<b>Disclosure Report Co</b>	ver		Amendment  Yes No
Use this form for general report	and committee information,	must be signed and submitted alo	
Do not use this form to update in		DECENTED.	
1. Committee Information		Lants to Joseph U. W. Bosson San	
a. Full Name		MAR A C COAS	c. ID Number
Leonard for		N CN TO CO.	
b. Mailing Address (include City, Stat		ALAMANCE COUNTY BOARD OF ELECTIONS	d. Date Filed
3161 Fields		SAMIND OF PPROTICING	2.4.22
Medane NC	27302		216 7596477
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy) 5. Treasur	rer Full Name
C. There of Committee (Charle C	lo Type of Re	eport (check only one type of rep	nort from one category)
6. Type of Committee (Check Committee Check Check Committee Check Check Committee Check		State/County	Referendum
	erendum Janization		Organizational
	nt Fundraiser Thirty-five d	<b>-</b> -	Pre-referendum
I <b>=</b> ' ' <del>-</del>	Pre-primary	·   ` ·	Final
Legal Expense Fund	Pre-primary Pre-election		Supplemental Final
Figure - APTHER A 715 and to all to			I <b>=</b> **
7. Type of Fund (if applicable,		Third	Annual .
Booster Fund	Semi-annual		Special
Building Fund	Mid Ye	····	
	Year Er		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	The second secon	a. Financial Institution Full Name	
	10 11 1	a. Phanela histicheren a bar a mane	
Truliant Feder	al Credit Union	√	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Political			
MONTHEON			
1	d. Period Begin Balance	_	d. Period Begin Balance
	\$ 25		\$
CERTIFICATION		_ <b>_</b>	<u>, L</u>
	1 !- !n annuliance with all and	plicable provisions of Article 22A, 22	an a com contrat Chanter 163
		th prohibited or other non-disclosed	funds. I further certify that this
report is complete, true and correc	t and that I have been trained b	by the NC State Board of Elections.	
Lounard Robern	+ harrison /	1101	7.14.99
		~/X & /	3.14.22
Printed Name of Sign	er / Si	ignature of Appointed Treasurer	Date
		/	
FOR OFFICE USE ONLY			
1	. 110-22 Emple	<u>D</u> e	<u>elivery Method</u>
	- 16-22 Emplo	oyee: Do	elivery <u>Method</u> Normal Mail
Date Received:		oyee: <u>N</u>	Normal Mail
1	Emplo	oyee: <u>N</u>	Normal Mail Registered Mail
Date Received:	Emplo	oyee:	Normal Mail Registered Mail Hand Delivered
Date Received:		oyee:	Normal Mail Registered Mail
Date Received: 3 ~  Date Postmarked:	Emplo Emplo	oyee:	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
Date Received:	Emplo	oyee:	Normal Mail Registered Mail Hand Delivered Electronically Filed
Date Received: 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Emplo Emplo Emplo	oyee:	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
Date Received: 3  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form ca	Emplo Emplo Emplo annot be used to amend com	oyee:	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
Date Received: 3  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form ca assistant	Emplo Emplo Emplo annot be used to amend comit t treasurer, custodian of bool	oyee:	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mmittee address, treasurer, nation.

Amendment

Detailed	Summary
----------	---------

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and			The Market Commission of the Control of Cont
1 1 12 20 100	2. Type of	Report	3. ID Number
Leonard for Ofice	Organia	entional Repor	<u> </u>
Start of Election Cycle: January 1,	0	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS	A Secretary and the last		
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	THE PERSON OF TH		
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,1	11d and 11e)	\$ 30	\$
EXPENDITURES	i i i i i i i i i i i i i i i i i i i		
13) Disbursements	· service and additional content of the		
	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 57	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15			\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 35	\$
ADDITIONAL INFORMATION		ing street <u>18 - Anderson Street</u> Frank	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
	(CRO-1430)	\$	
	(CRO-1610)	\$	
SWINCE OF A DESCRIPTION OF STREET SEED OF MAIN THAT IS A DESCRIPTION OF THE CONTRACT OF THE CO	(CRO-1620)	\$	
	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Care	wibutiana f	wan Individua	.la			Amendment
		rom Individua individual co <u>ntri</u> butic		Pg ontributions und	of er \$50 if form CI	Yes No
		ne (and Fund if app		makes of COC a Montain and Document of Charles and Charles and	er 350 ir ionii Ci	2. ID Number
1			$\sim$	$\wedge \mathcal{C}$		
ANNEAR	eonard		ar tor	Office	Sent Sankiva to 225 mark 96 45	
#15-123-441-AAV-04	tributor Inform lame, Mailing Addr	eccessoria de maria esta esta esta esta esta esta esta est		Add Re	move"	d. Comments
(includ	de city, state, & zip)			b. Job Ther Tote	551011	u. Comments
)_	conard	Robert Ha ieldstone NC a	~.'so~	c. Employer's Na	na/Cnasifia Etalá	Transfer
7	161 F	ieldstone	Lane		ne/Specific Fletu	11 (17) 30
<i>&gt;</i>				Se 15		e. Election Sum to Date
Y	lebane	NC a	7302			\$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k. Amount
						\$
						\$
						\$
3. Con	ributor Inform	ation		Add. Rei	nove's	
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. Comments
(includ	le city, state, & zip)	<u> </u>	<u>and the street see</u>	-		
				c. Employer's Nar	ne/Specific Field	
				L .		e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	\$
f. Prior	g. Account Code	h, Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	\$ y) k. Amount
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	s k. Amount s
□ □ □ 3 Cone	ributor Inform	ation:	i. In-Kind Descrip	Add Rer	nove	\$  y) k. Amount  \$  \$
3. Cont	ributor Inform	ation ess & Phone	i. In-Kind Descrip		nove	\$  y) k. Amount  \$  \$
3, Conta, Full N	ributor Inform	ation ess & Phone	i. In-Kind Descrip	Add Rer	nove	\$  y) k. Amount  \$  \$  \$
3, Conta, Full N	ributor Inform	ation ess & Phone	i. In-Kind Descrip	Add Rer	nove	\$  y) k. Amount  \$  \$  \$
3. Cont	ributor Inform	ation ess & Phone	i. In-Kind Descrip	Add Rer b. Job Title/Profes	nove	\$  y) k. Amount  \$  \$  \$
3, Conta, Full N	ributor Inform	ation ess & Phone	i. In-Kind Descrip	Add Rer b. Job Title/Profes	nove	\$  y) k. Amount  \$  \$  \$  d. Comments
3. Cont	ributor Inform	ation ess & Phone	i. In-Kind Descrip	Add Rer b. Job Title/Profes c. Employer's Nan	nove	\$   S   S     S   S     Comments     Comment
3. Cont a. Full N	ributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Rer b. Job Title/Profes c. Employer's Nan	nove sion ne/Specific Field	\$   S   S     S   S     Comments     Comment
3, Conta. Full N (includ	ributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Rer b. Job Title/Profes c. Employer's Nan	nove sion ne/Specific Field	s y) k. Amount  \$ \$  \$ d. Comments  e. Election Sum to Date  \$ y) k. Amount
3. Côni a. Full N (includ	ributor Inform ame, Mailing Addr le city, state, & zip)	ation ess & Phone		Add Rer b. Job Title/Profes c. Employer's Nan	nove sion ne/Specific Field	\$   S   S     S   S     Comments     Comment
f. Prior	ributor Inform ame, Mailing Addr le city, state, & zip)	ation: ess & Phone  h. Form of Payment		Add Rer b. Job Title/Profes c. Employer's Nan	nove sion ne/Specific Field	\$  y) k. Amount \$  \$  \$  d. Comments  e. Election Sum to Date \$  y) k. Amount \$  \$

In-Kind Contributions	Pg			☐ Yes	□ No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.			ittee c	or fund.	
1. Committee Full Name (and Fund if applicable)			2. ]	D Number	
Leonard for Office					
3. Contributor Information	Add Re	move *			
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	omments	70
(Include city, state, & zip)	✓ Individual  Candidate		1	)	
Leonard Harrison	Party		10	, as h	
Leonard Harrison 3161 Fieldstone Luna Mebane NC 27302	PAC Referendum		d. E	lection Sum to	Date
Mehon nic 2222	Other Receip	t Source	\$		
e. Description		f. Date (mm/dd/yy	VV)	g. Fair Marke	t Amount
	5040000	1 Mariana Nama (122 - 144 )	<i>337</i>	\$	4.40.99.79.79.40 × 1999.40
				Ψ	
				\$	
				\$	
The state of the s	-Add - 🔲 Rei	Carried and a series of the se			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual	butor	c. C	omments -	
	Candidate				
+	Party PAC				:
	Referendum		d. E	lection Sum to	Date
	Other Receipt	Source	\$		
e. Description	   Composed   Specific Published Action   Composed   Specific Published   Published	f. Date (mm/dd/yy	yy) _	g. Fair Marke	t Amount
				\$	5 d d d d d d d d d d d d d d d d d d d
				\$	
				φ	
				\$	,
3. Contributor Information	end began of granter and an end of an ending	nove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual	outor	e, Co	imments	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Candidate				
	Party PAC				<u>.</u>
	Referendum	_	d. El	ection Sum to	Date
	Other Receipt	Source	\$		8
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Marke	t Amount
				\$	200
				\$	Section 2
				\$	20 500; - 1 seeded
4. Total only this Page		a yan da Guda	\$		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$		and the property of the state o
Entering the control of the control	rd of Elections	en egange unterfinier volgen styrinder eigen für der e Der eigen für der eine der eigen der eigen der eine der eine der eigen für der eigen für der eigen für der eigen für der eine	e e de constitu	in endigen and ender the state of the I	December 2007

Amendment

A	ggregs	ated Contri	butions from I	ndividuals	Page of	Amendment  Yes No
· in the second		and the second s		ns From Individuals		***
1,	Committ	ee Full Name (a	nd Fund if applicab		tes a ripassa se present	LID Number
						4
3.	Contribu	tior Information	rational and company of the			il osastasa in ikida kun kangan Ang
2010200	mend	b. Account Code		d. In-Kind Description	e. Date (ppm/dd/yyyy	) f. Amount
	Add	Checking	Canetor			
H	Remove Add			7 .	030420	
	Remove	Cash	Lash	Cash	030420	22 <sup>s</sup> 5
	Add Remove					\$
	Add					and the second s
	Remove		unanananan i			S
Н	Add Remove				***************************************	\$
	Add					\$
	Remove Add					W
	Remove					\$
	Add			ANALYSIS STATE OF THE STATE OF		\$
	Remove Add	······································		Manufactures and the second se		\$
	Remove					
ᆸ	Add Remove					\$
	Add					\$
	Remove Add	<b>м</b> араментика анализмична анализмична анализмична анализмична анализмична анализмична анализмична анализмична а	AND THE PROPERTY OF THE PROPER			
靣	Remove					S
H	Add Remove					\$
	Add					\$
d	Remove Add			Description and the second		S
	Remove			AND REAL PROPERTY OF THE PROPE		
ᆸ	Add Remove					\$
	Add Remove					\$
ᆸ	Add					\$
무	Remove Add					
ఠ	Remove					\$
	Add Remove	,				\$
	Add		· · · · · · · · · · · · · · · · · · ·	<u></u>		\$
님	Remove Add					\$
	Remove					
ᆸ	Add Remove					\$
4.	Total o	nly this Page				\$.
		f ALL CRO-	1205 Pages etailed Summary Page Ch	27.1100	propopularia (	\$

		~ t	(	Amendment
Disbursements		Pg of	[	Yes No
Use this form to report expenditures from the committee for committees and coordinated party expenditures	or operating ex	penses, contribut	ions to car	ndidate/political
1-Committee Full Name (and Fund if applicable)			2.11	) Number
Leonard for Ofice	Anna Carlotte and Anna Carlott	And the second section of the	TEATER SHOPE	
3) Trype of Disbursements (Please use separate CRO-13	10 forms for t	each type of Dist	ursement	
Operating Expenses Contributions to Candidates/Po	And the second second second second second	THE RESERVE THE PARTY OF THE PA	AND DESCRIPTION OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESS	ty Expenditures
4. Payee Information	The second secon	Reingve		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinat	ed Committee Nam	e d. Co	mments
	heavor	1 for Office	<u>د ۔</u>	- ,
Leonard Robert Harrison	STREET VENEZUE PROPERTY ALABOREM	stered (Specify)		rangder
3161 Fieldstone La.	Federal State	County:  Municipa	lity: e. Ele	ction Sum to Date
Medare NC 27302		· · · · · · · · · · · · · · · · · · ·	\$	\$ -00
	e (mm/dd/yyyy)	j. Amount	k. Require	d Remarks
	117 2 18 17 2 18 18 18 18 18 18 18 18 18 18 18 18 18	\$	233	\$15.500 miles received \$25.500 felter. Tablified a vessel   males were and a relative of the
	,	\$	ĺ	
4-Payee Information 1:	] #Addi # [	Řemové :		
a. Full Name, Mailing Address & Phone	b. Coordinate	ed Committee Name	d. Coi	nments
(include city, state, & zip)				
	c. Level Regis	stered (Specify) . 🐠		
	Federal State	County:	lian Karis	ction Sum to Date
,	State	Withherpa	1236 67893 C	uon Sunto Date
	Milenson seeming and the Lot to See 1 (2)		S.	ewa sayanga ay peragasa Masal yakin 13 Albanin 19 Albani
f. Account Code g. Form of Payment h. Purpose Code f. Date	e (mm/dd/yyyy)	*	k. Required	l Remarks
		\$		
	responsation promoteros	\$		
4.Payee Information  a. Full Name, Mailing Address & Phone				
(include city, state, & zip)	o Coortinate	d Committee Name	Partie of	oments.
		milios de citas kaises i las afaitas, poisso de la laboración	Starous to	·
	c. Level Regis	tered (Specify)		
	State	Municipal	ity: e. Elec	tion Sum to Date
			\$	
f. Account Code g. Form of Payment h. Purpose Code i. Date	e (mm/dd/yyyy)	i. Amount	k. Required	l Remarks
TO SET THE LOCAL TO SET TO THE SET OF THE LOCAL PROOF TO THE SET OF THE SET O	MANAGEMENT AND CONTRACT OF ANY	<b>\$</b>	r ara kirjiya kumayi Per Layki	2. 計算の課金がからいはないなるの話者、金融記載があるからからからできょうない。
		\$		
5. Total only this Page			\$	\$ 5-00
6: Total of ALL CRO-1310 Pages				\$5.00
(This line goes in line 13a of Detailed Summary Page CRO-1100 if O	perating Expense	s)	\$	4 -00
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Co		•	*	<b>尹</b> 2 .
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Co	oorainatea Party I	expenauures)	1	

7. Purpose Godes (Istrictaned expenditure code in (fr.) above)

A\*- Media

B\*- Printing

C\*- Fundraising

D - To Another Candidate

F\*- Equipment

G - Political Party

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 st	atem	ent:	:
New		Amended	

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

This form must be a	ccompanied by form CRO-3500. An ame	ended form is require	d for eac	h new election yea	ır.
1. Committee Infor	mation				
a. Name of Committee		yl firm or an analysis of the second		d. ID Number	
Leonara	of for Office				
b. Mailing Address (inc	lude City, State and Zip Code)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in a voi	e. Date Organiz	ed
3161 Fi	eldstone Lane, Meba Optional)	ne NC 2	7302	_ Har Oi	, 22
c. Committee Website (	Optional)			f. Phone Numbe	er
· · · · · · · · · · · · · · · · · · ·		:		336739	0477
2. Candidate Infor	mation				Herena
a. Full Name		e. Party Affiliation			
Leonaro	Kobert Harrison lude City, State, and Zip Code)	Repub	licar	<b>1</b>	
b. Mailing Address (inc	lude City, State, and Zip Code)	f. Office Sought			4
3161 Fie Mehane	Idstone La	Board	of	Educati	'en
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction	
336739	1 alatha Can	220	_2_	Alamanc.	. Co.
☐ Email copy of re	leonad @the carefree way	4.con			
	mation /	4. Assistant Treas	urer Infe	rmation	
a. Full Name		a. Full Name	ai er init	/I MAUVII.	T-15 (1.1.) A 18 F-1538-1
	0 0 . 1 1/			· · · · · · · · · · · · · · · · · · ·	
	Robert Harrison				
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (in	clude City	, State and Zip Code)	
3161,	Fieldstone Lane	Melan	NC	27202	
c. Phone Number	d. Email Address	c. Phone Number	d. Email	Address	
336739647	1 Langetto-Office Cara	1.com			
Send report no	·	Email copy of	eport not	ices	
5. Custodian of Bo	oks Information (Keeper of Records)	6. Account Inform	ation	(incl. CRO-3500)	
a. Full Name		a. Financial Institution	ı Full Nam	e	
b. Mailing Address (inc	lude City, State, and Zip Code)	4 - 1 - 1	F. 150417		
9.32			-		
c. Phone Number	d. Email Address	b. Account Code	с. Туре	•	100 mg/m 100 mg/h
c. I none Mumber	d. Eman Address	b. Account Code	c. Type		
		-			
☐ Email copy of re	eport notices				
	ommittee is in compliance with all applic nd that no funds are commingled with pro				
	olete, true and correct.	/	//_		
	Pohost Il raison	1/2		2 alul	122
1.26×0×0×	Kobert Harrison	1 1	e e	<u> </u>	22
Printed	Name of Treasurer Si	gnáture of Appointed Tre	asurer	, L	Jate
I certify that the infe	ormation above is correct, and I, as the ca	andidate, appoint sai	d treasure	r to personally ful	fill the
•	oilities imposed upon the appointed treasu			-	
163 of the NC Gene			/		•
YOU OF MIC YIC COULD	rai statutes.	X X	<i>L</i>		i
leonard	Raisant Harrison	1		> 2/14/	22