A mendmen	t
Yes	□ No
	stailed forms

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						
mmitte & elec	+ ALVORUS SO	ntanon							
b. Mailing Address (include City, Stat			d. Date Filed						
301 SMCDowell St 1201726 10/24/2026									
301 SMCDowell St 1201726 10/24/2026 Charlotte, NC 28204 e. Phone Number 917863-7991									
2 Deposit Vocas 2 De de 1 Ct.	D-4-7 011 14 D-2-11	and Date of the Second							
2. Report Year 3. Period Start		1	ockys San ana						
THE RESERVE OF THE PARTY OF THE	25 9/23	100	0.77						
6. Type of Committee (Check C		ort (check only one type of	Referendum						
Candidate Campaign Part		State/County							
			Organizational						
Independent Expenditure I Join			Pre-referendum						
Legal Expense Fund	Pre-primary	First	Final						
	Pre-election	Second	Supplemental Final						
7. Type of Fund (if applicable,		Third	Annual						
Booster Fund	Semi-annual	Fourth	Special						
☐ Building Fund	Mid Yea		10 0 110 13						
	Year End		10. Special Report Name						
Other:	Final	Year End							
8. Number of Fundraisers this	Report Special	☐ Final							
		☐ Special							
11. Account Information		11. Account Information	TO SHOULD BE WAS A SHOULD BE SHOULD BE						
a. Financial Institution Full Name		a. Financial Institution Full Nan	ne						
115 10000 10		F priorities	-3						
45 MILL		RECEIVED							
b. Purpose	c. Account Code	b. Purpose	c. Account Code						
Ommil DW	AS2027	1 007 2 4 1128	5 1						
Campains	10:10:01		I Data I Data Data de						
'	d. Period Begin Balance	CABARRUS COUN							
	\$ 777.49	BOARD OF ELECTIO	SNS \$						
CERTIFICATION	Name and ordered a great and a								
The provided in the carbon way are consistent on the production of the consistent and the first of the consistency of the consi	nd is in compliance with all appl	icable provisions of Article 224	A, 22B & 22D-22M of Chapter 163						
7			sed funds. I further certify that this						
report is complete, true and correct									
repair is complete, true and correc	t and that I have been trained by	the Tre State Journal Dieens.	1 1						
ALVORUS SON	Harro /	$\gamma \wedge \gamma$	10/74/2020						
Printed Name of Sign	Sign Sign	nature of Appointed Treasurer	Date						
FOR OFFICE USE ONLY	Sig	and of Appointed Treasurer	, Due						
	U-24-25 Forder	LIAN	Delivery Method						
Date Received:	Employ	vee:	Normal Mail						
			Registered Mail						
Date Postmarked:	Employ	/ee:	Hand Delivered						
10	-24-25 Employ	LAN	☐ Electronically Filed						
Date Scanned:	Employ	/ee:	Licetonically Piled						
Date Data Entered:	Employ	/ee:	Signer has not received mandatory training						
Please Note: This form co		ittee information such as the							
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,									
anciatant									
	innot be used to amend comm t treasurer, custodian of books the Statement of Organization	s information, or account inf	formation.						

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

Amendment
Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of		D Number
	75 T	XI II	
Committee to elect Livarys Surtano	D3 L	Total this	Total this
Start of Election Cycle: January 1, 202)	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$777.49	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$410.30	\$ 605.30
6) Contributions from Individuals	(CRO-1210)	\$ \$ 530	2480
7) Contributions from Political Party Committees	(CRO-1220)	\$ (500)	\$ 2,500
8) Contributions from Other Political Committees	(CRO-1230)	\$ ()	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ ()	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$ 0
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	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ (2)
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)	\$ 2440.30	5585.30
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$2398.67	\$ 2766,18
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ ()	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ O	\$ 🔘
14) Aggregated Non-Media Expenditures	(CRO-1315)		\$ 🚫
15) Loan Repayments	(CRO-1420)	\$ (2)	\$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$480	\$48
17) In-Kind Contributions	(CRO-1510)	\$ 980	\$ 2980
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 38 58.67	-\$ 6226,18
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$-640.88	\$ - 640, 88
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	THE WAR DE TO SELECT
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	美国教育的
24) Account Transfers Within the Committee	(CRO-1720)	\$ <u>G</u>	
25) Administrative Support	(CRO-1710)	\$ 8	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	s 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$	\$

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

1. Committ	ID Number						
COMMITTEE TO ELECT ALVARYS SANTANA							
	utor Information	_					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
X Add Remove		ACT BLUE DONATION		07/06/2025	\$ 25		
X Add Remove		ACT BLUE DONATION		07/08/2025	\$10		
X Add Remove		ACT BLUE DONATION		07/08/2025	\$ 50		
X Add Remove		ACT BLUE DONATION		07/11/2025	\$ 10		
X Add Remove		ACT BLUE DONATION		07/17/2025	\$10		
X Add Remove		ACT BLUE DONATION		07/20/2025	\$ 10		
X Add Remove		ACT BLUE DONATION		07/24/2025	\$25		
X Add Remove		ACT BLUE DONATION		07/29/2025	\$ 4.3		
X Add Remove		ACT BLUE DONATION		07/30/25	\$ 1		
X Add		ACT BLUE DONATION		08/01/2025	\$10		
X Add		ACT BLUE		08/01/2025	\$ 50		
Remove X Add		ACT BLUE		08/07/2025	\$50		
Remove Add		DONATION ACT BLUE		08/17/2025	\$ 10		
Remove X Add		DONATION ACT BLUE			\$10		
Remove X Add		DONATION ACT BLUE		09/17/2025			
Remove X Add		DONATION ACT BLUE		09/17/2025	\$ 25		
Remove X Add	-	DONATION ACT BLUE		09/17/2025	\$ 20		
Remove X Add		DONATION ACT BLUE		09/26/2025	\$ 50		
Remove		DONATION		09/26/2025	\$ 40		
Remove					\$		
X Add Remove					\$		
X Add Remove					\$		
X Add Remove					\$		
X Add Remove					\$		
4. Total	only this Page)			\$ 410.30		
5. Total o	of ALL CRO-	-1205 Pages	CRO-1100)		\$ 410.30		
(This line must be on line 5 of Detailed Summary Page CRO-1100)							

Cont	ributions fi	rom Individua	ıls	P	g <u>1</u> of <u>4</u>	Amendment Yes No
CONTRACTOR OF STREET	CONTRACTOR OF THE PARTY OF THE	ndividual contributio	THE RESIDENCE OF THE PARTY OF T	ontributions un	der \$50 if form Cl	NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. ID Number
COMM	ITTEE TO ELEC	T ALVARYS SANTAN	NA .			
	tributor Inform		X		emove	
	ame, Mailing Addr			b. Job Title/Pro	fession	d. Comments
(includ	de city, state, & zip)			SAFETY MAN	IAGER	
ALVA	ABEL SANTANA			c. Employer's N	ame/Specific Field	1
	South Woodbine	e St				
Harv	ey,LA 70058			GOODWILL		e. Election Sum to Date
						\$ 75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount
	A42025	ACT BLUE DONATION			07/03/2025	\$ 75
						\$
						\$
	tributor Inform		X		emove	
	ame, Mailing Addr			b. Job Title/Pro	fession	d. Comments
(includ	le city, state, & zip)			NOT EMPLO		
MARIO	MARTINEZ			c. Employer's N	ame/Specific Field	-
	ichael St					e. Election Sum to Date
ivew O	rleans,LA 70114			N/A		\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y)	yyy) k. Amount
	A42025	ACT BLUE DONATION			05/16/2025	\$ 100
						\$
						\$
	tributor Inform		X		temove	
	ame, Mailing Addr de city, state, & zip)			b. Job Title/Pro		d. Comments
(inciai	ie city, state, & zip)			CONTROL	IP SR PROJECT	
	EN MEDRANO			c. Employer's N	iame/Specific Field	
3065 F	Roberts Ave 1f					a Floation Com to Date
Bronx,	NY 10461			MTA		e. Election Sum to Date
						\$ 60
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	yyy) k. Amount
	A42025	ACT BLUE DONATION			7/11/2025	\$ 60
						\$
						s
4. Tot	al only this P	age				\$ 235
E14545311253013		RO-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$ 1530

		rom Individua ndividual contribution			2 of	1	Amendment Yes No 205 is not used
CONTRACTOR OF THE PERSON NAMED IN		ne (and Fund if app	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED AND ADDRESS OF T	ona routions und	ci 950 ii ioiii Ci	MANAGEMENT AND ADDRESS OF THE PARTY AND ADDRES	D Number
СОММ	ITTEE TO ELEC	T ALVARYS SANTAI	NA				
3. Cont	ributor Inform	ation	X	Add Re	move		
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)	1		CEO/	PRESIDENT		
	STANLEY N	IARTINEZ		c. Employer's Na	me/Specific Field	-	
	40 William S			NEW ENGLAN			
	Methuen M	IA 1844		INEW ENGLAN	D OLLANING	e. El	ection Sum to Date
						\$1	00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount
	A42025	ACT BLUE DONATION					\$ 100
							\$
							\$
	ributor Inform		X		move		
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profe	ession	d. C	omments
(metuo	ie city, state, & zip)			SMALL BUS	INESS LIASON		
		tchell		c. Employer's Na	me/Specific Field		
	320 23rd St S			ENVIROM		- 17	lection Sum to Date
,	Arlington VA	22202		PROTECT AGENCY	ION		100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/y)	ууу)	k. Amount
	A42025	ACT BLUE DONATION			08/02/2025		\$ 100
							\$
							\$
3. Cont	ributor Inform	ation	X	Add Re	move		
	ame, Mailing Addr			b. Job Title/Profe	ession	d. C	Comments
	net Martinez			SAFETY PR	ROFESSIONAL		
				c. Employer's Na	me/Specific Field	-	
14	24 Quebrada Del Su	r		Hubka Saf	ety Consulting	e. E	lection Sum to Date
На	arvey, LA 70058				,	\$	250
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	ууу)	k. Amount
	A42025	ACT BLUE DONATION			08/13/20	25	\$ 250
							\$
							\$
4. Tot	al only this P	age				\$	450
5. Tot	al of ALL CI	RO-1210 Pages				s	1530

		rom Individua				3 of 4		Yes No
		ndividual contributio		ontributio	ns unde	er \$50 if form CI	THE RESERVE OF THE PERSON NAMED IN	
		ne (and Fund if app					2. 1	D Number
COMM	ITTEE TO ELEC	T ALVARYS SANTAN	NA .					
A CONTRACTOR	tributor Inform		X		200 010 04	nove		
	ame, Mailing Addr			b. Job Title/Profession		sion	d. Co	omments
	de city, state, & zip)			N/A				
Cay	etana Reyes			c. Employ	er's Nan	ne/Specific Field	1	
142	4 Quebrada del S	Sur						
Han	vey, LA 70058			N/A			e. El	ection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ntion		j. Date (mm/dd/yy	uv)	k. Amount
	g. Account Code	ACT BLUE DONATION	i. III-Killu Descrip	Alon		08/13/2025	73)	\$ 100
								\$
								\$
	tributor Inform		X	Add	Ren	nove		
	ame, Mailing Addr			b. Job Tit	de/Profes	ssion	d. C	omments
(includ	de city, state, & zip)			N/A				
	Lewis Chandlers Land	ling Drive #304		c. Employ	yer's Nar	ne/Specific Field		
Corne		8031					e. Election Sum to Date	
				N/A	N/A		\$	65
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount
		ACT BLUE DONATION				08/16/2025		\$ 65
								\$
								\$
	tributor Inform		X	Add	Beautiful Control	move	1	
	ame, Mailing Addr de city, state, & zip)			b. Job Ti	tle/Profe	ssion	d. C	comments
(includ	ic city, state, or zip)			IMMIGF	RATION	ATTORNEY		
Jamilah				c. Emplo	yer's Na	me/Specific Field		
1401 M Matthe	loonstone Dr ws NC 28	105		ESPINO	OSALA	W FIRM	e. E	lection Sum to Date
- Indiana							\$	100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption		j. Date (mm/dd/y)	ууу)	k. Amount
	A42025	ACT BLUE DONATION				09/17/2025		\$ 100
								\$
								\$
-	tal only this P						\$	265
THE SECRETARY		RO-1210 Pages 6 of Detailed Summary	Page CRO-1100)				\$	1536

		om Individua		Pg	4 of 4		Yes No
		ndividual contributione (and Fund if app		ontributions und	er \$50 if form CR	STATE OF STREET	D Number
	COMMITTEE TO ELECT ALVARYS SANTANA						o Humber
-	tributor Informa		X	Add Rer	nove		
	ame, Mailing Addre			b. Job Title/Profes		d. C	omments
(inclu	de city, state, & zip)			ELECTRICAL S	STAFF		
Ye	nsi Martinez			c. Employer's Nar			
13	09 Tanglewood D	r					
				ни		e, El	ection Sum to Date
VV	estwego, LA 7009	34				\$1	00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	ry)	k. Amount
	A42025	ACT BLUE DONATION			09/23/2025		\$ 100
							\$
							\$
	tributor Informa		X		move		
	ame, Mailing Addre de city, state, & zip)	ess & Phone	_	b. Job Title/Profe	ssion	d. C	omments
		à dance		Princi	Pal		
TUV	arys 3	antana well Sti uc 28204	20127/	c. Employer's Nar	me/Specific Field		
301	SMCD	Well ST	251720	ASS	Lvategy/	e, El	lection Sum to Date
Cho	uelotte.11	16 2820 4		100	, , , ,	\$	100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)		k. Amount
	X52005	Deloi -	Stam	CC	8 19/20		\$ 340
	AS2020	Dob 1-	Sign	3	8/29/20		\$ 1.40
	1000	Debil	31971	3	0/29/20	<u>a</u>	\$
3 Con	tributor Informa	etion	X	Add Re	move		
	ame, Mailing Addre			b. Job Title/Profe		d. C	omments
(includ	de city, state, & zip)					T	
				c. Employer's Na	me/Specific Field	-	
				er amprojer o ries	and opposite a read	L	
						e. E	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount
							\$
							\$
							\$
4. Tot	al only this P	age				13	586
1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RO-1210 Pages				S	1000
(This l	ine must be on line t	of Detailed Summary I	Page CRO-1100)			,	1230

		cal Party Committee	S Pg of	Amendment No
	Full Name (and Fund i			2. ID Number
Λ '	e to elect,		ines	
3. Contributor		Add	Remove	
	ling Address & Phone			b. Comments
(include city, sta	nverto	Street Raleigh,	NO 22602	votebui kle
220 H	ilisborough	Street Railingin	NC 27603	c. Election Sum to Date
POBOX 919 82	21-6777			\$2500
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/y	yyy) h. Amount
AS2015	inrind	votebuilder	y 07/23/20	\$500
			1 7 -1	\$
				\$
3. Contributor	Information	☐ Add	Remove	
a. Full Name, Mail (include city, sta	ling Address & Phone			b. Comments
				c. Election Sum to Date
				\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/y	yyy) h. Amount
				\$
				\$
				\$
3. Contributor		☐ Add	Remove	
	ling Address & Phone			b. Comments
(include city, sta	te, & zip)			
				c. Election Sum to Date
				\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/y	yyy) h. Amount
				\$
				\$
				\$
4. Total only	this Page			\$ 500
5. Total of A	LL CRO-1220 Pa	ges		\$ 500

	report expenditures		tee for o	perating exp	Pg 1 of penses, contribution	X \	Amendment Yes No candidate/political
	coordinated party ex full Name (and Fund					2	2. ID Number
	11)	(7 1 0	-	. ID Indinoci
THE RESERVE THE PERSON NAMED IN	thee to e	THE R. P. LEWIS CO., LANSING, SALES,		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Own	Savatarla	24	
3. Type of Disb		use separate CF					
Operating Exp		tributions to Candida			The second secon	rdinated	l Party Expenditures
4. Payee Inform					Remove	la.	
	lailing Address & Pho	one		b. Coordinate	ed Committee Name	e a.	. Comments
(include city, state,	, & zip)	A STATE OF THE STA					
USPS	-down Di	111 00		c. Level Regis	stered (Specify)		
66 MC	Cochern Bli	19		Federal	County:		
concord	, NC 2802.	5		State	Municipa Municipa		. Election Sum to Date
	/ •			7			\$112.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
4520251	Dobit	2	7/2	/	\$112.35	Pas	hiers Check
,	Teon		11.	1100	\$		WIELSULE CO
4 Poyce Inform	nation		171)Add	Remove		
4. Payee Inforn	ing Address & Phone		¥-L		ed Committee Name	o d	. Comments
(include city, stat				D. Coordinad	ed Commutee Name	e u	. Comments
		1					signs
Digns on	the Cheap StoneHolla	^ ~ ~ ~ ~		c. Level Regi	stered (Specify)		319170
11525 B	StoneHolla	SZ AG MC	O	Federal	County:		
Austin;	TV 2825	C		State	Municipa	ality le	. Election Sum to Date
	1 20 1())()	X			Withhelps	anty.	
7031111	10 13	δ			Walnelpa	-	
			li. Date (r				\$125,44
	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount		
			i. Date (r	mm/dd/yyyy)			\$125,44
	g. Form of Payment		7/28	mm/dd/yyyy)	j. Amount		\$125,44
f. Account Code AZOZS 1 4. Payee Inform	g. Form of Payment		i. Date (r	mm/dd/yyyy)	j. Amount		\$125,44
f. Account Code AZOZS / 4. Payee Inform a. Full Name, Maili	g. Form of Payment Debit mation ing Address & Phone		7/28	mm/dd/yyyy)	j. Amount \$ 25 . 44	k. Req	\$125,44
f. Account Code AZOZS / 4. Payee Inform a. Full Name, Maili (include city, stat	g. Form of Payment Debit mation ing Address & Phone te, & zip)	h. Purpose Code	7/28	mm/dd/yyyy)	j. Amount \$\begin{align*} 25 .44 \\ \$ \end{align*} Remove	k. Req	\$ 125, 44 puired Remarks IGNS I. Comments
f. Account Code AZOZS / 4. Payee Inform a. Full Name, Maili (include city, stat	g. Form of Payment Debit mation ing Address & Phone te, & zip)	h. Purpose Code	7/28	Add D	j. Amount \$ 125 . 44 \$ Remove ed Committee Name	k. Req	\$125,44 juired Remarks
f. Account Code AZOZS / 4. Payee Inform a. Full Name, Maili (include city, stat	g. Form of Payment Debit mation ing Address & Phone te, & zip)	h. Purpose Code	7/28	Add D	j. Amount \$\begin{align*} 25 .44 \\ \$ \end{align*} Remove	k. Req	\$ 125, 44 puired Remarks IGNS I. Comments
f. Account Code AZOZS / 4. Payee Inform a. Full Name, Maili (include city, stat	g. Form of Payment Debit mation ing Address & Phone te, & zip)	h. Purpose Code	7/28	Add D. Coordinate	j. Amount \$ 125 .44 \$ Remove ed Committee Name stered (Specify)	k. Req	\$ 125, 44 uired Remarks IGNS I. Comments
f. Account Code AZOZS / 4. Payee Inform a. Full Name, Maili (include city, stat	g. Form of Payment Debit mation ing Address & Phone	h. Purpose Code	7/28	Add D. Coordinate	stered (Specify) County:	k. Req	S 1 25 , At juired Remarks AG M S Comments Pi M S Election Sum to Date
f. Account Code AZOZS 1 4. Payee Inform a. Full Name, Maili (include city, stat Sticker 336 Fo	g. Form of Payment Debit nation ing Address & Phone te, & zip) YS MULE VEST AVE	h. Purpose Code	7/28	Add b. Coordinate Federal State	stered (Specify) County: Municipa	k. Req	\$ 125, 44 quired Remarks IGNS Comments Pins Election Sum to Date \$ 42.80
f. Account Code AZOZS 1 4. Payee Inform a. Full Name, Maili (include city, stat Sticker 336 Fo	g. Form of Payment Debit mation ing Address & Phone te, & zip)	h. Purpose Code Dio O h. Purpose Code	7/28	Add b. Coordinate Federal State	j. Amount \$ 25 44 \$ Remove ed Committee Name stered (Specify) County: Municipal	k. Req	S 1 25 , At juired Remarks AG M S Comments Pi M S Election Sum to Date
f. Account Code AZOZS 1 4. Payee Inform a. Full Name, Maili (include city, stat Sticker 336 Fo	g. Form of Payment Debit nation ing Address & Phone te, & zip) YS MULE VEST AVE	h. Purpose Code	7/28	Add b. Coordinate Federal State	stered (Specify) County: Municipa	k. Req	\$ 125, 44 quired Remarks IGNS Comments Pins Election Sum to Date \$ 42.80
f. Account Code AZOZS 1 4. Payee Inform a. Full Name, Maili (include city, stat Sticker 336 Fo	g. Form of Payment Debit nation ing Address & Phone te, & zip) YS MULE VEST AVE	h. Purpose Code Dio O h. Purpose Code	7/28	Add b. Coordinate Federal State	j. Amount \$ 25 44 \$ Remove ed Committee Name stered (Specify) County: Municipal	k. Req	\$ 125, 44 quired Remarks IGNS Comments Pins Election Sum to Date \$ 42.80
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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 Equal Equal

1. Committee Ful	ll Name (and Fund	if applicable)		0			2. ID Number	
Committe	e bele	A AIX	NRY	8 Jan	ntar	non		
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								
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5. Total only this	Page						\$ 733.51	
6. Total of ALL C	CRO-1310 Pages							
	ne 13a of Detailed Sum						\$ 2398.67	
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O* Other	economical Co.		The same of the sa	and which to the transfer of the state of th	rapid (Carried Section)			
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Pg	of	6	Yes	□ No

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

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4. Payee Inform				Add \Box	Remove		I.C.
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4. Payee Inform			M		Remove		A Comments
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(include city, stat	ie, & zip)						
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							\$20.46
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& thay	11100			c. Level Regi	istered (Sp	ecify)	Stamps
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	odes (List detailed				1	D To A	nother Candidate
A* - Media	B* - Printin			undraising itical Party			nother Candidate
E - Salaries I - Postage	F* - Equip			ffice Exper			Iding Public Office Expenses nation to Legal Expense Fund
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	e detailed explanati	on in required	remarks	field (k)			

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	1		1	Amendment	
Pg	1	of	6	☐ Yes	☐ No

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

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	ailing Address & Ph	one	P		d Committee Name	d. Comments
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)	Federal	County:	
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5. Total only th	is Page		"			1.00.29
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CONTRACTOR OF THE PROPERTY OF	line 13a of Detailed Sun	nmary Page CRO-11	00 if Ope	rating Expense	es)	·2298 67
	line 13b of Detailed Sun					, 25 10 .0 1
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coo	rdinated Party	Expenditures)	1
7. Purpose Co	odes (List detailed	expenditure cod	e in (h.)	above)		
A* - Media	B* - Printi			undraising	D - To	Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage	J - Penalti	es	K* - C	office Expen	ises Q* - D	onation to Legal Expense Fund
O* Other	1477		ry my room an	C-11 (1)		
* Codes requir	e detailed explanat	ion in required i	remarks	s field (k)		

Disbursements 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) Operating Expenses Contributions to Candidates/Political Committees A Payee Information Full Name, Mailing Address & Phone (include city, state, & zip) C. Level Registered (Specify) Federal County: State County: Federal Fede
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) 2. ID Number 3. Type of Disbursement
Committee Coordinated
1. Committee Full Name (and Fund if applicable) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses
Operating Expenses
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Level Registered (Specify) Drink Federal County: Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date State St
(include city, state, & zip) C. Level Registered (Specify) Drinks Federal County: E. Election Sum to Date State Municipality: E. Election Sum to Date State State Specify Drinks Account Code State Municipality: E. Election Sum to Date State Specify Drinks Account Code State Specify Drinks State Municipality: E. Election Sum to Date State Specify Drinks State Specify Drinks Account Code State Specify State Municipality: E. Election Sum to Date State Specify Drinks State Specify Drinks Account Code State Specify State Specify Drinks State Specify Drinks State Specify Drinks State State Specify State Specify Drinks State Speci
C. Level Registered (Specify) Federal County: State Municipality: 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 4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)
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(include city, state, & zip)
Yard Sians Plus
1.05 11 KIRR WOULSTASO Federal County:
State Municipality: e. Election Sum to Date
\$292.95
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks
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4. Payee Information Add Remove
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments
(include city, state, & zip)
Olivia Todd c. Level Registered (Specify) Wally who Re
Olivia Todd 253 Charte Court SE Concord 1008325 c. Level Registered (Specify) Volunte of State Municipality: e. Election Sum to Date

CONCORC	HOCOU					\$30	
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		-	equired Remarks	
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							No. of Concession,

	. Purpose	Codes	(List detailed	expenditure code	in (h.) a	above)
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A - Micula	D'-IIIIIII	C - Fundraising	D - 10 Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Ex
I - Postage	I Panalties	K* - Office Evnences	O* - Donation to Legal Evnens

* Codes require detailed explanation in required remarks field (k)

D:	L				
Dis	DU	rse	me	mus	

6	1	Amendment	
Pg of	6	☐ 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 F	2. ID Number							
Committee to elect Awarys Santanon								
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 Inform			和		Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee Nam	d. Comments		
(include city, state, & zip)						Stampsin		
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page Hamitto Ave				Federal	BUIL			
2025 Hamith Ive San Jose, CA 95125				State	☐ Municip	ality: e. Election Sum to Date		
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4. Payee Inform	nation		VO	Ádd 🔲	Remove			
	ng Address & Phone			b. Coordinate	ed Committee Nam	d. Comments		
(include city, stat	e, & zip)					label		
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Sieuritt	E/VV 701) 1				\$20.30		
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5. Total only th	is Page					\$ 179.34		
Market Control of the	CRO-1310 Pages					190.31		
5. Total only this Page 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) \$ 23.34								
(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)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media	B* - Printi			undraising	D - To	Another Candidate		
			olitical Party H* - Holding Public Office Expenses					
I - Postage J - Penalties K* - O			Office Expenses Q* - Donation to Legal Expense Fund					
O* Other * Codes require detailed explanation in required remarks field (k)								
* Codes requir	e detailed explanat	ion in required	remarks	field (k)		and the second section of the second		

Refunds/Reimbursements From the Com	9	of	Yes No				
Use this form to report refunds/reimbursements, including con	ntributions returne	ed to the contribu		-			
1. Committee Full Name (and Fund if applicable)	1	2. ID Number					
Committee to elect Aivar	68 Sav	Haren					
3. Payee Information	Add Rem						
a. Full Name, Mailing Address & Phone	d. Type of Committ	tee	h. Original Receipt Date				
(include city, state, & zip)	Candidate	PAC	Clalarge	~			
ALVARAGE COLDINA.	Referendum	Party	8 19 (22)				
Alvarys sartaines	e. Level Registered		i. Original Receipt Amount				
Alvarys Santane, 3015 MCDONEU St 1291726 Charlotte MC 28204	Federal State	County: Municipality:	\$340				
Chant other MC 128204	f. Purpose Code		j. Election Sum to Date				
	1		\$ *				
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code	\neg			
Principal ASSHIOTERY			AS2025				
l. Form of Payment m. Required Remarks	1	n. Date (mm/dd/yy	yy) o. Amount				
FFT P		8/9/20	0 \$ 340				
3. Payee Information	Add Rem						
a. Full Name, Mailing Address & Phone	d. Type of Commit		h. Original Receipt Date				
(include city, state, & zip)	Candidate	PAC	Elo alore	26			
2 1 1	Referendum	Party	8/29/202	-			
Alvarys Sananer	e. Level Registered		i. Original Receipt Amount				
Alvarys Sadaner 3015 MCDOWEUST 125746 Charlotte, NC 28204	Federal State	County: Municipality:	\$ 140				
May lotte, NC 28204	f. Purpose Code		j. Election Sum to Date				
	P		\$				
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code				
Principal As Strates			A52055				
I. Form of Payment m. Required Remarks		n. Date (mm/dd/yy	- 1 1/2				
EFT		8/29/20	251\$ 140				
3. Payee Information	Add Ren	nove					
a. Full Name, Mailing Address & Phone	d. Type of Commit		h. Original Receipt Date				
(include city, state, & zip)	-	PAC					
	Referendum						
	e. Level Registered Federal		i. Original Receipt Amount				
· · · · · · · · · · · · · · · · · · ·	State	County: Municipality:	\$				
	f. Purpose Code	Withhicipanty.	j. Election Sum to Date				
	i. I di pose code						
			\$				
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code				
I. Form of Payment m. Required Remarks		n. Date (mm/dd/yy	yy) o. Amount				
			\$				
4. Total only this Page	\$ 480						
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ 460						
6. Purpose Codes (List detailed disbursement code in (f) above)							
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other							
* Codes require detailed explanation in required remarks field (m)							

In-Kind Contributions			Pg	1 of 1		Yes No	
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refur					tee or	fund.	
1. Committee Full Name (and Fund if applicable)	5.	2. ID Number					
COMMITTEE TO ELECT ALVARYS SANTANA						71111111111	
3. Contributor Information	Add	d	Ren	nove			
. Full Name, Mailing Address & Phone			f Contrib	utor c.		Comments	
(include city, state, & zip)		Individual					
NC DEMOCRATS	X				VOT	rebuilder	
220 Hillsborough Street Raleigh, NC 27603 I P.O. Box 1926 Raleigh NC 27602VOTER ASSISTANCE HOTLINE: 1-833-			Referendum		d. El	d. Election Sum to Date	
VOTE4NC team@ncdp.org Office: 919-821-2777		Other Receipt	Source	\$ 5	\$ 500		
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
						\$	
		71020000000000				\$	
						\$	
	Add	CONTRACTOR STATE	Ren				
a. Full Name, Mailing Address & Phone	D	ype o	f Contrib	outor	c. Co	omments	
(include city, state, & zip)	渚	_	lidate				
Alvarys Santana		Party					
3015 HCDOWELL St 1251726		PAC					
Charlotte, NC 28204			rendum	t Source		d. Election Sum to Date	
			i Keceipi			486,00	
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Stamps				8/19/20	25	\$340,00	
Signis				8 29 202		\$140.00	
		NI TON MORNING				\$ \$	
3. Contributor Information	Ad	-		move	Τ.		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	D. 1	b. Type of Contrib		outor e. C		c. Comments	
, , , , , , , , , , , , , , , , , , , ,							
[^]		Party				, i	
		PAC Referendum		}		d. Election Sum to Date	
			er Receipt	Source			
				In many control		\$	
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
						\$	
						\$	
						\$	
4. Total only this Page					\$	980,00	
5. Total of ALL CRO-1510 Pages					\$	980.00	