Disclosure	Report Cover
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Amendment	
☐ Yes	No

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
Leonard	For O	fice			
b. Mailing Address (include City, Stat	te and Zip Code)				d. Date Filed
316) Fields	stone	Lane			2. 29. 2024
Mebane N	C 27	302			e. Phone Number
				TALL CONTRACTORS	2318814704
2. Report Year 3. Period Start			1 50 000000	5. Treasure	er Full Name
01.01.	2024	02.	17.2024	100	nand K. Harrison
6. Type of Committee (Check C	one) 9. T	ype of Repo	ort (check only one	type of repo	rt from one category)
Candidate Campaign Part	y Mun	icipal	State/County		Referendum
		Organizational		onal	Organizational
		Thirty-five day			Pre-referendum
Legal Expense Fund		Pre-primary	First		Final
7. Type of Fund (if applicable,		Pre-election	Secon		Supplemental Final
Booster Fund		Pre-runoff Semi-annual	Third		Annual
Building Fund	l-	Mid Year	Fourt		☐ Special
—	IH	Year End	Semi-annu Mid	207.00	10 C I D N
Other:	吊	Final	Year		10. Special Report Name
8. Number of Fundraisers this		Special	Final	Liid	
			Special		
11. Account Information	and Company Assemble Sylphological	erang panggang ang	11. Account Inform	A. C.	
a. Financial Institution Full Name	14 - 14 J. (7 - 14 J. (1) 1 J		. Financial Institution I		
T 1: 1: 0	101	1.1	. Tillancial Institution i	un Name	
Ituliant rede	ral Godi	+ Union			
b. Purpose	c. Account Code	t	o. Purpose		c. Account Code
Contributions à Expenses	5066	,			
←	d. Period Begin Bala			1	d. Period Begin Balance
tipenses	\$ 1323.			F	
	* 13ん3	30			\$
CERTIFICATION					
I certify that the Committee or Fun	d is in compliance	with all applic	able provisions of Arti	cle 22A, 22B	& 22D-22M of Chapter 163
of the NC General Statutes and that	t no funds are comm	ningled with p	profitibited or other non	-disclosed fur	nds. I further certify that this
report is complete, true and correct	and that I have bee	n trained by	he NC State Board of I	Elections.	**
Loonard R. +	110	2	1/		220201
Printed Name of Signe	Jacriba	1		7	2.29.2024
FOR OFFICE USE ONLY		Signa	ture of Appointed Treasu	rer	Date
11	10124		0.1		
Date Received: 511	12024	Employe	e: <u> </u>		very Method
				The second second second second	Normal Mail Registered Mail
Date Postmarked:		Employe	e:		Land Delivered
Date Scanned:					Electronically Filed
Date Scainled:	DEF HIN	Employe	e:		siectromeany I ned
Date Data Entered:	VERNIE V	Employe	Name of the state	r	Signer has not received nandatory training
Please Note: This form can	mot be used to an	end committ	tee information such	as the comn	nittee address, treasurer.
assistant t	treasurer, custodia	n of books i	nformation, or accou	int informati	on.
You must amend the	ne Statement of O	rganization (CRO-2100A-E) to r	nake commi	ttee changes.

Use this form to summarize all disclosure reporting forms ar 1. Committee Full Name (and Fund if applicable)	2. Type of	onetary information	
Leonard For Office	2. Type of	Keport	3. ID Number
		Total this	(7)
Start of Election Cycle: January 1, 202	±	Reporting Per	Total this iod Election Cycle
4) Cash on Hand at Start		\$ 1323.3	
RECEIPTS			9
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 4400	\$ 6650.
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	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	S	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	33.000		1 *
EXPENDITURES	Tra una Tre)	\$ 4-100.	\$ 665D.
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	s 4 682	49 \$ 5109 19
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	
	(CRO-1420)	\$	\$
O D-C - 1 /D :	(CRO-1320)		\$
The IV also and the second sec		\$ Ø	\$ 506.00
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 14.62 1	\$
Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18	\$ 4682.4 \$ 1040.8	9 \$ 5609.19
DDITIONAL INFORMATION	ract fine 18,	<u>→ 1090.8</u>	1 \$ 1040 81
entire the second section of the s	(CRO-1330)	\$	
Outstanding I cons (in)	***************************************	\$	
Debts and Obligations II die		\$	
) Dobto and Ohling the same of		\$ \$	
Account Transfers Will: 41 C		\$ \$	
Administrative Comment		\$ \$	1 &
			\$
Forgiven Loans	CRO TARNIE		. SIT
10 Hour Notice Dead C	CRO-1440) \$		\$ \$

		rom Individua individual		Pg contributions und	s of der S50 if form C	7_ RO	Amendment Yes No
1. Con	mittee Full Na	me (and Fund if app	licable)	one to delivery disc	zer ese ir rorin es	and the second second	ID Number
1	eana-d	For ACC					
	tributor Inform	nation		Add □ Re	move		
	ame, Mailing Addi			b. Job Title/Profe	STATE OF THE PARTY OF THE PARTY OF THE PARTY.	d. (Comments
0	de city, state, & zip			F			
Bru	jant S.	Persy	0	c. Employer's Na	me/Specific Field	1	
23	6 Cann	ions Fern	i Road	I PRE	lectical	L	
			,		,		lection Sum to Date
f. Prior	Iner W					\$	200
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
	5066	Check			2.12.20	24	\$ 100
				***			\$
							\$
	ributor Inform			Add 🔲 Rei	move		
	ame, Mailing Addr e city, state, & zip)			b. Job Title/Profe	ssion	d. C	omments
D) \(\rangle\)	12.26 892	2533	Done		4	ersona)
LO.	sty Cox	(239) 012	2702	c. Employer's Nar	me/Specific Field	C	heck
60	4 Greyr	ock Road		Cox Toyo	te	o E	ection Sum to Date
N	hitsett)	(236) 892 och Road NC 27377				\$	C Committee Date
		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount
			i in				
	عريات	Check			1.18.20	24)	\$ 500.
							\$
L							\$
	ributor Informa	THE RESIDENCE OF THE SECOND SE	THE COUNTY OF THE PARTY OF THE	- stade-the carefulation - State Systems Aft	nove		
	nne, Maning Addre e city, state, & zip)		73 1842	b. Job Title/Profes	sion	d. Co	omments
She	each	Santoro			ristar		
_	2 Nara	isse Day		c. Employer's Nav	1		
		1		Hereev	University	e. El	ection Sum to Date
	rner Rol		31488		1	\$	200
_	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyyy	y)	k. Amount
	5060	Check					\$ 100
							\$
							\$
1. Tota	l only this Pa	age				\$	700
		O-1210 Pages					11100
(This lin	e must be on line 6	of Detailed Summary Pag	ge CRO-1100)			\$	4400

		rom Individua		Pg		7	Yes No			
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used										
1. Con	mittee Full Nan	ne (and Fund if app	licable)			2. 1	D Number			
	concerd	For O	fice							
	tributor Inform			Add 🔲 Re	move	- 1463 (3 - 1564 (3				
The State of the S	ame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ssion	-	comments			
		ips 919 4	20 2175	VPof	Sules	1	ersonel			
Anna Carrier			18 26 13	c. Employer's Na	me/Specific Field	C	heck			
71	Coco P	on Dr.		Phillip.	<	e. E	lection Sum to Date			
		-1 3305)	Phillip. Surgica	_1	\$	1000			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	yy)	k. Amount			
	5066	Check			1.18.20	24	\$ 1000			
							\$			
							\$			
-	ributor Informa	THE RESERVED OF THE PROPERTY O			nove					
	ame, Mailing Addro e city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	omments			
		20181	65512	Doner		P	rgoval			
Joe	· Vagna	LUE	ارد ع	c. Employer's Nar	ne/Specific Field	0	hack			
				EZPay	ľ					
				/			ection Sum to Date			
		T				\$	500			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount			
	5066	Check	L.		1.17.20	24	\$ 500			
							\$			
							\$			
Editor Carrier	ributor Informa			Add Rer	nove					
	nme, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Co	omments			
(incida	c city, state, et 21p)									
				c. Employer's Nan	ne/Specific Field					
						e. Ele	ection Sum to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount			
							\$			
							\$			
	_					\neg	\$			
4. Tota	al only this Pa	age				\$	1500			
The agent the property	efections of the same and the same of the	O-1210 Pages				\$	1500			
(This I:	na must be on line	of Datailed Commun. D.	CRO 1100)			Φ	44100			

Amendment

		rom Individua	to and the second	Pg		<u> </u>	Yes No			
Administration of the consultation of the cons	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used									
1. Com	mittee Full Nar	ne (and Fund if app	1 00			2. I	D Number			
he	conarc	1 For 6	Office							
	ributor Inform			Manager against the second	move					
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ssion	-	omments			
			1 -0 13	Dono	·	Ch	reck written			
		ell 336 68	4 2443	c. Employer's Nar	ne/Specific Field	1 %	rom personal			
P	O Box 2	.104		Pour 11 6	Enterprises	e El	cccont.			
Bu	rlington	NC 2721			15	\$	2000.			
f. Prior		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount			
	5066	Check			02.02.20	24	\$ 2000.			
							\$			
							\$			
3. Cont	ributor Inform	ation		Add Rei	nove					
	ame, Mailing Addr			b. Job Title/Profes	ssion	d. Co	omments			
(includ	e city, state, & zip)	262 1	CC 7:00	homen	aker		i			
		pencer 2524		c. Employer's Nan						
-		Folks Road		N/A			e. Election Sum to Date			
E	lizabeth	. City NC.	27909			\$	100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount			
	506b	Check			2.12.2020	4	\$ 100			
							\$			
							\$			
Mary Company of the Company	ributor Inform	Share of the Colonial State of the Colonial Colo			nove					
/:II	ime, Mailing Addro e city, state, & zip)			b. Job Title/Profes		d. Co	omments			
Ra	e city, state, & zip)	York 336. St. Marks C	2696915	TounC	lerk					
17	70 Old	St Marks C	Joseph Rd.	1/ 11	A L					
0		(1		e. Ele	ection Sum to Date			
Bu	digton	WC 27215		Hlamana	e	\$	100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount			
	5066	Check			2.12.202	7	\$ 100			
							\$			
							\$			
4. Tota	al only this P	age				\$	2200			
5. Tota	al of ALL CR	O-1210 Pages	0.00			¢				
		of Detailed Summary Pa	ge CRO-1100)			\$	4400			

Disbursements		1			Amendment	/
Dispursements	Pg	1	of		☐ Yes	No
Use this form to rement any Viving	- 8	1		_		110

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

1. Committee l	Full Name (and Fun	d if applicable)					2. ID Number
Leon	and For	Office					
3. Type of Dish	oursement (Please	use separate Cl	RO-131	o forms for	each type of Dis	hurser	nent)
Operating Exp	penses	ntributions to Candid	ates/Politi	ical Committee	STATE OF STREET, STATE OF STATE OF STREET, STATE OF STATE OF STREET, STATE OF STATE	-	d Party Expenditures
4. Payee Inform				Add	Remove		d Fairy Experiences
a. Full Name, M	failing Address & Ph	one		b. Coordina	ted Committee Nan	ne To	d. Comments
(include city, state	, & zip)						^
Digital	Leopard	I (No Pro	ne)	c I evel Peg	istered (Specify)		Harrison, con
	, Jan			Federal	County:		Ligariani
IA Mar	ket Square	E		State	-	_	Election Sum to Date
		AE UK					\$ 650.60
			i. Date (mm/dd/yyyy)	j. Amount	k. Rec	juired Remarks
5066	Dobit	A	2.1	4.202	\$ 650.0	W	ebsita
					\$		
4. Payee Inforn	nation			Add \square	Remove		
The second secon	ing Address & Phone			Contract Statement	ed Committee Nam	<u> </u>	. Comments
(include city, stat				b. Coordinat	ed Committee Nam	le ju	. Comments
1/1	() 0						
Ficeeller	rated Grapi	nics		c. Level Regi	stered (Specify)	444	
412 3	radley Stu	cet		Federal	County:		
B3-1:-1	to NC 27	215		State	Municipa	ality: e.	Election Sum to Date
0		466 565	7				\$
f. Account Code	g. Form of Payment			nm/dd/yyyy)	l	lı. p	
	B	r ur pose coue				1 3/	uired Remarks
5066			1.24	.2024	\$ 740,85	You	ird signs
5066	B		2.00	9.2024	\$ 2044.24	1 V	end Signs Banners
4. Payee Inform					Remove		
	ng Address & Phone			b. Coordinate	ed Committee Name	d.	Comments
(include city, state							
Screen	Print 810	336342	2368	3			
	Hle Street	-		c. Level Regis Federal	tered (Specify) County:		
0 1 11		3		State	☐ Municipa	lity: e.	Election Sum to Date
Keidsvill	•					1	-
		h. Purpose Code	i. Date (n	ım/dd/yyyy)		k. Requ	nired Remarks
SOBP	Check		2.1.	2024	\$44940	T	Shirts Logo
					\$		7
5. Total only this	s Page					l d	200110
	CRO-1310 Pages				Maria Baranas (2)	\$	3814.77
		n ana					
(This line goes in I	ine 13a of Detailed Sumn ine 13b of Detailed Sumn	nary Page CRO-110	0 if Opera	iting Expenses	s)	\$	11/07 49
(This line goes in la	ine 13c of Detailed Sumn	iary Page CRO-110	o ij Conir O if Coord	10 10 Canaidai linated Party I	tes/Political Comm) Ernanditures		468 2.49
	des (List detailed e				expenatures)		
A* - Media	B* - Printing	g		ndraising	D - To A	nother	r Candidate
E - Salaries	F* - Equipm			ical Party			Public Office Expenses
- Postage	J - Penalties			fice Expens			to Legal Expense Fund
O* Other		A PET 2 This are the classes of the		-			• • • • • • • • • • • • • • • • • • • •
* Codes require	detailed explanation	n in required re	marks f	ield (k)			

-	-			
Nic	h	rsei	**	40
			1141	

	1		1	Amendment	/
Pg	V	of		☐ 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	Full Name (and Fu	ınd if applicable))				2. ID Number
Leon	ard For	- Office					
3. Type of Dis	THE RESERVE TO A STREET THE PARTY OF THE PAR	se use separate (RO-131	0 forms for	each type of D	ishurs	ement.)
Operating Ex	openses C	Contributions to Candi	dates/Polit	ical Committee	The state of the s		ted Party Expenditures
4. Payee Info				Add	Remove		
	Mailing Address & I	Phone		b. Coordina	ted Committee Na	me	d. Comments
(include city, stat							11
Alama	nce News	336 228	7851	c. Level Reg	istered (Specify)		1/5 pg. ads.
114	West Ein	Street		State			e. Election Sum to Date
Graha	a WC ?	27253					\$ 798
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
5066	Check			0.5054		n	Jewspaper Ad
5066	Check		2.1	6.2024	\$ 399	W	evapaper Ad
4. Payee Infor				Add	Remove		
	iling Address & Phone			b. Coordinat	ed Committee Na	me	d. Comments
(include city, st	ate, & zip)						
				a Lovel Dogi	stered (Specify)		
				Federal	County		
				State			e. Election Sum to Date
							
						ĺ	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Re	guired Remarks
					\$		
					\$		
4. Payee Inform	mation			Add \square	Remove	2014/6/25/7	
	ling Address & Phone			SERVICE TO	ed Committee Nan	ne T	d. Comments
(include city, sta					- Commettee Han		a. Comments
					stered (Specify)		
				Federal	County:	_	
				State	☐ Municip	ality:	. Election Sum to Date
	<u> </u>						\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Red	quired Remarks
					\$		
					\$		
. Total only th	is Page						\$ 79800
	CRO-1310 Pages						Ф I (O.
	line 13a of Detailed Sur	nmary Page CPO 11	00 if Open	ation D			
(This line goes in	line 13b of Detailed Sur	nmary Page CRO-11 nmary Page CRO-11	oo ij Operi 00 if Conti	uing Expense: rib to Candida	S) tas/Political Comm	.	\$ 4682.49
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coord	linated Party I	Expenditures)	')	. 0
	odes (List detailed				,		
* - Media	B* - Printi	ng		ndraising	D - To	Anoth	er Candidate
E - Salaries	F* - Equip			tical Party			Public Office Expenses
- Postage	J - Penalti			fice Expens	es O* - D	onatio	n to Legal Expense Fund
O* Other	Name of the state						
* Codes requir	e detailed explanat	ion in required r	emarks i	field (k)			