Disclosure Report C		·		1 20 1 1	Yes No
Use this form for general report Do not use this form to update		ee information, i	nust be signed and s	ubmitted alo	ng with other detailed forms.
1. Committee Information	mormation.				
a. Full Name					c. ID Number
marker	/	1 2 11	11/100		J. L. T. Mandel
b. Mailing Address (include City, S	tota and Zin Code	W174	H140-8		d. Date Filed
8611 Conc	IN MOREOUS TRANSPORTED IN MOTOR BACK A CONSTRUCTION		11/1 +	-1 -1/	
Concord,	0 0 7	2017	IVA. H	109	11-1000)
Concord,	nea	800/			e. Phone Number
2. Report Year 3. Period Sta	art Date (mm/dd	/yy) 4. Period	End Date (mm/dd/yy)	5. Treasur	er Full Name
2025 7/20	9/2024	5 9/2	3/2025	Alyn	et. Williams
6. Type of Committee (Chec	k One)	9. Type of Rep	oft (check only on	e type of rep	ort from one category)
Candidate Campaign	Party	Municipal	State/County		Referendum
	Referendum	Organization:		itional	Organizational
	oint Fundraiser	Thirty-five da	· — ·		Pre-referendum
Legal Expense Fund		Pre-primary	Firs		Final
		Pre-election	Sec		Supplemental Final
7. Type of Fund (if applical Booster Fund	ole, check one)	Pre-runoff	This		Annual
Building Fund		Semi-annual Mid Yea	r Fou		☐ Special
Building Fund		Year En		l Year	10. Special Report Name
Other:		Final		r End	10. Special Report Name
8. Number of Fundraisers th	is Report	Special	Final	ii Liiu	1
or realiser of a undraisers to	ns report	Борески	Special		1
11. Account Information			11. Account Infor	motion	
a. Financial Institution Full Name			a. Financial Institution		
	Control to South the S		a. I manciai fiistitutoi	I Full Ivallie	
IMMIST	1		RECEIV	VED	
b. Purpose	c. Account Co	ode	b. Purpose IN-PER		c. Account Code
Can 00 1000			OCT 03	3 2025	
Compaign	d. Period Beg	in Balance	CABARRUS	COUNTY	d. Period Begin Balance
	\$ 5		BOARD OF E	LECTIONS	\$
CERTIFICATION					
I certify that the Committee or	Fund is in compli	iance with all app	licable provisions of A	rticle 22A 22	2B & 22D-22M of Chapter 163
of the NC General Statutes and					
report is complete, true and cor					•
O1 - 2-	.)	. ///	1 01. 1		
HIUCP.T.	William	25 VH	MID		10/3/2025
Printed Name of S	igner	Sig	gnature of Appointed Tre	asurer	Date
FOR OFFICE USE ONLY	10000	1.0	' '	7	
Date Received:	10-3-25	_ Emplo	VAN JAN	<u>De</u>	elivery Method
Duto Received.	(1. Jan 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				Normal Mail
Date Postmarked:		_ Emplo	vee:		Registered Mail
	15 2 25				
Date Scanned:	10-3-25	_ Emplo	yee: WAN		Electronically Filed
Date Data Entered:		_ Emplo	yee:		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.

NC State Board of Elections

August 2008

CRO-1000

Detailed Summary

Detailed Sullimary					Yes 🖂 1
Use this form to summarize all disclosure reporting forms an		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	mation.		
1. Committee Full Name (and Fund if applicable) Moving Forward with Alyce	2. Type of Report 35 Day	i		3. ID Nu 39-3263	
				39-3203	173
Start of Election Cycle: January 1,	2025	,	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	0	\$	0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1.00	\$	1.00
6) Contributions from Individuals	(CRO-1210)	\$	3150.00	\$	3150.00
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 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)	\$	3151.00	\$	3151.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$		\$	
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	61.60	\$	61.60
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	201.99	\$	201.99
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	263.59	\$	263.59
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$		\$	
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-1/10)	•		9	

27) 48-Hour Notice Reports Sum

Contributions to be Refunded

(CRO-2220)

(CRO-1215)

\$

\$

Amendment

Aggregated Contributions from Individuals

Amendment

 ument	
Ves	\square

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

		d if applicable)			2. ID Number		
	ring Forward wit		39-3	3263175			
3. Co	ntributor Infor	mation					
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Am	ount
	Add	1	card		09/04/202	5 \$	1.00
	Remove		Cura		07/01/202		
Ц_	Add	_				\$	
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4. T	otal only this	Page			1	\$ 1.00	
	otal of ALL (Pages				
			ummary Page CRO-1100)			\$ 1.00	
-		_					

		m Individuals	over \$50	Pg O or contributions unde	of tr \$50 if form CR	6 O 1205 is no	Amendmen Yes ot used	t No	
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nun	nber		
Moving f	forward with Alyc	e					39-3263175		
	ibutor Informatio			Add Rem	nove				
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip)			Retired					
Rosita Pr	nillip Michael Rd			c. Employer's Name/Spo	oific Field	-			
Huntersv	-			c. Employer s Name/Spe	cinc riciu	1			
	,					e. Election S	Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	check			09/04/2	025	\$	250.00	
							\$		
							\$		
3. Contri	ibutor Informatio	on		Add Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Social worker					
Rebecca									
Kannapol	ernity Row			c. Employer's Name/Spo Alliance	ecine Field	-			
Kailiapoi	iis, ive			Amance		e. Election S	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	card			09/04/2	025	\$	50.00	
							\$		
							\$		
3. Contri	butor Informatio)n		Add Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone	-	b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Government					
Raylette I									
1217 Dun Charlotte	blane Court			c. Employer's Name/Spe	ecific Field				
Charlotte	, NC			Dept. of VA		e. Election S	Sum to Date		
c D ·		1	T		T	\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
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						Myrano ran coma de modo ancion de como de como	\$	and a province the state of the	
4. Total	only this Page	e				\$		350.00	

5. Total of ALL CRO-1210 Pages

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

3150.00

\$

					Amer	idment		
Contributions from Individuals	Pg	_2	of	6_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if form	n CRC	1205 is no	t used			

1. Comm	ittee Full Name (and Fund if applica	ble)					2. ID Nun	ber	
Moving F	Forward with Alyc	e							39-3263175	
3. Contri	ibutor Informatio	n		Add		Rem	ove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession				d. Comment	s	
	city, state, & zip)			Educa	itor					
Jamie Dy										
	ontrose Dr			-	oyer's Na	me/Spe	cific Field			
Charlotte.	NC 28269			CMS						
								e. Election S	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Descr	rintion		j. Date (mm/dd/yy	vv)	k. Amount	
	1	card	1				09/04/20		\$	50.00
			1	N. Control of the Con					\$	
								***************************************	\$	
3. Contri	butor Informatio	on .		Add		Rem	ove			
	ne, Mailing Address &		-	_	Title/Profe	AND DESCRIPTION OF THE PERSON		d. Comment	s	
	city, state, & zip)			-	Service					
Zack Finl				1						
no street a	address given			c. Employer's Name/Specific Field						
Salisbury				NGP J	JAN					
								e. Election S	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
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	ie, Mailing Address &	è Phone			Title/Profe	ession		d. Comment	S	
	city, state, & zip)			Agent	Ç.					
Jennifer H				- 25	l. N.	10-	·			
	nburgh Ln , NC 28269			c. Emple		me/Spec	cific Field			
Charlone,	NC 20209			CIGIN	A		9	e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	(ind Descr	ription		j. Date (mm/dd/yy	L	k. Amount	
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4. Total	only this Page	e						\$	Management of the second	200.00
	of ALL CRO-	-1210 Pages Detailed Summary Page C	°RO_1100)				\$		3150.00

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(on	tres bas	tione	trom	Individuals
Vui	uuu	LIVIIS	HUH	Illulviuuais

			3			Amer	idment		
butions from Individuals		Pg		of	6_		Yes	\boxtimes	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 Moving Forward with Alyce 39-3263175 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney Saudia Crawford Gordon 7797 Gusty Trail c. Employer's Name/Specific Field Douglasville, GA 30135 Self e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 08/25/2025 \$ Card 200.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Consulting Kimberly McGregor c. Employer's Name/Specific Field 1813 Washington Ave Charlotte, NC 28216 **SYDKIMYLE** 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 card 08/28/2025 \$ 250.00 П \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Social Worker LaTrecia Glover 4324 Abernathy Pl c. Employer's Name/Specific Field Harrisburg, NC 28075 Cabarras County Schools 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 card 09/03/2025 \$ 100.00 П \$ \$ 4. Total only this Page \$ 550.00 5. Total of ALL CRO-1210 Pages \$ 3150.00

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

							Amendment	
Contr	ibutions from	m Individuals		P	g 4 of	6	Yes	No No
Use this	form to report indi	ividual contributions of	over \$50				t used	
		(and Fund if applica	-			2. ID Num	-	
Movingfo	orwardwithAlyce						39-3263175	
3. Contr	ibutor Informatio	on		Add Re				
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comments	s	
(include	city, state, & zip)			Investment bankir	ng			
Nigel Lo	ng							
3619 Her	nnessy Pl			c. Employer's Name/S	Specific Field			
Charlotte	, NC 28210			Trade Street Advi	isors			
						e. Election S	um to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	vv)	k. Amount	
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a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comments	s	
	city, state, & zip)			Retired				
April Pat								
	nor Vista Trail			c. Employer's Name/S	Specific Field			
Kannapo	lis, NC 28027					EL C. C		
						e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comments	s	
(include	city, state, & zip)			Organizer				
-	Bryant-Herron							
199 McK				c. Employer's Name/S	Specific Field			
Concord<	NC 28025			Self employed				
						e. Election St	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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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)

650.00

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						()		Amendment	
Contr	ibutions fro	m Individuals			Pg	5 of		Yes	No No
Use this	form to report indi	ividual contributions of	over \$50	or contributions		where the same of	O 1205 is no	ot used	_
A STATE OF THE PARTY OF THE PAR		(and Fund if applica	A THE REAL PROPERTY AND PERSONS ASSESSED.				2. ID Nun	THE RESERVE AND PARTY AND PARTY AND PARTY AND PARTY AND PARTY.	
Movingfo	orwardwithAlyce							39-3263175	
3. Contri	ibutor Informatio	on		Add	Rem	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profe	ession		d. Commen	ts	
(include	city, state, & zip)			Finance					
Donyell A	•								
	oores Mill Rd			c. Employer's Na	me/Spe	ecific Field			
Huntersv	ille NC 28078			Electrolux			- Flortion 6	Sum to Date	
							e. Election S	oum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
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a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profe	ession		d. Commen	ts	
(include	city, state, & zip)			Bookkeeper					
Mei Olso									
	lmouth Lane			c. Employer's Na		ecific Field			
Charlotte	e, NC 28269			IQ Bookkeepi	ng		e. Election S	Eum to Data	
							c. Election S	oun to Date	¥
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
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	city, state, & zip)			Producer					
Deborah				FII-N-		-16 - F1-13	-		
	cton Ave. eles, CA 90008			c. Employer's Na DAE Light M		ecine Field	-		
Los Alige	cies, CA 90008			DAE LIGHT W	cuia		e. Election S	Sum to Date	
							\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/yy	L	k. Amount	
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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)

3150.00

1150.00

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		m Individuals				Pg	_6 of		☐ Yes	No No
AN OWNER WHEN PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF T	ividual contributions	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	0 or conti	ribution	s unde	er \$50 if form CF	The second liverage and the se		
1. Com	nittee Full Name	(and Fund if applica	ble)					2. ID Nun	nber	
Movingl	ForwardwithAlyce								39-3263175	
3. Contr	ibutor Informati	on		Add		Ren	nove			
	me, Mailing Address	& Phone		-	Title/Prof			d. Commen	ts	
	city, state, & zip)			Busine	ess Mai	nager				
Todd Da	y reswick Dr			-			12 77 17	_		
	SC 29707			New I		ame/Sp	ecific Field	-		
1 OIL WIII	130 29707			New 1	Jay			e. Election S	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
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									\$	
3. Contr	ibutor Informatio	on		Add		Rem	nove			
a. Full Nar	ne, Mailing Address	& Phone	***************************************	b. Job T	itle/Prof	ession		d. Comment	ts	A
(include	city, state, & zip)									
				c. Emple	oyer's Na	ame/Spe	ecific Field	-		
								e. Election S	um to Date	
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	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job T	itle/Prof	ession		d. Comment	s	
(include	city, state, & zipj			1						
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	only this Page							\$		250.00
5. Total	of ALL CRO	-1210 Pages						\$		3150.00

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

Amendment

Disbursem	ients		n-	. 0.	Amendment 1 Yes No
Use this form to	o report expenditures		Pg ee for; operating expense	s, contributions to	-
	l coordinated party ex	ne Ger water and representative properties and reservoir and a service a			
The state of the s	Full Name (and Fun	d if applicable)			2. ID Number
Moving Forwa					39-3263175
3. Type of Dist	bursement (Plea	ise use separate C	RO-1310 forms for each	type of Disbursen	nent.)
Operating 1	Expenses	Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	, & zip)		Moving Forward with		
Havana Carolii	na Restaurant				
11 Union Stree	et		c. Level Registered (Specify	v)	
Concord, NC 2	28025		Federal	County:	7
			State	Municipality:	e. Election Sum to Date
					\$ 61.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Dobit	0	00/15/2025	\$61.60	PC Lunch

Moving Forwar	d with Alyce				39-3203173
3. Type of Disb	ursement (Plea	ise use separate (CRO-1310 forms for each	type of Disburse	ment.)
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee !	Name	d. Comments
(include city, state, & zip)			Moving Forward with		
Havana Carolin	na Restaurant				
11 Union Street	t		c. Level Registered (Specify))	
Concord, NC 28025			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 61.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	0	09/15/2025	\$61.60	PC Lunch
				\$	
4. Payee Inforn	nation		Add \square	Remove	
	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					
(menuae enjy sure)	<u> </u>				
			c. Level Registered (Specify)	1	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
			J. State L.	Widnesparity.	C. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Il recount code	g, r or m or r nyment	•	i. Date (mm/dujyjy)	J. Amount	R. Acquired Actual RS
				\$	
				\$	
4. Payee Inform	nation	П	Add \square	Remove	
	ing Address & Phone		b. Coordinated Committee	THE RESERVE THE PARTY OF THE PA	d. Comments
(include city, state,					
, , , , , , , , , , , , , , , , , , , ,			1		
			c. Level Registered (Specify)		
			Federal	County: Municipality:	
		State	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 th	is Page				\$ 61.60
	CRO-1310 Pages				V VI.00
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses) 00 if Contrib to Candidates/Polit 10 if Coordinated Party Expendi		\$ 61.60
NEW DESIGNATION OF THE PARTY OF	es (List detailed ex	THE PARTY OF THE P			
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fun G - Politi	draising	H* - Holdin	ther Candidate ng Public Office Expenses ion to Legal Expense Fund
	e detailed explanat	ion in required r	emarks field (k)		

CRO-1310

Aggregated	Non-Media	Expenditures
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1 1 Amendment
Page ____ of ___ Yes No

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

. Committee Full Name (and Fund if applicable)			2. ID Number	2. ID Number		
Moving Forward w	Forward with Alyce			39-3263175	39-3263175	
. Payee Informatio	n					
Amend b. Account	Code c. Form of Paymen	d. Purpose Code	e. Date (mm/dd/yyy	y) f. Amount	g. Required Remarks	
Add Remove 1	Debit	В	08/31/2025	\$ 1.53	Printing	
Add Remove 1	Dedit	В	09/26/2025	\$ 9.11	Printing	
Add Remove 1	Dedit	0	08/23/2025	\$ 25.20	Gas	
Add Remove 1	Dedit	В	09/12/2025	\$ 4.56	Printing	
Add Remove 1	Dedit	В	09/20/2025	\$ 18.99	Printing	
Add Remove 1	Dedit	О	09/13/2025	\$ 27.02	Gas	
Add Remove 1	Dedit	С	08/32/2025	\$ 22.06	Fund raising supplies	
Add Remove 1	Dedit	В	09/04/2025	\$ 3.04	Printing	
Add Remove 1	Dedit	С	09/12/2025	\$ 9.10	Fund raising supplies	
Add Remove 1	Dedit	0	09/20/2025	\$ 10.69	Gas	
Add Remove 1	Dedit	В	09/25/2025	\$ 2.68	Printing	
Add Remove 1	Dedit	С	09/27/2025	\$ 17.73	Fund raising supplies	
Add Remove 1	Dedit	О	09/23/2025	\$ 9.11	Gas	
Add Remove 1	Dedit	С	09/23/2025	\$ 43.42	Fund raising supplies	
Add Remove 1	Dedit	О	09/22/2025	\$ 19.81	Gas	
Add Remove				\$		
Add Remove				\$		
Add Remove				\$		
Add Remove				\$		
Add Remove				\$		
CONTRACTOR OF THE PARTY OF THE	Page	\$201.99				
		age CRO-1100)		\$201.99		
			d) above)			
B* - Printing		C* - Fundr	C* - Fundraising D -		To Another Candidate	
I - Postage J - Penalties					- Holding Public Office Expenses - Donations to Legal Expense Fund	
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	letailed explanation i	n required reme	arks field (a)			
6. Purpose Codes E - Salaries I - Postage O* - Other	CRO-1315 Pages to 14 of Detailed Summary Pote (List detailed expenses - Printing F* - Equipment J - Penalties detailed explanation in	C* - Fundr G - Politica K* - Office	raising D I Party H Expenses C arks field (g)	\$201.99 D - To Another Can I* - Holding Publi	ic Office Expenses	

Kanapolis, NE 28chz

* Timely pastmark

Report Cover until

10/3/25

una 28024

but missing Signed Gard of Elections

