

Disclosure Report Cover

Amendment

☒ Yes ☐ No

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

COMMITTEE TO ELECT ALVARYS SANTANA

c. ID Number

b. Mailing Address (include City, State and Zip Code)

301 S MCDOWELL ST 1251726 CHARLOTTE NC 28204

d. Date Filed

August 20, 2025

e. Phone Number

917 917 863 7991

2. Report Year

2025

3. Period Start Date (mm/dd/yy)

05/14/2025

4. Period End Date (mm/dd/yy)

6/30/2025

5. Treasurer Full Name

ALVARYS SANTANA

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund

- ☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☒ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

MID YEAR

11. Account Information

a. Financial Institution Full Name

USA BANK

b. Purpose

CAMPAIGN

c. Account Code

A42025

d. Period Begin Balance

\$ 0

11. Account Information

a. Financial Institution Full Name

CABARRUS COUNTY
BOARD OF ELECTIONS

b. Purpose

AUG 20 2025

RECEIVED

c. Account Code

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.

ALVARYS SANTANA

Printed Name of Signer

ALVARYS SANTANA

Signature of Appointed Treasurer

Digitally signed by ALVARYS
SANTANA
Date: 2025.08.20 01:07:09 -04'00'

JULY 23, 2025

Date

FOR OFFICE USE ONLY

Date Received:

8-20-25

Employee:

JAN

Date Postmarked:

Date Scanned:

8-20-25

Employee:

JAN

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☒ Electronically Filed
☐ Signer has not received 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.

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 Number	
COMMITTEE TO ELECT ALVARYS SANTANA		MID YEAR			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 195		\$ 195	
6) Contributions from Individuals (CRO-1210)		\$ \$950		\$ 950	
7) Contributions from Political Party Committees (CRO-1220)		\$ 2,000		\$ 2,000	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,145		\$ 3,145	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 367.51		\$ 367.51	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 2,000		\$ 2,000	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,367.48		\$ 2,368.48	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 777.52		\$ 777.52	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

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☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT ALVARYS SANTANA							
3. Contributor Information							
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/24/2025	\$ 25		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/18/2025	\$ 10		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/18/2025	\$ 50		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/18/2025	\$ 10		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/17/2025	\$ 10		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/14/2025	\$ 20		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/14/2025	\$ 50		
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		ACT BLUE DONATION		05/15/2025	\$ 20		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
4. Total only this Page						\$ 195	
5. Total of ALL CRO-1205 Pages						\$ 195	
(This line must be on line 5 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg 1 of 2

Amendment

☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT ALVARYS SANTANA						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ALVARYS SANTANA 301 S MCDOWELL STREET 1251726 CHARLOTTE NC 28204				CONSULTANT		CANDIDATE
				c. Employer's Name/Specific Field		
				AS STRATEGY		e. Election Sum to Date
						\$ 400
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ACT BLUE DONATION		05/16/2025	\$ 50	
<input checked="" type="checkbox"/>		ACT BLUE DONATION		05/16/2025	\$250	
<input checked="" type="checkbox"/>		BANK TRANSFER		05/14/2025	\$ 100	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
STEPHANIE NELSON 940 St. Nicholas Apt 5A 10032 New York NY				ATTORNEY		
				c. Employer's Name/Specific Field		
				SL Nelson Law Firm		e. Election Sum to Date
						\$ 250
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ACT BLUE DONATION		05/16/2025	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jacquelyn Chisholm Hopkins SC 29061 106 Purple Heron Way				MEMBERSHIP DESK		
				c. Employer's Name/Specific Field		
				COSTCO		e. Election Sum to Date
						\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ACT BLUE DONATION		05/17/2025	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 950	

Contributions from Individuals

Pg 2 of 2

Amendment

☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT ALVARYS SANTANA						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TaylorBoykin 1288 Farm Branch Dr SWConcordNC28027				b. Job Title/Profession		d. Comments
				Training & Customer Service		
				c. Employer's Name/Specific Field		
				Strickland Brothers		e. Election Sum to Date
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ACT BLUE DONATION		05/21/2025	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Trenton Littlejohn 21267 Scarborough DriveLexington Park MD 20653				b. Job Title/Profession		d. Comments
				Logistic Analysis		
				c. Employer's Name/Specific Field		
				Zenetex		e. Election Sum to Date
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ACT BLUE DONATION		05/23/2025	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$200	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 950	

Contributions from Political Party Committees

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Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT ALVARYS SANTANA					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> North Carolina Democratic Party 220 Hillsborough Street Raleigh, NC 27603 P.O. Box 1926 Raleigh NC 27602 team@ncdp.org Office: 919-821-2777				b. Comments NC DEMS	
				c. Election Sum to Date \$ 2,000	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
AD42025	SOFTWARE	VOTE BUILDER ACCESS	06/30/2025	\$ 2,000	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 				b. Comments 	
				c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 				b. Comments 	
				c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1220 Pages				\$	
<small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>					

Disbursements

Pg 1 of 1

Amendment
☒ 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 Full Name (and Fund if applicable)						2. ID Number	
COMMITTEET TO ELECT ALVARYS SANTANA							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information						<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACT BLUE P.O. Box 441146, Somerville, MA 02144 salzaim@actblue.com Phone: 617-517-7600				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
						e. Election Sum to Date	
		\$ 15.68					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A42025	DEBITED ACCOUNT	C	06/01/2025	\$ 15.68	ACT BLUE PLATFORM		
4. Payee Information						<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) EMERGE AMERICA 818 Connecticut Avenue NW Suite 450 Washington, D.C. 20006 phone 202.921.4100				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
						e. Election Sum to Date	
		\$ 351.83					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A42025	DEBIT CARD	O	06/06/2025	\$ 51.83	POLITICAL TRAINING		
A42025	DEBIT CARD	O	06/30/2025	\$ 300	POLITICAL TRAINING		
4. Payee Information						<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 this Page						\$ 367.51	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 367.51	
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)							

Amendment
☐ Yes ☒ No

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

CRO-1510 NC State Board of Elections December 2007