

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	c. ID Number
Elect Isaiah Payne	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
909 Haley St Kannapolis NC 28081	10/01/2025
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/18/2025	09/23/2025	Isaiah Payne

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
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☒ Thirty-five day	☐ Quarterly	☐ Pre-referendum
☐ Legal Expense Fund		☐ Pre-primary	☐ First	☐ Final
		☐ Pre-election	☐ Second	☐ Supplemental Final
		☐ Pre-runoff	☐ Third	☐ Annual
		☐ Semi-annual	☐ Fourth	☐ Special
		☐ Mid Year	☐ Semi-annual	
		☐ Year End	☐ Mid Year	
		☐ Final	☐ Year End	
		☐ Special	☐ Final	
			☐ Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
☐ Booster Fund				
☐ Building Fund				
☐ Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Truist			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	IP2025	RECEIVED IN-PERSON OCT 01 2025 CABARRUS COUNTY BOARD OF ELECTIONS	
	d. Period Begin Balance		d. Period Begin Balance
	\$ 70		\$

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.

Isaiah Payne	Isaiah Payne	10/01/2025
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	10-1-25	Employee:	WAN	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:	10-2-25	Employee:	WAN	
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.

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	
Elect Isaiah Payne		Thirty-five Day			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 70		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,140		\$ 3,240	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 764.08		\$ 794.08	
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)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 100.00		\$ 100.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 864.08		\$ 894.08	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,345.92		\$ 2,345.92	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
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)		\$			
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)		\$		\$	

Contributions from Individuals

Pg ____ of ____ ☐ Yes ☐ No

Amendment

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	
Elect Sarah Payne						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Alexander Fahmy, 450 N Federal Highway Boynton Beach, FL 33435 (240) 488 0632				Sales		
				c. Employer's Name/Specific Field		
				Self-Employed		
						e. Election Sum to Date
						\$ 5.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit Card		07/29/2025	\$ 5.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Bryan Wirl, 2918 Compton Ct NW Concord, NC 28027 (980) 875 0402				Construction		
				c. Employer's Name/Specific Field		
				Self-employed		
						e. Election Sum to Date
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit Card		07/28/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Graden Yates, 4235 Burgin St Kannapolis NC 28081 (980) 521 3104				owner		
				c. Employer's Name/Specific Field		
				K-Town Cars		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025		food	09/20/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 355 355.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,140.00	

Contributions from Individuals

Pg ____ of ____

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	
Elect Isaiah Payne					
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Olivia Wirt, 586 Park Dr Boiling Springs, PA 17007 (717) 449 8847			Nurse		
			c. Employer's Name/Specific Field		
			Penn State Hershey Med Center		
					e. Election Sum to Date
					\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1P2025	Credit Card		07/24/2025	\$ 25.00
☐	1P2025	Credit Card		09/12/2025	\$ 100.00
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Kelly Skhermerhorn, 3148 Oak Ridge Circle Lincolnton, NC 28092 (828) 409 4346			Senior Manager Marketing		
			c. Employer's Name/Specific Field		
			Pega		
					e. Election Sum to Date
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1P2025	Credit Card		08/06/2025	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Claudette Sala, 5017 Shadyside Ct Charlotte, NC 28269 (704) 506 1824			Nurse		
			c. Employer's Name/Specific Field		
			Atrium		
					e. Election Sum to Date
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1P2025	Credit Card		07/25/2025	\$ 100.00
☐					\$
☐					\$
4. Total only this Page					\$ 325.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,140.00

Contributions from Individuals

Pg ____ of ____ ☐ Yes ☐ No

Amendment

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	
Elect Isaiah Payne						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jessie Knight Jr., 4329 Fox Brook Ln Charlotte, NC 28211 (980)-288-0533				Retired		
				c. Employer's Name/Specific Field		
				Retired		
						e. Election Sum to Date
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit Card		07/24/2025	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
David Wirl, 2918 Compton Ct NW Concord, NC 28027 (980) 310 7337				Associate		
				c. Employer's Name/Specific Field		
				Walmart		
						e. Election Sum to Date
						\$ 10.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit Card		07/24/2025	\$ 10.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Cynthia Wirl, 586 Park Dr Boiling Springs, PA 17007 (717) 448 9653				Retired		
				c. Employer's Name/Specific Field		
				Retired		
						e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit Card		07/08/2025	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,510.00	
5. Total of ALL CRO-1210 Pages					\$ 3,140.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg ____ of ____ ☐ Yes ☐ No

Amendment

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	
Elect Isaiah Payne						
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Nicole Quilez, 1214 Weathers Dr Newton, NE 28658 (828) 430 1715				Nurse		
				c. Employer's Name/Specific Field		
				Caromont Regional Med Center		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit card		07/31/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Lee Ann Patton, 505 Commercial St Hinton, WV 25951 (704) 576 8053				retired		
				c. Employer's Name/Specific Field		
				retired		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	Credit card		07/31/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Vicki Graham, 406 E 4th St Kannapolis, NC 28083 (704) 287 2097				Retired		
				c. Employer's Name/Specific Field		
				Retired		
						e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1P2025	check		07/29/2025	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,140.00	

Contributions from Individuals

Pg ____ of ____ ☐ Yes ☐ No

Amendment

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) <i>Elect / Sarah Payne</i>					2. ID Number	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Victor Hill, 502 Gale Rd Camp Hill, PA 17011 (</i>				b. Job Title/Profession <i>Client Development</i>		d. Comments
				c. Employer's Name/Specific Field <i>Synchrony Financial</i>		
				e. Election Sum to Date <i>\$ 50.00</i>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	<i>1P2025</i>	<i>Credit Card</i>		<i>07/24/2025</i>	<i>\$ 50.00</i>	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Loretta Welcher, 4558 Jacumin Rd Valdese, NC 28690 (828) 443 8864</i>				b. Job Title/Profession <i>Retired</i>		d. Comments
				c. Employer's Name/Specific Field <i>retired</i>		
				e. Election Sum to Date <i>\$ 100.00</i>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	<i>1P2025</i>	<i>Credit Card</i>		<i>08/11/2025</i>	<i>\$ 100.00</i>	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Zoi Collada, 202 Heritage Dr Valdese, NC 28690 (828) 390 5148</i>				b. Job Title/Profession <i>Nurse</i>		d. Comments
				c. Employer's Name/Specific Field <i>Frye Regional Medical Center</i>		
				e. Election Sum to Date <i>\$ 100.00</i>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	<i>1P2025</i>	<i>Credit Card</i>		<i>07/24/2025</i>	<i>\$ 100.00</i>	
☐					\$	
☐					\$	
4. Total only this Page					<i>\$ 250.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					<i>\$ 3,140.00</i>	

Disbursements

Pg ____ of ____ 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) Elect Isaiah Payne						2. ID Number	
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. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Canva US Inc. 3212 E Cesar Chavez St Building 1, Suit 1300 Austin Texas 78702				b. Coordinated Committee Name		d. Comments Canva US Inc.	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:		e. Election Sum to Date \$ 198.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IP2025	Card	A	07/24/2025	\$ 18.99	Website		
IP2025	Card	B	08/10/2025	\$ 180.00	Note cards		
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Canva US Inc. 3212 E Ceaser Chavez St Building 1 Suit 1300 Austin Texas 78702				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:		e. Election Sum to Date \$ 373.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IP2025	Card	B	08/15/2025	\$ 193.00	Campaign Shirts		
IP2025	Card	B	08/16/2025	\$ 180.00	Note cards		
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Zazzle Inc, 1200 Chestnut St., Menlo Park, CA 94025				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☒ Municipality:		e. Election Sum to Date \$ 53.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
IP2025	Card	B	08/10/2025	\$ 53.00	Name tags		
				\$			
5. Total only this Page						\$ 624.99	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)						\$ 764.08	
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

Amendment
Pg ____ of ____ ☐ 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) Elect Sarah Payne						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Staples, Inc., 500 Staples Dr, Framingham, MA 01702				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$ 139.09	
				☐ Federal ☐ County: ☐ State ☒ Municipality:			
f. Account Code 1P2025	g. Form of Payment Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 08/03/2025	j. Amount \$ 139.09	k. Required Remarks Note cards		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
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							
				\$ 139.09			
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>							
				\$ 764.08			
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)							

In-Kind Contributions

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Elect Isaiah Payne			
3. Contributor Information ☒ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Graden gates 4235 Burgin St Kannapolis Nc 28081 (980) 521 3104		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 100.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food for Drop-in Reception		09/20/2025	\$ 100.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	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	