Disclosure Report Co	ver					Amendment		
Use this form for general report :		ormation, r	nust be s	signed and si	nbmitted alo	☐ Yes ong with other det	ailed form	ms.
Do not use this form to update in				DEAEN				
1. Committee Information				l ban by band				
a. Full Name				LIBA O	9997	c. ID Number		
Leonard for				MAR 16				
b. Mailing Address (include City, State	e and Zip Code)			LAWANCE C		d. Date Filed		
3161 Fields			15V/r	ARD OF ELE	:UTONO	3.4.22		
Medane NC	. 07707	,				e. Phone Number		
1 escene	- 61704					276739	647	2_
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period F	and Dat	e (mm/dd/yy)	5. Treasure	er Full Name		21. 1 1.2
6. Type of Committee (Check C					type of repo	ort from one cate	gory)	
Candidate Campaign Party				State/County		Referendum		
	i	ganizational رر Thirty five day		Organizat		Organizationa Pro referendus		
Independent Expenditure Join Legal Expense Fund		Thirty-five day Pre-primary	y	Quarterly First		Pre-referendur Final	n '	
Tegat Expense Luxu	1=	Pre-election	I	Seco		Supplemental	Tina]	
7. Type of Fund (if applicable,		Pre-runoff	1	Third		Annual	Filiai	
Booster Fund		Semi-annual	I	Four		Special		
Building Fund	l <u>-</u>	Mid Year	.r	Semi-anni				
— 5	10	Year End		 —	Year	10. Special Rep	ort Nan	ne
Other:	 	Final	·	=	r End	±01 2/F1	MILTI.	
8. Number of Fundraisers this		Special		☐ Final				
-				Special				
11. Account Information			11. Acc	ount Inforn	nation		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.5
a. Financial Institution Full Name				cial Institution				
Truliant Feder	al Crediti	Union						
b. Purpose	c. Account Code		b. Purpos	se		c. Account Code		
Political								_
	d. Period Begin Bala	ince	1			d. Period Begin Ba	ilance	
	\$ 25		l			\$		
CERTIFICATION	· 0-					<u> </u>		
I certify that the Committee or Fun	ad is in compliance v	with all appli	icable pro	ovisions of Ar	rticle 22A, 22]	및 윤 22D-22M of (Thanter 16	ራ ፯
of the NC General Statutes and that								
report is complete, true and correct						41200. 2	11.	
· · · · · · · · · · · · · · · · · · ·			1	1		- 4		
Loonard Robert			//	CV /	<u>/</u>) <u>3.14.</u>		_
Printed Name of Signa	er	Sign	pataire of A	Appointed Treas	surer	Date	3	
FOR OFFICE USE ONLY			/		.	, ,		
Date Received: 3~	16-22	Employ	/ee: _	1		livery Method		
			-			Normal Mail	i	
Date Postmarked:		Employ	/ee: _			Registered Mail Hand Delivered	[
Date Scanned:		Employ	yee: _			Electronically F	iled	

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.

Employee:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Date Data Entered:

Signer has not received mandatory training

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
Leonard for Ofice	Organia	entional Repor	
Start of Election Cycle: January 1,	<i>-</i>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ O	\$
RECEIPTS	No. Co. Parantendiament to be used to a		
5) Aggregated Contributions from Individuals	(CRO-1205) _,	\$ 5	; \$
6) Contributions from Individuals	(CRO-1210)	\$ 25	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 30	\$
<u>EXPENDITURES</u>	a caracteria		The Control of the Co
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 5	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 5	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 25	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		rom inaiviaua		Pg	of	Yes No
		ndividual contributio		ontributions und		
1. Com	mittee Full Nan	ne (and Fund if app	licable)		12 26 6 2 6 4	2. ID Number
	eonard	Robert	ar for	Office		
3. Con	tributor Inform	ation		Add │☐ Rer	nove	
1000000	ame, Mailing Addr			b. Job Title/Profes	ssion	d. Comments
(includ	le city, state, & zip)		<u></u>	4		
1	eonard	Robert Ha ieldstone NC ar	wison	c. Employer's Nan	ne/Specific Field	Transfer
3	161 +	iel01stone	Lane	Se 15		e. Election Sum to Date
7	lebane	Nc ar	7302			\$ 25.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
						\$
						\$
						\$
3. Con	ributor Informa	ation		Add. Rer	nove	
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments
(includ	le city, state, & zip)					
				c. Employer's Nan	ne/Specific Field	
ļ						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
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3. Cont	ributor Informa	ition :		Add Ren	nove	
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(includ	le city, state, & zip)			_		
				c. Employer's Nan	ne/Specific Field	
						e. Election Sum to Date
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f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
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4. Tot	al only this P	age				\$
A A CONTRACTOR CONTRACTOR	Annual Control of the	O-1210 Pages				
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Amendment

In-Kind Contributions				Amendment	
Use this form to report non-monetary contributions, donations, goo	Pg de or services prov		—	Yes	□ No
Use CRO-1215 if In-Kind Contributions were or will be refu			.ucc o.	i fund.	
1. Committee Full Name (and Fund if applicable)			2.1	D Number	
Leonard for Office					
3. Contributor Information	Add Re	大学 (1995年1996年1996年1995年1995年1995年1995年1995年			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contri Individual	butor	c. Co	omments	
Loonard Harrison 3161 Fieldstone Luna Mebane NC 27302	Candidate Party PAC		10	lash	
3161 Fieldstone Luna	Referendum		d. El	ection Sum to I	ate
Mebane NC 27302	Other Receip	t Source	\$	5	To San State Land State of Sta
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market	Amount
				\$	
				\$	
				\$	
No. 1 to the control of the control	Add 🗖 Rei	· 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual	butor	c. Co	mments	egi Vilgi Nebusikası
(income enty, state, & ap)	Candidate				
	Party				
	PAC Referendum	÷	3 771	ection Sum to D	Jacobski se se
	Other Receipt	Source	colsteaner.	ecuon Sum to D	ale
			\$	7 	
e. Description		f. Date (mm/dd/yy	ry) g	g. Fair Market	Amount
				\$	
				\$	
				\$	
3. Contributor Information	Add 🔲 Rei	Philosophy and the second seco			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual	outor	c. Coi	mments	
(incrude city, state, & zip)	Candidate		}		
	Party				
	PAC Referendum		3 (15)	ection Sum to D	
	Other Receipt	Source	- 10 (10 M)	crion omir to D	ate
	atomic and area to see and a second a		\$		<u> </u>
e. Description		f. Date (mm/dd/yy	/y) [g	g. Fair Market	Amount
		_		\$	
	. <u>.</u>			\$	
				\$	
4. Total only this Page		e regalector de la company	\$		-
5. Total of ALL CRO-1510 Pages			\$		

	Aggregated Contributions from Individuals Page of Ves No					
Optional form used to report NC Contributions From Individuals of \$50 or less						
1,	Committ	ee Full Name (a	nd Find If applicab	le)		2. ID Number
						ı
3.	Contribu	tor Information				nelgonici Birke iresildi
n. /	mend	b. Account Code	c/Form of Payment	d. In-Kind Description	e. Date (pum/dd/yyy)	f. Amount
	Add	Checking	Tracker		Pauso	22.8
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	Remove Add	Cash	Lash	Cash	030420	
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		f ALL CRO-	1205 Pages etailed Summary Page C	RO-1100)		\$

Disbursements			Pg	_ of		mendment Yes	□ No
Use this form to report expenditures from the commit committees and coordinated party expenditures	tee for opera	ting exp	penses, cor	ıtributioı	is to cand	lidate/poli	tical
1- Committee Full Name (and Fund if applicable)					20LD	Numbers	
Leonard for Ofice			4				
3. Type of Disbursement <u>(Please use separate Ok</u>	OSIKIIO Joil	ns for e	ach type a	f Disbu	krámenti)		The state of the s
Operating Expenses Contributions to Candida 4. Payee Information	ntes/Political Co	vertex and	Remove	Coordi	nated Party	Expenditure	s
a. Full Name, Mailing Address & Phone	A COLUMN TO A STATE OF THE PARTY OF THE PART		ed Committe	e Name	d. Com	ments	
(include city, state, & zip)	Le	s non	L for C	fice			
Leonard Robert Harri	A	vel Regis Federal	stered (Spec	fy) ounty:		ransd	e~
316 Fieldstone La	. <u> </u>	State	=	unicipality	/: e. Elect	ion Sum to I)ate 🗓 🦠
Medare NC 27302				٠.	\$	数5	00
	i.Date (mm/de	d/yyyy)	j. Amount	. k	Required	Remarks -	
			\$				
		wasser is	\$	NEVER THE CONTROL OF THE			
4. Payee Unformation 2	Add b.€a	ordinate	Removeu. d Committe	e Name	d. Com	ments	
(include city, state, & zip)		Alabitation seri	erogenesenceme.	AT NEW ASSESSMENT	The Branch Course		
	č. Le	vel Regis	tered (Speci	(v)	RMI		
		Federal	THE PARTY OF THE PARTY OF THE PROPERTY OF	ounty:	Š0		
•		State	L M	unicipality	DEMONSTRATION	ion Sum to L)ate 🕒 🦠
Negori despendication and the last property and the second	gg പ്രസ്ത്ര സ്വേദ്ധ സ്ത്രീക്കുന്നു. ഇത് പ്രസ്ത്ര സ്ത്രാസ് വരു വരു	alis ordensus and	Lacronage, village op Tops of Sect		\$		and a second
f. Account Code g: Form of Payment h. Purpose Code	i. Date (mm/do	: in a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	j. Amount \$	i se seguel k a	Required	Remarks	
			φ •				
			o Danasa		200		
4. Payee Information a. Full Name, Mailing Address & Phone			кеттоуе. d Committee		d. Com	nents	
(include city, state, & zip)							-
	c. Lev	el Regis	tered (Speci	ÿ)			
		Federal State		unty: micipality	· a Flag	on Sum to D	of Section Section 1995
		State		шигрансу	\$	50 State 10 L	
f. Account Code g Form of Payment h. Purpose Code	i. Date (mm/dd	dentaerica;		i w spanie se sa d	[₽] Required∄		
TACCOUNT COILE STRUM OF FAYMENT A LIPPOSE COILE		STATE STATE OF THE	j, Amount \$		required:	Remarks	
			\$			<u></u>	
5: Total only this Page					\$	\$ 5	00
6. Fotal of ALL CRO-1310 Pages (2015)						# 5	
(This line goes in line 13a of Detailed Summary Page CRO-110					\$	# 5	-00
(This line goes in line 13b of Detailed Summary Page CRO-110 (This line goes in line 13c of Detailed Summary Page CRO-110	-					77K	
	البياب الأنفاط المتباط			14.04		To The Late of	

7. Purpose Codes: (List detailed expenditure code in the) above)

A* - Media B* - Printing C* - Fundraising D - To Another Candidate

F* - Equipment G - Political Party E - Salaries H* - Holding Public Office Expenses I - Postage J - Penalties K*- Office Expenses Q* - Donation to Legal Expense Fund

O* Other

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

Statement of Organization - Candidate Committee

Is this sta	tement:	
New	Ame	nded

Use this form to create a new or update an existing candidate committee.

This form must be accompanied I	v form CRO-3500. Ar	amended form is re-	quired for each new elec	tion year.
---------------------------------	---------------------	---------------------	--------------------------	------------

1. Committee Information	Windshift Committee		
a. Name of Committee			d. ID Number
Leonard for Office			
b. Mailing Address (include City, State and Zip Code)			e. Date Organized
3161 Fieldstone Lane, Meba	ne NC 27		
c. Committee Website (Optional)			f. Phone Number
	· <u></u>		3367390477
And the construction of the construction of the control of the c	。 後、李潔媛以介の中でも2007年によって、2007年の9月19	0.6:01.050000386 W	
2. Candidate Information a. Full Name	e. Party Affiliation	O Postalina Paritie	
Leonard Robert Harrison	f. Office Sought	can	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
3161 Fieldstone Ln. Megane NC 27302	Board	of E	ducation
. Di N	g. Next Election Year	h. Ju	risdiction
336739 0477 leonard Othe Carefreeway Email copy of report notices	con 2022	2 A	lamance Co.
	4.000		
3. Treasurer Information	4. Assistant Treasur	er Intorma	tion
a. Full Name	a. Full Name		
Leonard Robert Harrison	-		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (inch	• • • • • • • • • • • • • • • • • • • •	
3161 Fieldstone Lane	Mesans 1	NC 3	27302
c. Phone Number d. Email Address	c. Phone Number d	l. Email Addr	ess
3967396477 LonardforOffice Cama	1.com		
Send report notices by email Yes No	Email copy of rep		
5. Custodian of Books Information (Keeper of Records)	6. Account Informa		CRO-3500)
a. Full Name	a. Financial Institution F	uli Name	***
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number d. Email Address	b. Account Code c	. Type	A Committee of the Comm
7.1		<u> </u>	
☐ Email copy of report notices			
I certify that the information above is correct, and I, as the calduties and responsibilities imposed upon the appointed treasures of the NC General Statutes.	hibited or other non-d nature of Appointed Treasu	irer ireasurer to j	ids. I further certify that $\frac{3/14/22}{\text{Date}}$ personally fulfill the
egnard Robert Harrison I	11/00/	<u> </u>	5/14/02
Printed Name of Candidate	Signature of Candidate		Date Date



Candidate Designation of Committee Funds

-			wable methods outlined in 163-278.16B(a).
This Designation is filed a	t the Board of Election	ns office where	the committee's campaign reports are filed.
			Harrison
Committee Name:		,	ce
Treasurer Name:	Leonard	Robert	Harrison
If Candidate is own trea	asurer, designate an	agent to carr	y out designations:
Committee ID #:			
Level Registered: [State] [County] If c	ounty, specif	y: Alamance County, NO
funds remaining in my	Campaign Commit penses for winding	tee account(s g up the Con	the event of my death or incapacity all (after payment of permitted outstanding mittee or closing office) be paid in the 278.16B(a).
Name of Select from § 1	f Entity (63-278.16B(a))	<u>Pla</u>	n for Disbursement (eg. Amount or %)
1. Amy Kathe	rine Harriso.		> <u>o</u>
By signing this form, I	certify that the fore 6B(a). A copy of th	going entities	s are eligible beneficiaries under N.C. Id be maintained with the Committee
Signature of Candidate	: Jeaner	1 John	OT Marise
Date:	3/4/	2022	_