Do not use this form to update information.

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1. Committee In	formation							
a. Full Name								c. ID Number
COMMITTEE TO	D ELECT LORI	CLAY						
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)					d. Date Filed
104 WASHINGT	ON LANE SE							10/08/2025
CONCORD, NC	28025							e. Phone Number
								e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period l	End Date	(mm/dd/yy)	5. Treasur	rer Full Name
2025	0	7/18/2025			09/23/20	25	DEBORAH	I BAMFORD
6. Type of Comn	nittee (Check C	ne)	9. Typ	e of Report	(che	ck only one	type of rep	ort from one category)
X Candidate Can			Munic			tate/County	. h. co	Referendum
☐ Joint Fundrais	er 🔲 PA	С		Organizatio	nal [Organizatio	nal	Organizational
Referendum	☐ Leg	al Expense Fund		Thirty-five		Quarterly		☐ Pre-referendum
7. Type of Fund		le, check one)		Pre-primary] First		Final
☐ "Booster Fund				Pre-election	1 -	Second		Supplemental Final
☐ Building Fund			l	Pre-runoff		Third		Annual
Presidential E	laction Vasr Can	didates Fund	-	Semi-annual	15	Fourth		Special
■ NC Public Can				Mid Ye		Semi-annua		_ opecial
No Fibric Car	upaign r maneing	, 1 5110		Year Er				10. Special Report Name
П ом			님	Final	15	Mid Ye Year E		10. Special Keport Name
Other:	1 ' 11'	D .	H		15		ns	
8. Number of Fu	indraisers this	Keport		Special		Final		
	0				l.	Special		
3. Account Info	mation				3. Acco	unt Informat	ion	
a. Financial Inst	itution Full Na	nie			a. Finan	cial Institutio	on Full Nan	1e
UWHARRIE BA	NK		****************		***************************************			
b. Purpose		c. Account Cod	le		b. Purpo	RECE	RSON	c. Account Code
FOR CAMPAIG	V		LC		B-6		NOON	
RELATED ACT	IVITY				1	OCT 0	8 2025	
		d. Period Begi	n Balan	ce	D.	- 001 0	0 1010	d. Period Begin Balance
		s					SCOUNTY	
CERTIFICATIO	N					BOARD OF	ELECTIONS	3
		or Fund is in co	molian	ce with all a	nnlicabl	e provisions	of Article	22A, 22B & 22D-22M of
								other non-disclosed
runds. rrunn	er certify that t	nus report is co	mpiete.	, title and c	onectar.	d that I have		ed by the NC State Board
Doha	mb X	nmlar	1	1)	more	chi Pran	LASIV	10/08/2025
Jero	rinted Name of 8	MINION	9	NU	ature of A	V X W	y yw ar	
TOD OFFICE V	CHARLES AND ADDRESS OF THE PARTY OF THE PART	igner		orgn	arure or A	appointed frea	en er	Date
FOR OFFICE U	SE ONLY	. 0 05				kent		
Date Receiv	ed:	10-8-25		Emplo	yee _	WAN	- <u>De</u>	livery Method Normal Mail
Date Postma	arked:			Emplo	yee _		_ _ 図	Registered Mail Hand Delivered
Date Scanne	ed:	10-8-25		Emplo	yee _	WAN		Electronically Filed
Date Data E	ntered:		_	Emplo	yee _			Signer has not received mandatory training
Please Not		annot be used nt treasurer, cu						nittee address, treasurer,
7		A the Statemen						

Amendment X Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

	2. Type of Rep		3. I	D Num	ber	
COMMITTEE TO ELECT LORI CLAY	2025 Thirty-	five-day				
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle		
4) Cash on Hand at Start		\$ 51	0.00	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 47	0.00	\$	470.00	
6) Contributions from Individuals	(CRO-1210)	\$ 11,25	4.89	\$	11,692.89	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	260.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00	
(Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 11,72	4.89	\$	12,422.89	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 6,53	8.20	\$	6,538.20	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 9	6.81	\$	96.81	
15) Loan Repayments	(CRO-1420)	\$ 26	0.00	\$	260.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 34	0.00	\$	340.00	
17) In-Kind Contributions	(CRO-1510)	\$ 4,24	4.89	\$	4,432.89	
(18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 11,47	9.90	\$	11,667.90	
(19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 75	4.99	\$	754.99	
ADDITIONAL INFORMATION	of course as entire to control orders					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00			
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00			
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00	
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00	

		outions from I	ndividuals Page		Amendment Yes No
_		Fund if applicable)	Tront markadais of \$		Number
	EE TO ELECT LOR				
3. Contribu	tor Information				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove	LC	Cash		08/22/2025	\$ 50.00
☐ Add ☐ Remove	LC	Cash		08/22/2025	\$ 50.00
Add Remove	LC	Electric Funds Tran		08/20/2025	\$ 50.00
Add Remove	LC	Check		08/22/2025	\$ 50.00
Add Remove	LC	Electric Funds Tran		08/20/2025	\$ 50.00
Add Remove	LC	Check	***************************************	08/22/2025	\$ 50.00
Add Remove	LC	Electric Funds Tran		09/04/2025	\$ 50.00
Add Remove	LC	Cash		08/22/2025	\$ 20.00
Add Remove	LC	Check	***************************************	08/22/2025	\$ 50.00
Add Remove	LC	Cash		08/22/2025	\$ 50.00
	nly this Page	***************************************		9	\$470.00

NC State Board of Elections

5

\$470.00

April 2007

5. Total of ALL CRO-1205 Pages
(This line must be on line 5 of Detailed Summary Page CRO-1100)

CRO-1205

Amendment Contributions from Individuals Pg l of 10 X 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 LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED GINA AIRHEART c. Employer's Name/Specific Field 4650 PONDEROSA LANE CONCORD, NC 28025 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 Cash LC 08/22/2025 S 50.00 Cash LC S 50.00 08/26/2025 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HOMEMAKER EDITH C BARNHARDT c. Employer's Name/Specific Field 49 PATTON COURT SE CONCORD, NC 28025 HOMEMAKER 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 Check LC 08/22/2025 100.00 5 5 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED WILLIAM BICKEL c. Employer's Name/Specific Field 6039 VILLAGE DRIVE NW CONCORD, NC 28027 MILITARY e. Election Sum to Date (919) 656-5588 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check LC 08/22/2025 150.00 S 5 5 350.00 4. Total only this Page 5 5. Total of ALL CRO-1210 Pages

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

S

Amendment Pg __2 of 10 X Yes

Contributions from Individuals ☐ 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 LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED LORI BLANKENSHIP c. Employer's Name/Specific Field 5144 BECKENHAM LANE CONCORD, NC 28025 BROOME SIGN COMPANY 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 Cash LC 08/22/2025 5 50.00 Cash LC 5 50.00 08/26/2025 5 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHYSICIAN GRANT CAMPBELL c. Employer's Name/Specific Field 4647 OWL CREEK LANE CONCORD, NC 28027 ATRIUM HEALTH e. Election Sum to Date (704) 604-2575 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran LC 08/22/2025 5 250.00 5 5 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JEAN CHANDLER c. Employer's Name/Specific Field 4977 HILTON LAKE ROAD KANNAPOLIS, NC 28083 CENSUS OFFICE e. Election Sum to Date (980) 621-3478 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check LC 08/22/2025 5 100.00 S 5 450.00 4. Total only this Page S 5. Total of ALL CRO-1210 Pages S

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

Conti	ibutions fr	om Individuals	S	1	Pg3 of10		X Yes	☐ No
				ontributions	under \$50 if form CRO	TO SECURITY OF THE PARTY OF THE	RESIDENCE OF THE PARTY OF THE P	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED AND ADDRESS OF T
1. Comm	ittee Full Name	(and Fund if applicab	le)			2. 11	D Numbe	r
COMMI	TTEE TO ELECT	LORI CLAY						
3. Contr	ibutor Informatio	on		Add 🗆 I	Remove			
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(includ	le city, state, & zi	ip)		OFFICE MA	NAGER			
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						S		3,904.89
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	LC	In-Kind	CAMPAIGN KI	ICK OFF	07/18/2025		S	196.3
	LC	In-Kind	YARD SIGNS		07/18/2025		S	659.2
	LC	In-Kind	YARD SIGNS		07/21/2025		S	770.4
3. Contr	ibutor Informati	on		Add 🗆	Remove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title	Profession	d. C	comment	8
(includ	le city, state, & z	ip)		OWNER				
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	SHINGTON LAN RD, NC 28025	E SE						
CONCO	KD, NC 28025			PREMIUM	POWER SYSTEMS	e. E	lection S	um to Date
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	LC	In-Kind	LUNCH WITH CONSULTANT		08/07/2025		S	36.4
4. Tota	l only this Pa	ge				S		3,193.5
PRINTED PROTESTS AND RESERVE		O-1210 Pages 6 of Detailed Summary	Page (RO_1100)			S		11,254.8

		om Individuals			g 4 of 10 under \$50 if form CRO		X Yes	
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	Same, Mailing Add			b. Job Title/E		d. C	omment	3
	ide city, state, & z			OWNER				
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CONCC	ORD, NC 28025			PREMIUM I	POWER SYSTEMS	e. F.I	lection S	um to Date
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	LC	In-Kind	FOOD FROM I PORTER	PRESS AND	08/10/2025		S	6.08
	LC	In-Kind	FOOD FROM I PORTER	PRESS AND	08/12/2025		S	8.08
	LC	In-Kind	VIDEO ADVE	RTISING	08/12/2025		S	1,500.00
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	ide city, state, & z	ip)		OWNER				
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	ORD, NC 28025	E SE			POWER SYSTEMS			
Conce	710,110 20025			T RESTRETE	OWERSTSTEMS	e. El	lection S	um to Date
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	LC	In-Kind	FOOD FROM PORTER		08/16/2025		S	12.30
	LC	In-Kind	EVENT AT TV	VO GALS	08/20/2025		S	72.4
	LC	In-Kind	EVENT AT TV	VO GALS	08/20/2025		S	389.48
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(inclu	ide city, state, & z	ip)		OWNER				
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	ASHINGTON LAN	E SE			s Name/Specific Field			
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		1	T. T. T. I.D.	<u></u>	Transfer (III)			
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	LC	In-Kind	VIDEO PROD	UCTION	08/25/2025		S	250.0
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	al only this Pa					S		2,318.9
		O-1210 Pages 6 of Detailed Summary.	Page CRO-1100)		S		11,254.8
CR0-12	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	The state of the s	THE RESIDENCE OF THE PARTY OF T	oard of Election	13			April 200

Cont	ributions fr	om Individuals	S		Pg5 of10	X Y	es 🔲 No
THE RESIDENCE OF THE PERSON NAMED IN COLUMN	AND REAL PROPERTY AND ADDRESS OF THE PARTY O	SERVICE AND THE PROPERTY OF TH	A DESCRIPTION OF THE PARTY OF T	ontributions	under \$50 if form CRO	1205 is not	t used
		(and Fund if applicab	le)			2. ID Nu	mber
COMM	ITTEE TO ELECT	LORI CLAY					
3. Cont	ributor Informati	on		Add 🔲	Remove		
a. Full N	Same, Mailing Add	dress & Phone		b. Job Title	Profession	d. Comm	ents
(inclu	ide city, state, & z	ip)		OWNER			
LORI C						_	
	SHINGTON LAN	E SE			r's Name/Specific Field		
CONCC	ORD, NC 28025			PREMIUM	POWER SYSTEMS	e Flectio	n Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	ecription	j. Date (mm/dd/yyyy) k. An	nount
	LC	In-Kind	CAMPAIGN B	UTTONS	09/05/2025	S	50.00
	LC	In-Kind	FLAGS FOR F	AIR	09/05/2025	S	101.64
	LC	In-Kind	FLOWERS FO	R FAIR	09/06/2025	S	80.77
3. Cont	ributor Informati	on		Add 🗆	Remove		
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(inclu	ide city, state, & z	ip)		SELF EMPI	LOYED		
	CRANSTON				1 37 12 14 71 11	_	
	GH MEADOWS DI	RIVE			r's Name/Specific Field		
CONCC	ORD, NC 28025			CRANSTO	N FLOORING	a Flactic	n Sum to Date
						S	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy) k. Ar	nount
	LC	Cash			08/22/2025	S	50.00
	LC	Cash			08/26/2025	S	50.00
						S	
3. Cont	ributor Informati	on		Add 🗆	Remove		
a. Full N	Vame, Mailing Ado	dress & Phone		b. Job Title	Profession	d. Comm	ents
(inclu	ide city, state, & z	ip)	*****	RETIRED			
SID CR	ANSTON					_	
	VER FOX DRIVE			c. Employe	r's Name/Specific Field		
CONCC	ORD, NC 28025			BEST EFF	ORTS	- F1	on Sum to Date
						e, Electio	n Sum to Date
						S	60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy) k. Ar	nount
	LC	Cash			08/22/2025	S	50.00
annel .					30/24/2023	3	50.00
	LC	Cash			08/26/2025	S	10.00
						S	
4 Tot	al only this Pa	σe				2	392.41

S

Contributions from Individuals $p_g = 6$ of 10 Amendment \square Yes \square 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 LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BOOKKEEPER BETTY EDWARDS c. Employer's Name/Specific Field 1521 DAYBREAK RIDGE ROAD KANNAPOLIS, NC 28081 EDWARDS BOOKKEEPING 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 Check LC 08/22/2025 5 250.00 5 5 ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) SELF EMPLOYED LINDA GOLDING HARRIS c. Employer's Name/Specific Field 1726 PARK GROVE PLACE CONCORD, NC 28027 REAL ESTATE AGENT 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 Check LC 08/22/2025 5 500.00 5 5 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) SELF EMPLOYED RANDY W HOPKINS c. Employer's Name/Specific Field 287 UNION STREET S CONCORD, NC 28025 COMMERCIAL REAL e. Election Sum to Date (704) 618-5118 ESTATE 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 08/22/2025 5 150.00 5 4. Total only this Page 900.00 S 5. Total of ALL CRO-1210 Pages S 11,254.89 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment Contributions from Individuals Pg ______ of 10 X 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 LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED CHARLES A JAMES c. Employer's Name/Specific Field POBOX 68 MOUNT PLEASANT, NC 28124 MILL OWNER e. Election Sum to Date 1,100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check LC 08/08/2025 S 1,100.00 5 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REFERRALS LAURA LINDSEY c. Employer's Name/Specific Field 5807 STRATFORD COURT HARRISBURG, NC 28075 ATRIUM HEALTH e. Election Sum to Date 1,050.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran LC 08/20/2025 S 50.00 Check LC 09/16/2025 5 1,000.00 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER CHRISTOPHER MEASMER c. Employer's Name/Specific Field 19 PADDINGTON DRIVE SW CONCORD, NC 28025 WAYSIDE RESTAURANT e. Election Sum to Date (704) 783-5880 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	1	k. Amount
	LC	Check		08/22/2025		\$ 250.00
						S
						S
4. Tota	al only this Pa	ge			S	2,400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						11,254.89

Cont	ributions fr	om Individuals	\$	1	Pg8 of10		X Yes	☐ No
				ontributions	under \$50 if form CRO	1205	is not use	ed
1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	D Numbe	r
COMM	ITTEE TO ELECT	LORI CLAY						
3. Cont	ributor Informatio	on		Add 🗆 F	Remove			
a. Full N	Vame, Mailing Add	ress & Phone		b. Job Title	Profession	d. (Comments	
(inclu	ide city, state, & zi	ip)		OWNER				
REX M	EASMER					_		
	OMESTEAD DRIV	Е			's Name/Specific Field			
CONCC	ORD, NC 28025			WAYSIDE	RESTAURANT	e F	Tection St	ım to Date
						S		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy	7)	k. Amour	ıt
	LC	Check			08/22/2025		S	100.00
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3. Cont	ributor Informatio	on		Add 🗆 I	Remove			
O TO A COMPANY OF STREET	Same, Mailing Add			b. Job Title		d. (Comments	1
	ide city, state, & zi			OWNER				
HUGH	MORRISON							
545 HE	RMITAGE DRIVE	SE		c. Employer	's Name/Specific Field			
CONCC	ORD, NC 28025			HERMITAG	GE ASSOCIATES	-	E1 41 C	. D .
						e. 1	Llection 51	ım to Date
						5		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	cription	j. Date (mm/dd/yyyy	y)	k. Amour	nt
	LC	Check			09/04/2025		5	100.00
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3. Cont	ributor Informatio	on		Add 🗆 I	Remove			
a. Full N	Vame, Mailing Add	lress & Phone		b. Job Title	Profession	d. (Comment	S
(inclu	ide city, state, & z	ip)		MARKETIN	IG MANAGER			
ЛМ QU	ICK							
	ENCER AVENUE	VW		c. Employer	's Name/Specific Field			
	ORD, NC 28025			REDFONT		- 1	Floation C	um to Date
(704) 79	96-3882					e. 1	Liection 5	иш to Date
						S		100.00
f. Prior		h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyy	y)	k. Amou	nt
	LC	Electric Funds Tran			08/19/2025		S	100.00
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							S	
	al only this Pa					S		300.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			S		11,254.89

Amendment Contributions from Individuals 9 of 10 X 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 LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF EMPLOYED **GREG RIFFE** c. Employer's Name/Specific Field PO BOX 264 HARRISBURG, NC 28075 GAR ENGINEERING e. Election Sum to Date (704) 791-1379 SERVICES 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check LC 08/22/2025 5 250.00 5 5 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED TOM SMALL c. Employer's Name/Specific Field 462 BROOK VALLEY COURT CONCORD, NC 28025 REAL ESTATE e. Election Sum to Date (704) 793-8199 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check LC 08/22/2025 100.00 5 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER RONALD D SMITH c. Employer's Name/Specific Field P O BOX 898 BANNER ELK, NC 28604-0898 SUNNUBROOK KENNEL 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 Check LC 09/04/2025 100.00 S S S

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)

450.00

5

5

Contributions from Individuals $P_g = 10$ of 10 Amendment \square Yes

☐ No

April 2007

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 LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FINANCIAL ADVISOR RONALD H SMITH c. Employer's Name/Specific Field 118 OVERBROOK DRIVE CONCORD, NC 28025-9551 **EDWARD JONES** 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 Check 08/26/2025 S 250.00 S 5 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED KATHY SUMMER c. Employer's Name/Specific Field 1045 OAK TRAIL CIRCLE CONCORD, NC 28025 NOVANT HEALTH 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 Electric Funds Tran LC 08/20/2025 250.00 5 S S 4. Total only this Page 500.00 S 5. Total of ALL CRO-1210 Pages S 11,254.89 (This line must be on line 6 of Detailed Summary Page CRO-1100)

NC State Board of Elections

CRO-1210

Disbursem	ients				Pg	1 -6	4	Amenda X Yes	
	report expenditures	from the committe	ee for o	perating exper	111/2/1/2			and the second second second second	
	coordinated party ex			F	,				
1. Committee Fu	ull Name (and Fund i	if applicable)						2. ID Numb	er
COMMITTEE T	O ELECT LORI CLA	Y							
3. Type of Disbu	proment (Please	use separate CRC	2_1310	forms for each	h tyne of	Dishu	esomo	nut)	
X Operating Exp		ributions to Candidat			THE PARTY OF THE P	***************************************		ed Party Expe	enditures
4. Payee Inform			THE RESERVE OF THE PERSON NAMED IN	Add 🗆	Remov	_			
	ailing Address & Ph	one	_	b. Coordinate	d Comm	ittee Na	nme	d. Commen	ts
(include city, sta									
4 ALL PROMOS									
50 WEST AVEN	UE			c. Level Regis	CONTRACTOR OF TAXABLE CO.				
ESSEX, CT 0642	26			☐ Federal		County:		F1 (1	D .
				☐ State	Ц	Municip	anty:	e. Election	Sum to Date
								S	227.71
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	int	k. Re	quired Rem	arks
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					S				
4 D I. f			П	Add 🗆	Remov				
4. Payee Inform	ation ailing Address & Ph	one	ш	b. Coordinate			2010	d. Commen	ite.
(include city, sta		one		o. Coordinate		ittee 11		u. commen	
BEASLEY MED				1					
4045 N HIMES A				c. Level Regis	tered (S	pecify)		1	
TAMPA, FL 336	507			☐ Federal		County:			
				☐ State		Municip	ality:	e. Election	Sum to Date
¥								S	2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. Amor	int	k. Re	equired Rem	arks
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			 	77.07.2023	S	,000,00			
4. Payee Inform				Add	Remov			T	
	ailing Address & Ph	one		b. Coordinate	d Comm	ittee N	ame	d. Commer	ıts
(include city, sta	ite, & zip)			-					
65 CHURCH STI	UNTY GOVERNMEN	N1		c. Level Regis	stered (S	pecify)		-	
CONCORD, NC				☐ Federal		County	:		
corrected, ric	20020			☐ State		Municip	ality:	e. Election	Sum to Date
								S	150.00
	T =	1 2 6 1	T. =		Т		1. 5		
	g. Form of Payment	h. Purpose Code	1				·····	equired Rem	
LC	Debit Card	0	(08/12/2025	S	150.00	BOC	OTH FOR FA	IR
					S				
5. Total only thi	is Page							S	2,377.71
6. Total of ALL	CRO-1310 Pages								
	in line 13a of Detailed	Summary Page CRO)-1100 i	f Operating Expe	enses)				(529 20
	in line 13b of Detailed					olitical C	omm)	S	6,538.20
(This line goes i	in line 13c of Detailed S	Summary Page CRO	-1100 ij	f Coordinated Pa	arty Expe	nditures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printir	-	C* - I	undraising				ther Candida	
E - Salaries	F* - Equipm	ent	G - Po	olitical Party		H* - H	oldin	g Public Off	fice Expenses

K* - Office Expenses

J - Penalties

I - Postage

O* Other

Q* - Donation to Legal Expense Fund

					Amendm	ent	
Disbursements	Pg	2_	of	4	X Yes	☐ No	
Use this form to report expenditures from the committee for enerating ex-	nancac	contril	hutio	ne to co	ndidata no	ditional	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full	A	-							2. ID Numb	er
COMMITTEE TO	ELECT LOR	I CLAY								
3. Type of Disburs			se separate CRO			ı typ				
X Operating Exper	AND DESCRIPTION OF THE PERSON OF	Contril	butions to Candidat	NAME AND ADDRESS OF				rdinate	ed Party Expe	enditures
4. Payee Informat					Add		iove			
a. Full Name, Mail	_	& Pho	ne		b. Coordinated	d Co	mmittee Na	me	d. Commen	ts
(include city, state										
CAMERON OUTD					c. Level Regis	tarad	(Specify)			
805 TRADE ST NV	V				Federal		County:			
STE 101 CONCORD, NC 23	2027				State		*		e. Election	Sum to Date
CONCORD, NC 2	0021				I					
									S	900.00
f. Account Code g	Form of Pay	yment l	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	mount	k. Re	quired Rem	arks
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						S				
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a. Full Name, Mail		& Pho	na	Ц	b. Coordinate			me	d. Commen	to
(include city, state	_	5 00 1 1101	ile		o. Continuate		mmittee 11		u. Commen	
CELLAR DOOR	, et zip)									
2 UNION STREET	S				c. Level Regis	tered	(Specify)			
CONCORD, NC 2					Federal		County:			
					☐ State		☐ Municip	ality:	e. Election	Sum to Date
									S	74.90
f. Account Code g	Form of Day	mont 1	h. Purnove Code	i Data	(mm/dd/array)	; A.	mount	k Re	quired Rem	arke
LC LC	Debit Car		0		8/21/2025	3			E FOR EVE	
L	Debit Car	d I	0	0	8/21/2025	S	74.90	WIN	E FOR EVE	N1
4 D I- 6					Add 🗆	_	nove			
4. Payee Informat		e Dia		Ц	b. Coordinate				d. Commen	•-
a. Full Name, Mail (include city, state	_	s & Fno	ne		o. Coordinate	u Co	mmittee 14:	ıme	u. Commer	
DAVID CONRAD		DLIV								
1389 LLOYD PLA		APHY			c. Level Regis	terec	(Specify)			
CONCORD, NC 2					Federal Federal		County:			
001100110,110 2	J (742)				☐ State		☐ Municip	ality:	e. Election	Sum to Date
									S	1,000.00
f. Account Code g	Form of Pay	vment 1	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. A	mount	k. Re	quired Rem	
LC	Check		Α	1	8/21/2025	S	1,000.00		ERTISING	
	CHECK		Λ	0	0/21/2023	-	1,000.00	ADV	LKTISING	
						S				
5. Total only this	Page								S	1,974.90
6. Total of ALL C	RO-1310 P	ages								
(This line goes in	line 13a of De	etailed Si	ımmary Page CRO	-1100 if	Operating Expe	nses)			S	6,538.20
(This line goes in	line 13b of De	etailed Si	ımmary Page CRO	-1100 if	Contrib to Cana	lidate	s/Political C	omm)	3	0,336.20
(This line goes in	line 13c of De	tailed Su	ımmary Page CRO-	-1100 if	Coordinated Pa	rty E.	xpenditures)			
7. Purpose Cod	les (List de	etailed e	xpenditure code	in (h.)	above)					
A* - Media		Printing			undraising		D - To	Anot	her Candida	ite
E - Salaries	F* - E	quipme	nt	G-Po	litical Party		H* - H	olding	Public Of	fice Expenses
I - Postage	J - P	enalties		K* - C	Office Expense	S	Q* - D	onatio	on to Legal	Expense Fund
O* Other										
* Codes require	detailed exp	lanation	in required ren	iarks f	ield (k)					

Disbursem	onts					20	Amendment	
		20 00 000			Pg3 of	***************************************		No
	report expenditures coordinated party ex		e for o	perating expen	ises, contributi	ons to	candidate politic	al
CALMER THE RESIDENCE THE PROPERTY OF THE PERSON NAMED IN COLUMN NAMED IN COLUM	ill Name (and Fund i	AND RESIDENCE OF THE PARTY OF T					2. ID Number	
	DELECT LORI CLAY							
3. Type of Disbu		ise separate CRO	-1310	fonns for each	ı type of Disbu	rseme	<u>nt.)</u>	
X Operating Exp		ibutions to Candidat	es/Politi	cal Committees	☐ Co	ordinat	ed Party Expenditure	28
4. Payee Inform				Add \square	Remove			
	iling Address & Pho	one		b. Coordinated	d Committee N	ame	d. Comments	
(include city, sta								
LAMAR COMPA	ANIES EE INDUSTRIAL BLV	/D		c. Level Regist	tered (Specify)			
	ORNERS, GA 30092			☐ Federal	County	:		
	,			☐ State	☐ Munici	pality:	e. Election Sum to	Date
							S	975.00
f Assessed Code	g. Form of Payment	h Purmora Coda	i Data	(/11/)	2 A	l. Ro	quired Remarks	
LC					1_	1		
LC.	Check	A	0	9/19/2025		ADV	'ERTISING	
			***************************************		S			
4. Payee Inform				Add 🗆	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comments	
(include city, sta								
SHIPLEY DO-NU	7.7.7			c. Level Regis	tered (Specify)		-	
25 OPTICAL CO CONCORD, NC				☐ Federal	County	:		
CONCORD, NC	20023			☐ State	☐ Munici	pality:	e. Election Sum to	Date
							S	109.49
	- 45	1.5 6.1				1 7	1 17 1	107.47
	g. Form of Payment				j. Amount	+	equired Remarks	
LC	Debit Card	0	0	8/29/2025	\$ 109.49	DON	UTS FOR POLICE	
					S			
4. Payee Inform	ation			Add 🗆	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comments	
(include city, sta								
SOUTHERN STE				a Laval Ragio	tered (Specify)		-	
165 BRUMLEY	AVENUE NE			Federal	County	······································		
CONCORD, NC	28025			State	☐ Munici		e. Election Sum t	o Date
correord, re-	20023						s	200.00
	***************************************				·			300.00
	g. Form of Payment	h. Purpose Code	1		1_	+	equired Remarks	
LC	Debit Card	A	0	8/20/2025	\$ 300.00	ADV	/ERTISING	
					S			
5. Total only thi	s Page						S	1,384.49
c = 1 4477	cno laton							

5. Total only this	Page			S	1,384.49
6. Total of ALL C	RO-1310 Pages				
(This line goes in (This line goes in (This line goes in	S	6,538.20			
7. Purpose Coo	les (List detailed expenditu	re code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding	Public Off	ice Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donatio	n to Legal l	Expense Fund
O* Other					-
* Codes require	detailed explanation in requi	red remarks field (k)			
CRO-1310	**************************************	NC State Board of Elections			December 2009

Disbursen	ients				Pg	4_ of	4	Amend X Ye	
Use this form to	report expenditures	from the committe	ee for o	perating expen					political
	coordinated party ex								•
1. Committee F	ull Name (and Fund i	f applicable)						2. ID Num	ber
COMMITTEE T	O ELECT LORI CLA	Y							
3. Type of Disbu		use separate CRO			type				
X Operating Exp	THE RESIDENCE OF THE PARTY OF T	ributions to Candidat	THE RESERVE	CONTRACTOR OF THE PERSON NAMED IN		Coc	ordinate	ed Party Exp	enditures
4. Payee Inform				Add	Rem				
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Cor	nmittee N:	nne	d. Comme	nts
(include city, sta	ite, & zip)								
THE CIERGE G	ROUP LLC					251 103			
432 CEDAR HIL				c. Level Regis					
RALEIGH, NC	27609			☐ Federal ☐ State		County: Municip		F1 4	Sum to Date
				L State	!	Municip	anty.	e, Liection	Sum to Date
								S	801.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Ren	narks
LC	Debit Card	В	(08/15/2025	S	801.10	SIGN	IS	
					0				
					3			PHILIPPINE STREET, SHEET	
5. Total only thi	is Page							S	801.10
6. Total of ALL	CRO-1310 Pages								
(This line goes	in line 13a of Detailed S	Summary Page CRO	-1100 i	f Operating Expe	nses)			S	6,538.20
(This line goes	in line 13b of Detailed S	Summary Page CRO	-1100 i	f Contrib to Cand	lidates	Political C	omm)	3	0,336.20
(This line goes)	in line 13c of Detailed S	ummary Page CRO	-1100 ij	f Coordinaud Pa	rty Ex	penditures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	g	C* - I	undraising	-	D - To	Anot	her Candid	ate
E - Salaries	F* - Equipm	ent	G-Po	olitical Party		H* - H	olding	Public Of	fice Expenses
I - Postage	J - Penaltie	S	K* - (Office Expense	S	Q* - D	onatio	n to Legal	Expense Fund
O* Other									
STATISTICAL CONTRACTOR OF THE PARTY OF THE P	e detailed explanatio	NATIONAL PROPERTY AND ADDRESS OF THE PARTY AND	CHINA SOCIALISMO	MANUFACTURE OF THE PARTY OF THE	-				
CRO-1310		NC S	tate Bo	ard of Elections					December 2009

Aggregated	Non-Media	Expenditures
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	Amendm	ent	
Page1_ of1_	X Yes		No

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

3. Payee Info	LC		d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Amend b Add Remove Add Remove	LC	Debit Card		***************************************	f. Amount	g. Required Remarks
Add Remove Add Remove	LC LC	Debit Card		***************************************		
- Remove	***************************************	Debit Card		09/05/2025	S 14	RIBBON FOR FLAGS
Add	***************************************		0	09/05/2025	S 42	2.75 CANDY FOR FAIR
Remove	LC	Electric Funds Tran	0	08/19/2025	S 4	ANEDOT FEE
Add Remove	LC	Electric Funds Tran	0	08/22/2025	S 17	7.20 ANEDOT FEE
Add Remove	LC	Electric Funds Tran	0	08/24/2025	S 10	0.30 ANEDOT FEE
Add Remove	LC	Electric Funds Tran	О	09/05/2025	S 2	ANEDOT FEE
Add Remove	LC	Electric Funds Tran	0	08/08/2025	S 5	5.00 BANK FEE
. Total on	ly this Page				S	96.8
	ALL CRO-1 ust be on line 14 o	315 Pages f Detailed Summary Pa	age CRO-1100)		s	96.8
. Purpose	Codes (List o	detailed expenditu	re code in (d) a	bove)		
		- Printing	C* - Fundr		To Another	Candidate
E - Salario	es F*	- Equipment	G - Political	Party H*	- Holding P	ublic Office Expenses
I - Postag O* - Oth	A THE RESIDENCE OF THE PROPERTY OF THE PARTY	Penalties	K* - Office	Expenses Q*	- Donations	to Legal Expense Fun
		led explanation i	n required rer	narks field (g)		

CRO-1315

NC State Board of Elections

December 2009

Loan R	epayments
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				Am	endm	ent		
$_{\text{Pg}}$	1	$^{\mathrm{of}}$	1	\mathbf{x}	Yes		No	

Use this form to report pays	ients on an existi	ng toan.			
1. Committee Full Name (an	nd Fund if applica	ble)		2. ID Num	ber
COMMITTEE TO ELECT LO	ORI CLAY				
3. Lender Information		☐ Add	☐ Remove		
a. Full Name, Mailing Addre (include city, state, & zip)	ss & Phone			b. Comme	its
LORI CLAY 104 WASHINGTON LANE S CONCORD, NC 28025 (980) 322-7088	SE				Loan Date 16/2025
				d. Original	l Loan Amount
				S	260.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayme	ent Amount
\$ 0.00	LC	Electric Funds Tran	08/19/2025	S	260.00
5				S	
4. Total only this Page				S	260.00
5. Total of ALL CRO- (This line must be on line 15		ry Page CRO-1100)		S	260.00

CRO-1420

NC State Board of Elections

December 2007

1. Committee Full COMMITTEE TO			pplicable)			2. I	D Number	
3. Pavee Informa	tion			Add □ Re	move			
a. Full Name, Mai				d. Type of Conn	nittee	g. C	Comments	
(include city, state, & zip)			Candidate	☐ PAC				
LORI CLAY				☐ Referendum	☐ Party			
104 WASHINGTO		SE		e. Level Registe		h. C	Original Rec	eipt Date
CONCORD, NC 28025				☐ Federal ☐ State	☐ County: ☐ Municipality:		08/12/2	2025
						i. O	riginal Rec	eipt Amoun
						\$ 1,500.0		
b. Job Title/Profes	sion c	. Employer's	Name/Specific Field f. Purpose Code			j. Election Sum to Date		to Date
OWNER	PREMIUM PO		ER SYSTEMS	P		5		3,904.8
k. Account Code	l. Form o	of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amount	
LC	Electric Fu	nds Tran	REIMBURSEMENT FOI ADVERTISING - PERSO		09/17/2025		S	340.0
4. Total only this	Page					S		340.0
5. Total of ALL C (This line must be			ummary Page CRO-110	10)		S		340.0
6. Purpose Cod	les (List de	etailed disbu	rsement code in (f) a	bove)				
L - Returned to P* - Reimburs			Overpayment for Se	rvice	N - Exceed	ded C	Contibution	Limit

In-Kind Contributions			l of		Amendm X Yes	□ No
Use this form to report non-monetary contributions, donati				the con	nmittee or f	und.
Use CRO-1215 if In-Kind Contributions were or will be 1. Committee Full Name (and Fund if applicable)	ren	inded withii	n / days.	2. ID 3	Number	
COMMITTEE TO ELECT LORI CLAY			***************************************			
3. Contributor Information] A	dd 🗆 Re	move			
a. Full Name, Mailing Address & Phone		Type of Con		c. Com	nnents	
(include city, state, & zip)		Individual				
LORI CLAY		Candidate				
104 WASHINGTON LANE SE		Party				
CONCORD, NC 28025		PAC		1 77		
		Referendum Other Rece		d. Llec	tion Sum t	o Date
18	-	Otner Rece	ipt source	S		3,904.89
e. Description			f. Date (mm/dd	/yyyy)	g. Fair M	arket Amount
CAMPAIGN KICK OFF			07/18/202	25	S	196.35
			07710720		-	170.55
YARD SIGNS			07/18/202	25	S	659.28
YARD SIGNS			07/21/202	25	S	770.44
3. Contributor Information	A	dd 🔲 Rei	move			
a. Full Name, Mailing Address & Phone	Ъ.	Type of Con	tributor	c. Com	ıments	
(include city, state, & zip)	X	Individual		Ī		
LORI CLAY	1	Candidate				
104 WASHINGTON LANE SE		Party				
CONCORD, NC 28025	-	PAC Referendum		d. Election Sum to		D-4-
		Other Rece		d. Liec	tion Sum t	o Date
		oma me	ipt ooutes	S		3,904.89
e. Description			f. Date (mm/dd	/уууу)	g. Fair M	arket Amount
FOOD			08/01/202	25	S	3.21
LUNCH WITH CONSULTANT			08/04/202	25	S	27.76
LUNCH WITH CONSULTANT			08/07/202	25	S	36.47
3. Contributor Information] A	dd □ Rei	move			
a. Full Name, Mailing Address & Phone		Type of Con		c. Com	ments	
(include city, state, & zip)	X	Individual		1		
LORI CLAY						
104 WASHINGTON LANE SE		Party				
CONCORD, NC 28025		PAC				
		Referendum		d. Elec	tion Sum t	o Date
	-	Other Rece	ipt Source	S		3,904.89
e. Description			f. Date (mm/dd	/yyyy)	g. Fair M	arket Amount
FOOD FROM PRESS AND PORTER			08/10/202	25	S	6.08
FOOD FROM PRESS AND PORTER			08/12/202	25	S	8.08
VIDEO ADVERTISING			08/12/202	25	S	1,500.00

4. Total only this Page

5

5

3,207.67

4,244.89

Amendment In-Kind Contributions Pg ____ of X 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 COMMITTEE TO ELECT LORI CLAY 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments X Individual (include city, state, & zip) Candidate LORI CLAY Party 104 WASHINGTON LANE SE PAC CONCORD, NC 28025 Referendum d. Election Sum to Date Other Receipt Source 3,904.89 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount FOOD FROM PRESS AND PORTER S 08/16/2025 12.30 EVENT AT TWO GALS 08/20/2025 S 72.40 EVENT AT TWO GALS S 08/20/2025 389.48 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments X Individual (include city, state, & zip) ☐ Candidate LORI CLAY Party 104 WASHINGTON LANE SE PAC CONCORD, NC 28025 Referendum d. Election Sum to Date Other Receipt Source 3,904.89 e. Description g. Fair Market Amount f. Date (mm/dd/yyyy) FOOD FROM PRESS AND PORTER 08/21/2025 VIDEO PRODUCTION 08/25/2025 S 250.00 OJ FOR CPD S 68.00 08/29/2025 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) X Individual ☐ Candidate LORI CLAY ☐ Partv 104 WASHINGTON LANE SE □ PAC CONCORD NC 28025

CONCORD, NC 28025	Referendur Other Rece			tion Sum	3,904.89
e. Description		f. Date (mm/de	l/yyyy)	g. Fair M	larket Amount
CAMPAIGN BUTTONS		09/05/202	25	S	50.00
FLAGS FOR FAIR		09/05/202	25	S	101.64
FLOWERS FOR FAIR		09/06/202	25	S	80.77
4. Total only this Page			S	ı	1,037.22
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	0-1100)		S		4,244.89
CDO 1510				And in case of the last of the	