & zip)			RETIRED				
	AH BAMFORD							
	CHFIELD LANE	3		c. Employer's Name/	Specific Field			
CONCOL	RD, NC 28027			RETIRED				
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	CHECK			10/05	/2024	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio			Add R	emove			
	ne, Mailing Address &		Ш	b. Job Title/Professio		d. Comme	nts	
	city, state, & zip)			Di GOD TIMO TI GICOSIO		d. Comme	1113	
				-				
				c. Employer's Name/	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	butor Informatio	n		Add R	emove			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Title/Professio	n	d. Comme	nts	
(include o	city, state, & zip)							
				c. Employer's Name/S	Specific Field	_		
						a Floation	Sum to Date	
							Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/	уууу)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page	e				\$		50.00
5. Total	of ALL CRO	-1210 Pages				\$		700.00

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

Amendment

Amendment Disbursements Yes X No Pg 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 REELECT ROB WALTER 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Pavee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) AGE GRAPHICS 678 COLLINS ROAD c. Level Registered (Specify) LITTLE HOCKING, OH 45742 Federal County: 740-989-0006 Municipality: State e. Election Sum to Date 750.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount CAMPAIGN SIGNS 1 DEBIT CARD B \$375.00 09/14/2024 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) THE UPS STORE #5529 8611 CONCORD MILLS BLVD c. Level Registered (Specify) CONCORD, NC 28027 Federal County: 704-979-3455 State Municipality: e. Election Sum to Date 266.87 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks PRINTING FLYERS 1 **DEBIT CARD** В 09/23/2024 \$79.29

1	DEBIT CARD	В	10/20/2024	\$80.89	PRINTING FLYERS
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	, & zip)				
FRED'S TSHII	RTS & DTF DESIGN	NS			
494 CHURCH	STREET N.		c. Level Registered (Specify)		
CONCORD, N	C 28025		Federal	County:	
980-533-1103			State	Municipality:	e. Election Sum to Date
					\$ 199.92
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	0	00/22/2024	\$100.02	CAMPAIGN
1	DEBIT CARD	U	09/23/2024	\$199.92	T-SHIRTS
				•	

1	DEBIT CARD	0	03/23/2024	\$199.92	T-S	HIRTS	
				\$			
5. Total or	nly this Page				\$	735.10	
6. Total of	ALL CRO-1310 Pages						
(This line	goes in line 13a of Detailed Sur	mmary Page CRO	0-1100 if Operating Expenses)		0	720.10	
(This line	goes in line 13b of Detailed Sur	mmary Page CRO	2-1100 if Contrib to Candidates/F	Political Comm)	5	738.10	
(This line	goes in line 13c of Detailed Sur	nmary Page CRO	-1100 if Coordinated Party Expe	nditures)			
7 D	Cada Cit datallada	1.7	. 4 . 1		NO. CONTRACTOR NAMED IN		

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

A*-Media 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* - Donation to Legal Expense Fund

O* - Other

* Codes require detailed analysis is a similar and Girld (1)

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

D'-1	4				Amendment
Disbursem			Pg		<u>2</u>
Use this form to	coordinated party ex	from the committ	tee for, operating expenses,	contributions to	candidate/political
	full Name (and Fun				2. ID Number
REELECT RO		и и аррисаме)			2. 1D Number
3. Type of Disb		iso uso sonarato (CRO-1310 forms for each t	wne of Dichurcen	nont)
Operating F	- Annual Control of the Control of t		ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	ordinated Party Experiences
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
INDEPENDEN					
363 CHURCH	ST. N, STE. 140		c. Level Registered (Specify)		7
CONCORD, N	C 28025		Federal	County:	
704-782-3155			State	Municipality:	e. Election Sum to Date
					\$ 4.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	A	10/17/2024	\$1.00	SUBSCRIPTION
1	DEBIT CARD	A	10/18/2024	\$1.00	SUBSCRIPTION
4. Payee Inforn	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
INDEPENDEN					
363 CHURCH	ST. N, STE. 140		c. Level Registered (Specify)		
CONCORD, N	C 28025		Federal	County:	
704-782-3155			State	Municipality:	e. Election Sum to Date
					\$ 4.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	A	10/19/2024	\$1.00	SUBSCRIPTION
				\$	
4. Payee Inform	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N		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	
				\$	
5. Total only th	is Page			_	\$ 3.00

6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 738.10 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - 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* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)

Disbursements	Pg	1	of	1	Amendment Yes	\boxtimes	N
Use this form to report expenditures from the committee for, operating e	expenses,	contri	butions to	cand	idate/political		
committees and coordinated party expenditures.							
1. Committee Full Name (and Fund if applicable)					2. ID Number		

	full Name (and Fun	d if applicable)			2. ID Number
REELECT RO				XII-E-IC-III-D-III-III-III	
3. Type of Disb	Constitution of the last of th		CRO-1310 forms for each t		
Operating F		Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
ELECT BRIAN	NECHEVARRIA				
PO BOX 97275	5		c. Level Registered (Specify)		
RALEIGH, NC	27624		Federal	County:	
908-759-4043			State	Municipality:	e. Election Sum to Date
					\$ 75.00
	T				\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	D	10/21/2024	\$75.00	WEST NC RELIEF
			10/21/2021	Ψ73.00	FISH FUNDRAISER
				\$	
4. Payee Inform	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	-		Di Coordanie Committee I		u. Comments
(menuae eny, state,	C EIP)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
			State	within cipanty.	c. Exection Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				1.	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng 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
		-			ANGLINA
				\$	
				\$	
5. Total only thi	is Page			_	\$ 75.00
	CRO-1310 Pages				75.00
		ımary Page CRO-110	0 if Operating Expenses)		
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 75.00
			0 if Coordinated Party Expenditu	,	
The state of the s	es (List detailed ex	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P			
A* - Media	B* - Printing	C* - Fun		D - To Anoth	ner Candidate
E - Salaries	F* - Equipment			g Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ce Expenses		on to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanat	ion in required re	emarks field (k)		

							Amer	ndment		
Loan Proceeds			Pg	1	of	1		Yes	\boxtimes	No
TT 11 0	 10020	 527		-		-				

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

I. Committee Full Name (and Fund if applicable) REELECT ROB WALTER			2.			2. ID Number		
REELECT ROB WA	LIER							
3. Lender Informatio	n		Add			Remove		
a. Full Name, Mailing Add			b. Job Title/Pr			d. Comments		
(include city, state, & zi	p)		SECURITY	7				
ROB WALTER 2322 LOMAX COUR	OT CE					GL (P.)		
CONCORD, NC 2802			a Employante	Name/Specific 1	7iold	e. Start Date (mm/dd/yyyy)		
CONCORD, NC 280.	20		CITY OF C		rieiu	09/22/2024		
			0111 01 0	Olicoid		f. End Date (mm/dd/yyyy)		
						09/21/2025		
g. Rate	h. Security Pledged	i	. Account Code	j. Form o	of Paymer	nt k. Amount		
0 %	NONE		1	CHEC	K	\$ 500.00		
. Full Name of Lending In					m. Loan Number			
ROB WALTER	Sutution					III. Loan Number		
						1		
4. Endorsers/Makers	(The people who gud	arantee the	loan.)					
a. Full Name, Mailing Add	ress & Phone		b. Job Title/	Profession		c. Employer's Name/Specific Field		
(include city, state, & zij			CAMPAI	GN		REELECT ROB WALTER		
REELECT ROB WA	LTER							
			d. Percentag	70		e. Amount		
			u. rercentag	ge		c. Amount		
				100	%	\$ 500.00		
a. Full Name, Mailing Add	ress & Phone		b. Job Title/	Profession		c. Employer's Name/Specific Field		
(include city, state, & zij	p)							
			d. Percentag	1e		e. Amount		
			an a ca ceaning					
					%	\$		
. Full Name, Mailing Add	ress & Phone		b. Job Title/	Profession		c. Employer's Name/Specific Field		
(include city, state, & zij))							
			d. Percentag	TO.		e. Amount		
			d. Tercentag			C. Alliount		
					%	\$		
. Full Name, Mailing Add	ress & Phone		b. Job Title/	Profession		c. Employer's Name/Specific Field		
(include city, state, & zip))							
			d Doront	10		a Amount		
			d. Percentag	ge		e. Amount		
					%	\$		
Total of ATT C	DO 1410 Pages							
5. Total of ALL C	RO-1410 Fages 9 of Detailed Summary Page C					\$ 500.00		

Outstanding Loans

				Amendment			
Pg	1	of	1		Yes	\boxtimes	No

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

1. Committee Full Na REELECT ROB WA	2. ID Number					
REELECT ROD WA	LIEK					
3. Lender Information	n	☐ Ac	id		Remove	
a. Full Name, Mailing Add	b. Job Title/Profession			d. Comments		
(include city, state, & zi	SECURITY					
ROB WALTER 2322 LOMAX COUR	OT CE					Start Data (see (11/2)
CONCORD, NC 2802	c. Employer's Name/Specific Field			e. Start Date (mm/dd/yyyy)		
001100100,110 2007			CITY OF CONCORD			09/22/2024
						f. End Date (mm/dd/yyyy)
						09/21/2025
g. Rate	Rate h. Security Pledged			i. Original Loan A	amount	j. Remaining Loan Balance
0 %	NONE		\$ 500.00			\$ 500.00
k. Full Name of Lending In	nstitution					l. Loan Number
ROB WALTER		1				
3. Lender Informatio	Remove					
a. Full Name, Mailing Add	ress & Phone		b. Job Ti	itle/Profession		d. Comments
(include city, state, & zij	p)					
			c Emplo	ver's Name/Specific	Field	e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field			
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledge	ed .		i. Original Loan A	mount	j. Remaining Loan Balance
%			\$			\$
k. Full Name of Lending Ir				I. Loan Number		
in I think of Deliting II	Distriction.					L. Loan Number
3. Lender Informatio	n	☐ Ac	ld		Remove	
a. Full Name, Mailing Address & Phone			b. Job Title/Profession			d. Comments
(include city, state, & zij))		-			
						e. Start Date (mm/dd/yyyy)
				yer's Name/Specific	Field	ci stare Date (inibadayyyy)
	f. End Date (mm/dd/yyyy)					
g. Rate	h. Security Pledge	d		i. Original Loan A	mount	j. Remaining Loan Balance
%				\$		\$
k. Full Name of Lending Institution						l. Loan Number
4. Total only this Pag	e					\$ 500.00
5. Total of ALL CRO-1430 Pages						
(This line must be on line	\$ 500.00					



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of committee to receive loan: REELECT ROI	B WALTER				
Person or committee to make loan: ROB WALTER					
Date of loan to committee: 09/22/2024					
Name of lending institution (source): ROB WALTER					
• Amount of loan: 500.00					
Description (if in-kind loan): PERSONAL LOAN					
 Names of all parties responsible for payment of loan (guarantors): REELECT ROB WALTER 					
Period of loan: 12 MONTHS					
Rate of interest of loan: 0%					
Security pledged for loan: NONE					
I, ROB WALTER, acknowled	ge that all of the information				
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.					
Roberts Robaltes	10/28/2024				
Signature of Lender	Date Signed				
Contton D. Calos	10/28/2024				
Signature of Treasurer of Committee	Date Signed				
CRO-6100 Loan Proceeds Statement					