Disclosure	Report Co	ver				Amendment
			formation, n	nust be signed and su	ibmitted alon	g with other detailed forms.
Do not use this f						
1. Committee In	nformation					
a. Full Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Landau L			c. ID Number
Elect	- Isaial	Payne				
b. Mailing Address		te and Zip Code)				d. Date Filed
909 Ha	aleg St	Kannapoli	S NC S	28081		10/01/2025
(6)	J	pc.				e. Phone Number
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period E	and Date (mm/dd/yy)	Control of the Control of the Control of	r Full Name
2025	07/18	12025	09/23	/2025	15ajal	~ Kagne
6. Type of Com	mittee (Check (	A PRODUCT OF THE OWNER OF THE PARTY OF THE PARTY.	Type of Rep	ort (check only one	type of repo	rt from one category)
Candidate Cam	npaign Par	ty <b>Mu</b>	nicipal	State/County		Referendum
☐ PAC	Second .	erendum	Organizational		ional	Organizational
Independent Ex	penditure 🔲 Join	nt Fundraiser	Thirty-five day	Quarterly		Pre-referendum
Legal Expense	Fund	12	Pre-primary	First		Final
		August 1970 or an observation of	Pre-election	Seco		Supplemental Final
7. Type of Fund	l (if applicable,	check one)	Pre-runoff	Third		Annual
Booster Fund		_	Semi-annual	Four		Special
Building Fund		ᄖ	Mid Year			40.6
C Other		片	Year End		Year	10. Special Report Name
Other:	1	Not the second s	Final	Year	End	
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11. Account Inf				11. Account Inform	The State of the S	
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CERTIFICATI	ON			DOLDDOF	S COUNTY ELECTIONS	
		nd is in compliance	with all appli			3 & 22D-22M of Chapter 163
						nds. I further certify that this
				the NC State Board of		and a restance to the first time time
1	. 0		. /-	, 10		
15010	ih Jame		CUY	work Itanin	$\sim$	10/01/2025
P	rinted Name of Sign	ner	Sign	nature of Appointed Treas	surer	Date
FOR OFFICE	USE ONLY	min - April A. Anna Conference and Sevente along Secretarions	September 3103 (U.S.		MACHINEN APPRIL 2005 (V)	
		0-1-25		LAN	Del	ivery Method
Date Receiv	ed:	- 3	Employ	/ee:	– <u> </u>	Normal Mail
						Registered Mail
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Date Scanne	u		Employ	/cc		
Date Data E	ntered:		Employ	/ee:		Signer has not received mandatory training
Please Not	te: This form ca	annot be used to a	mend comm	ittee information suc	ch as the com	mittee address, treasurer,

assistant treasurer, custodian of books information, or account information.

## **Detailed Summary**

25) Administrative Support

27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

26) Forgiven Loans

☐ No ☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report Elect Sarah Total this Total this 2025 Start of Election Cycle: January 1, **Election Cycle** Reporting Period 4) Cash on Hand at Start \$ RECEIPTS (CRO-1205) \$ 5) Aggregated Contributions from Individuals 6) Contributions from Individuals (CRO-1210) 3,140 3,240.00 7) Contributions from Political Party Committees \$ (CRO-1220) 8) Contributions from Other Political Committees \$ (CRO-1230) \$ 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 Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) 3140 \$ 3,240 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) **EXPENDITURES** 13) Disbursements 794.08 13a) Operating Expenditures (CRO-1310) \$ 764.08 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 100.00 17) In-Kind Contributions (CRO-1510) \$ 00.00 \$ 864.08 \$ 894.08 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 345.92 ADDITIONAL INFORMATION (CRO-1330) 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) \$

Amendment

CRO-1100 NC State Board of Elections August 2008

(CRO-1710)

(CRO-1440)

(CRO-2220)

(CRO-1215)

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0000000000		_	~ 3.	c. Employer's Name/Specific Field			
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(This li	ne must be on line 6	of Detailed Summary Page	ge CRO-1100)			D.	2,170.00

Contributions from Individuals	Pg of	Yes No			
Use this form to report individual contributions over \$50 or c	contributions under \$50 if form (	CRO 1205 is not used			
1. Committee Full Name (and Fund if applicable)		2. ID Number			
Elect Isauh Payne					
3. Contributor Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	Nurse				
Olivia Wirl, 586 Park Dr	c. Employer's Name/Specific Field				
Boiling Springs, PA 17007	Penn State Hershey Med Center	e. Election Sum to Date			
(717) 449 8847	Center Center	\$ 125.00			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descri					
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□ 1P2025 Credit	09/12/20	\$ 100.00			
		\$			
3. Contributor Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	Senior manager				
Kelly Skhernerhorn, 3148 Oak Ridge Circle Lincolnton, NC	c. Employer's Name/Specific Field	-			
Ork Ridge Circle Lincolnton, NC	~	-			
28092	Pega	e. Election Sum to Date			
10-10-10-10-10-10-10-10-10-10-10-10-10-1		\$ 100			
(828) 409 4346		\$ 100.00			
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a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	Nurse				
Claudette Saia, 5017 Shadyside Ct Charlotte, NC 28269	c. Employer's Name/Specific Field	-			
Ct Charlotte, NC 28269	11.				
	Atrium	e. Election Sum to Date			
(704) 506 1824		\$ 100.00			
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Cont	ributions fr	rom Individua	ıls	Pg	of		Yes No	
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Cont	tributions f	rom Individua	ıls	Pg	of	Yes  No		
	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
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			tee for o	perating exp	enses, contribu	tions to candidate/political		
	coordinated party ex							
1. Committee F	full Name (and Fund	d if applicable)				2. ID Number		
Elec-	+ Isaiah	Payne						
3. Type of Disb	ursement (Please	use separate CI	RO-1310	forms for e	each type of Dis	sbursement.)		
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	lailing Address & Pho	one		b. Coordinate	ed Committee Nan	- Kan		
(include city, state,						<b>OBS (10098)</b>		
Canva	Us Inc.			c. Level Regis	stered (Specify)			
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	,	78702				\$ 198.99		
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<b>C</b>		cz 5+ Buil		c. Level Regis	stered (Specify)  County:			
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	ing Address & Phone			b. Coordinate	ed Committee Nan	ne d. Comments		
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1200 Ch	lestnut St.	Menlo Ta	rk,	Federal	County:			
CA 940				State	Municip	pality: e. Election Sum to Date		
C/3 791	<b>9</b> 35					\$ 53.00		
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		ımary Page CRO-11	100 if One	rating Expensi	es)	s 764.08		
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(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	odes (List detailed		e in (h.)	above)				
A* - Media								
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses								
				•		_		
E - Salaries I - Postage O* Other	<b>F* - Equip</b> <b>J</b> - Penalti			litical Party Office Expen		Holding Public Office Expenses Donation to Legal Expense Fund		

**Disbursements** 

Amendment

☐ No

\_\_\_ Yes

Pg \_\_\_\_ of \_\_

	o report expenditures I coordinated party ex		tee for o	perating exp	penses, co	ontributio	ons to car	ndidate/political
	Full Name (and Fur						2. II	Number
Flo	. 1	h Payne			***************************************			MCC - The Louis a real-search to the Section of the
3. Type of Disl	The same of the sa	e use separate CI	RO-1310	forms for e	each type	of Disb	ursement	(.)
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a. Full Name, N (include city, state	Mailing Address & Ple, & zip)	none		b. Coordinate	ed Commi	ttee Name	d. Co	mments
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33334334333400000	)			State		Municipal		
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				c. Level Regi	stered (Sp	ecify)		
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				State		Municipal	ity: e. Ele	ection Sum to Date
							\$	
F 4 - 4 G 1	E CD	h Danness Code	I. D	(11)	I			1 D
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amoun	t	k. Require	ed Remarks
					\$			
					\$			
5. Total only tl	his Page						S	139.09
PLANT AND DESCRIPTION OF THE PROPERTY OF THE P	L CRO-1310 Pages						Ψ	101.01
		mmary Page CBO 1	100 is O-	rating F	ac)			764.08
	n line 13a of Detailed Su n line 13b of Detailed Su			10.50		al Comm	\$	164.00
	n line 13c of Detailed Su							
Democratic and the second second	Codes (List detailed	and the second of the second of the second		and the state of the state of the	Supportation of the support		G/HERIOCE	
A* - Media	B* - Print			undraising		D To	A nother (	Candidate
E - Salaries	F* - Equip			litical Party				andidate  iblic Office Expenses
I - Postage	J - Penalt			Office Expen	ises			o Legal Expense Fun
O* Other	J Z EMIN	-		- Inpen		2 20		S S Perise r uni
	re detailed explana	tion in required	remark	s field (k)				

**Disbursements** 

Amendment

☐ No

In-Kind Contributions Use this form to report non-monetary contributions, donations, goo	Prods or services pro		ttee o	Amendment  Yes No r fund.
Use CRO-1215 if In-Kind Contributions were or will be reful. Committee Full Name (and Fund if applicable)	nded within 7 da	ays.	2.1	D Number
			2. 1	D Number
Elect Isaiah Payne	/ A 44   <b>D</b> D		re-ulnear	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Re	emove	L. C.	
(include city, state, & zip)	Individual	ibutor	c. Co	omments
Graden yates	Candidate		_	
4235 Rimain St Kannapolis	Party PAC			
Graden yates 4235 Burgin St Kannapolis NC 28081	Referendum		d. E	lection Sum to Date
(980) 521 3104	Other Receip	pt Source	\$	100.00
e. Description		f. Date (mm/dd/yy)	vv)	g. Fair Market Amount
Food for Drop-in Reception		1 1		\$ 100.00
V				\$
				\$
3. Contributor Information	THE RESERVE AND DESCRIPTION OF THE PERSON OF	emove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contr	ibutor	c. Co	omments
(metade etty, suite, ee zip)	Candidate Party PAC			
	Referendum		d. El	lection Sum to Date
	Other Receip	ot Source	\$	
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Management (CAMA) Comment (CAMA)	emove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contr	ibutor	c. Co	omments
(menue city, state, & zip)	Candidate			
	Party			
	PAC Referendum		4 17	Leafing Committee Dester
	Other Receip			lection Sum to Date
			\$	
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	100.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	100.00