Disclosure Report Cover

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
Committee to e	lect Alvarus	Sontaner	
b. Mailing Address (include City, State		MI Jurac	d. Date Filed
		21-	126-16-2
2012 14 ( DOVAGE	10/24/2025		
(DONNOTTE/IL	11 St 12517: 28804		e. Phone Number
			917863-7991
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy) 5. Tre	asurer Full Name
2025 1/1/20	025 6/30		varys Sartara
6. Type of Committee (Check C		port (check only one type o	
Candidate Campaign Part		State/County	Referendum
	erendum Organization t Fundraiser Thirty-five d		Organizational Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
Legal Expense Fund	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable,		Third	Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Ye	ar Semi-annual	
	Year Er	nd Mid Year	10. Special Report Name
Other:	☐ Final	Year End	
8. Number of Fundraisers this	Report	☐ Final	
		☐ Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Na	me
USBank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
1	10000	IN-PERSON	
Campaign	1000	OCT 2 L 2020	
Carpuly 1	d. Period Begin Balance	, UCI Z 4 ZUZS	d. Period Begin Balance
	\$	CABARRUS COUNT	\$
CERTIFICATION		BOARD OF ELECTIO	
I certify that the Committee or Fur	nd is in compliance with all app	licable provisions of Article 22	A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that	at no funds are commingled wit	h prohibited or other non-discle	osed funds. I further certify that this
report is complete, true and correc	t and that I have been trained b	y the NC State Board of Election	
1.000	A		10/20/000E
HIVORYS San	taner ()	MX	10/2-1/202)
Printed Name of Sign	er Si	gnature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	6-14/10	WAN	Delivery Method
Date Received:	5-24-25 Emple		Delivery Method  Normal Mail
			Registered Mail
Date Postmarked:	Emplo		Hand Delivered
Date Scanned:	-24-25 Emple	WAN	☐ Electronically Filed
Date scanned:	Emplo	Jyce	
Date Data Entered:	Emplo	oyee:	Signer has not received mandatory training
Please Note: This form ca	nnot be used to amend com	mittee information such as th	ne committee address, treasurer
	illot be used to afficild confi		ie committee address, a casarer,
		ks information, or account in	

## **Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number	
Committee to elect A LUDRUS SUNTO				
Start of Election Cycle: January 1, <u>202</u>	5	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 🔿	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 195	\$ 195	
6) Contributions from Individuals	(CRO-1210)	\$950	\$ 950	
7) Contributions from Political Party Committees	(CRO-1220)	\$2,000	\$2,000	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 🔿	\$ 0	
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ O	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 🔿	\$ 6	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ ()	\$ 0	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 🔿	\$ 0	
11c) Outside Sources of Income	(CRO-1250)	\$ 🔿	\$ 0	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 🔾	\$ 🔿	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 🔿	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 3,145	\$3,145	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 367.51	\$ 367,51	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 6	\$ 0	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ ()	\$ 0	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ ()	\$ 0	
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 🚫	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ (	\$ 0	
17) In-Kind Contributions	(CRO-1510)	\$2,000	\$2,000	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$2367.5	1 \$ 2,367.5	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 777.49	\$ 777,49	
ADDITIONAL INFORMATION	Sec. (1)			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	ASSESSED FOR STATE OF	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ ()		
24) Account Transfers Within the Committee	(CRO-1720)	\$ ()		
25) Administrative Support	(CRO-1710)	\$ 🔘	\$ 0	
26) Forgiven Loans	(CRO-1440)	\$ ()	\$ 6	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ ()	
28) Contributions to be Refunded	(CRO-1215)	\$ ()	\$ (´)	

## Aggregated Contributions from Individuals Page 1 of 1 Yes No Optional form used to report NC Contributions From Individuals of \$50 or less

			and Fund if applica	ble)	VIII TOTAL	2. ID Number	
CC	DMMITTEE	TO ELECT ALVA	RYS SANTANA				
Section 2		utor Informatio	n				
	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	yy) f. Amount	
_	Add Remove	,	ACT BLUE DONATION		05/24/2025	\$ 25	
_	Add Remove		ACT BLUE DONATION		05/18/2025	\$10	
X			ACT BLUE DONATION		05/18/2025	S 50	
X	Add Remove		ACT BLUE DONATION		05/18/2025	\$ 10	
Х			ACT BLUE DONATION		05/17/2025	\$10	-
Х			ACT BLUE DONATION		05/14/2025	\$ 20	
Х	Charles Constitution Constituti		ACT BLUE DONATION		05/14/2025	\$50	
X	Add Remove		ACT BLUE DONATION		05/15/2025	\$ 20	
	Add Remove					s	
	Add Remove					s	
	Add					s	A STATE OF THE PARTY OF THE PAR
	Add					s	
	Remove Add					s	
3	Add Add					s	
]	Remove Add					s	
_	Add Add					5	
_	Add					5	-
_	Remove				-		
_	Remove					\$	
	Remove					\$	
] 1	temove					S	
j	lemove					S	
] B	add temove					s	
j R	emove					s	
T	otal onl	y this Page				\$ 195	
		ALL CRO-1 be on line 5 of Det	205 Pages ailed Summary Page Cl	RO-1100)		s 195	

## Contributions from Individuals X Yes ☐ No Pg 1 of 2 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT ALVARYS SANTANA X Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT CANDIDATE **ALVARYS SANTANA** c. Employer's Name/Specific Field 301 S MCDOWELL STREET 1251726 CHARLOTTE NC 28204 e. Election Sum to Date AS STRATEGY \$400 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount . Prior ACT BLUE \$ 50 05/16/2025 DONATION ACT BLUE X 05/16/2025 \$250 DONATION X BANK TRANSFER 05/14/2025 \$ 100 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ATTORNEY** c. Employer's Name/Specific Field STEPHANIE NELSON 940 St. Nicholas Apt 5A New York NY e. Election Sum to Date 10032 SL Nelson Law Firm \$ 250 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description ACT BLUE \$ 250 05/16/2025 DONATION \$ \$ Remove 3. Contributor Information X Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MEMBERSHIP DESK c. Employer's Name/Specific Field 106 Purple Heron Way Jacquelyn Chisholm Hopkins SC 29061 e. Election Sum to Date COSTCO \$ 100 k. Amount g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) ACT BLUE 05/17/2025 \$ 100 DONATION \$ \$ 4. Total only this Page \$ 750 5. Total of ALL CRO-1210 Pages \$ 950 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		rom Individus		P <sub>i</sub>	g <u>2</u> of	Amendment  2 Yes No  RO 1205 is not used
SHARES OF BUILDING	CONTRACTOR AND VALVE OF STREET STREET,	me (and Fund if ap	ACCOMMEND AND DESIGNATION OF THE PARTY OF			2. ID Number
СОМ	MITTEE TO ELEC	CT ALVARYS SANTA	NA			
3. Con	ntributor Inform	nation	X	Add Re	emove	
	Name, Mailing Add			b. Job Title/Prof		d. Comments
(inclu	ide city, state, & zip	)		Training & Cus	stomer Service	
						-
	orBoykin			c. Employer's Na	me/Specific Field	
128	8 Farm Branch D	r SWConcordNC280	27			e. Election Sum to Date
				Strickland Brot	thers	\$100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	ryy) k. Amount
		ACT BLUE	COLUMN TO SERVICE SERV	and anything the beautiful product of the control o	05/21/2025	\$ 100
		DONATION				
		-				\$
						\$
3. Con	tributor Inform	ation	X	Add 🔲 Re	move	19 15 15 15 15 15 15 15 15 15 15 15 15 15
10.405112.00	iame, Mailing Addr			b. Job Title/Profe	ession	d. Comments
(inclu	de city, state, & zip)			Logistic Analys	sis	
				c. Employer's Na		-
Trento	on Littlejohn			C. Employer 3 Ma	incopeeine x icia	
		iveLexington Park		Zanatav		e. Election Sum to Date
MD 2	0653			Zenetex		\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount
		ACT BLUE DONATION			05/23/2025	\$ 100
						\$
						s
AND THE PARTY OF PERSONS	ributor Informa				move	
	ame, Mailing Addre	ss & Phone		b. Job Title/Profe	ssion	d. Comments
(includ	e city, state, & zip)					
				c. Employer's Nar	me/Specific Field	
						e. Election Sum to Date
						s
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount
						\$
						s
						s
. Tota	al only this Pa	ige				\$200
		O-1210 Pages		an Again and		s
		of Detailed Summary Pa	ge CRO-1100)			\$ 950

Contribu	tions from Polif	tical Party Committees	Pg <u>1</u> of <u>1</u>	Amendment Yes No
Control of the Contro		ons from a political party		
1. Committee	Full Name (and Fund	l if applicable)	(2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	2. ID Number
COMMITTEE	TO ELECT ALVARYS	SANTANA		
3. Contributor		X Add □	Remove	
	ailing Address & Phone		ŀ	o. Comments
(include city, st	ate, & zip)			
North Carolina	- Damassella Bashi			NC DEMS
	a Democratic Party ugh Street Raleigh, NC	27603 I P.O. Box 1926 Raleigh NC 2	27602	
	org Office: 919-821-277		c	e. Election Sum to Date
				\$ 2,000
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	y) h. Amount
AD42025	SOFTWARE	VOTE BUILDER ACCESS	06/30/2025	\$ 2,000
The Tests		1014 0010	00000	
				\$
				s
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(include city, sta		1	-	Comments
				Election Sum to Date
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				s
				3
S. Contributor	Information ling Address & Phone	Add	Remove	. Comments
(include city, stat			-	. Comments
and the second second section of the second				
			6	. Election Sum to Date
			F	
				\$
. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				s
				s
. Total only	4kia Dogo			<u> </u>
				5
. Total of Al	LL CRO-1220 Pag	ges		\$

	e Full Name (and Fu	nd if applicable)	50,000,000		2000年6月		2. ID Number
COMMITTEE	T TO ELECT ALVARY	YS SANTANA					
3. Type of Dis		se use separate Ci					
X Operating Ex	The same of the sa	ontributions to Candida				Coordina	nted Party Expenditures
4. Payee Infor	rmation Mailing Address & Pl	Laga	X	_	Remove		1
a. Full Name, ! (include city, stat		hone		b. Coordinate	ed Committee Na	me	d. Comments
Million Co.	ni w op/	AC AC ACCUMANTAL AND					
ACT BLUE					istered (Specify)		
	41146, Somerville, MA	02144		Federal State	County Municipal	*	e. Election Sum to Date
salzaim@ac	617-517-7600			State	X Munic	ipanty	
	The second second second second						§ 15.68
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
A42025	DEBITED	С	06/01/2	2025	\$ 15.68	AC	T BLUE PLATFORM
					-		
. Payee Infor			X		Remove		
. Full Name, Ma (include city, st.	iling Address & Phone	Carried Land		b. Coordinate	ed Committee Nar	me	d. Comments
		and a property of the second second	epoper	1			
EMERGE AN				c. Level Regis	stered (Specify)	7,200-78 14 (14) 73	POLITICAL TRAINING
818 Connect Suite 450	ticut Avenue NW		1	☐ Federal	County	r.	
Washington,	, D.C. 20006		1	State	X Munici		e. Election Sum to Date
phone			!		S77. ***********************************		\$ 351.83
202.921.4100 Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k, R	equired Remarks
/100	B. com				\$ 51.83		LITICAL TRAINING
A42025	DEDIT CARD	10	- / NE/E169/2	2025	9		LITIUAL IDAIINING
	DEBIT CARD	0	06/06/2				
A42025	DEBIT CARD	0	06/30/2	2025	\$ 300		LITICAL TRAINING
A42025 Payee Inform	DEBIT CARD		06/30/2	2025 Add 🔲	\$ 300 Remove	РО	LITICAL TRAINING
A42025  Payee Information Full Name, Mail	DEBIT CARD mation iling Address & Phone		06/30/2	2025 Add 🔲	\$ 300	РО	
A42025  Payee Information Full Name, Mail	DEBIT CARD mation iling Address & Phone		06/30/2	2025 Add 🔲	\$ 300 Remove	РО	LITICAL TRAINING
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A42025  Payee Inform Full Name, Mail (include city, sta	DEBIT CARD  mation  iling Address & Phone atc. & zip)  g. Form of Payment  nis Page  L CRO-1310 Pages	h. Purpose Code	06/30/2	Add b. Coordinate  c. Level Regis Federal State	\$ 300  Remove ed Committee Name  Stered (Specify)  County Municip  J. Amount  \$	PO me pality:	d. Comments  e. Election Sum to Date  \$ equired Remarks
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A42025  Payee Information Full Name, Mail (include city, standard city, standard city)  Account Code  Total only the Total of ALL  This line goes in This line goes in	DEBIT CARD  mation  iling Address & Phone atc. & zip)  g. Form of Payment  nis Page  L CRO-1310 Pages	h. Purpose Code	i. Date (m	Add b. Coordinate  c. Level Regis Federal State  nm/dd/yyyy)	\$ 300  Remove ed Committee Name  Stered (Specify)  County  Municip  J. Amount  \$ \$ \$	PO me k. R.	d. Comments  e. Election Sum to Date  \$ equired Remarks
A42025  Payee Information Full Name, Mail (include city, state of the city) of the Count Code  Total only the Total of ALL (This line goes in This line goes in This line goes in Purpose Co	DEBIT CARD  mation  lling Address & Phone atc. & zip)  g. Form of Payment  is Page  L CRO-1310 Pages  a line 13a of Detailed Sum line 13c of Detailed Sum	h. Purpose Code  mary Page CRO-110  mary Page CRO-110  mary Page CRO-110  expenditure code	i. Date (m	b. Coordinate c. Level Regis Federal State	\$ 300  Remove ed Committee Name  Stered (Specify)  County  Municip  J. Amount  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pome k. Ro	d. Comments  e. Election Sum to Date  \$ equired Remarks  \$ 367.51
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Amendment

Use this form to report non-monetary contributions, donations, goo			nittee	or fund.
Use CRO-1215 if In-Kind Contributions were or will be refu 1. Committee Full Name (and Fund if applicable)	nded within / da	ys.	12.	ID Number
COMMITTEE TO ELECT ALVARYS SANTANA				10 Trumber
3. Contributor Information	Add Re	move		
A. Full Name, Mailing Address & Phone (include city, state, & zip)  North Carolina Democratic Party 220 Hillsborough Street Raleigh, NC 27603   P.O. Box 1926 Raleigh NC 27602 team@ncdp.org Office: 919-821-2777	b. Type of Contri Individual Candidate Party PAC Referendum Other Receipt		NC	COMMENTS  C DEMS  Election Sum to Date  2.000
. Description		f. Date (mm/dd/y		g. Fair Market Amoun
VOTE BUILDER SOFTWARE ACCESS		06/30/2025	3337	\$ 2,000
				\$
				\$
. Contributor Information	Add Rei	nove		
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	Source	d. I	Election Sum to Date
Description	L	f. Date (mm/dd/y	yyy)	g. Fair Market Amou
•		•		\$
				\$
				\$
Contributor Information	Add Ren			
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt			Election Sum to Date
Description	l	f. Date (mm/dd/y	yyy)	g. Fair Market Amou
		-		\$
				\$

(This line must be on line 17 of Detailed Summary Page CRO-1100)

CRO-1510

NC State E

4. Total only this Page

5. Total of ALL CRO-1510 Pages

\$