Disclosure	Report	Cover
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Am	endm	en	t				
	Yes			Σ	<u>⋠</u>	No	
4	•	-	-	**	-	-	

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 STATE OF THE STA			N. E. Part		
a. Full Name						c. ID Number
Elect 1	BARber					
b. Mailing Address (include City, State	e and Zip Code)			·		d. Date Filed
1486 N NC Hwy	· 87					
Elon, NC 27.	144					e. Phone Number
						336-260-6690
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period I	ind Date (m	im/dd/yy)	5. Treasure	_
	/2023	06/3			ElizA	
6. Type of Committee (Check C					type of repo	rt from one category)
Candidate Campaign Part		nicipal		te/County	1	Referendum
	erendum t Fundraiser	Organizationa Thirty-five da	1—	Organizati Quarterly	ionai	Organizational Pre-referendum
Legal Expense Fund	I=	Pre-primary	"	First		Final
Legal Expense Pund	IH	Pre-election		Seco	nd	Supplemental Final
7. Type of Fund (if applicable)	check one)	Pre-runoff	ifi	Thire		Annual
Booster Fund		Semi-annual		Four	th	Special
Building Fund		Mid Yea	, <u> </u>	Semi-annı	ıal	_ ^
	10	Year End	· ⊠	Mid	Year	10. Special Report Name
Other:		Final		Year	End	,
8. Number of Fundraisers this	Report 🔲	Special		Final		
				Special		
11. Account Information			11, Accour	nt Inform	nation	
a. Financial Institution Full Name	a de la companya de	-11,00 1 (977), 986,1496	a. Financial l	CONTRACTOR OF THE PARTY OF THE	the product of the contract of	and the first transfer of the same of the
First HORIZON				Mary de -		
b. Purpose	c. Account Code		b. Purpose	ECE	VED	c. Account Code
CAMPaign	DB			111 00	1 2022	
1 ~	d. Period Begin Ba	JUL 20 2023			d. Period Begin Balance	
	\$ 1265.	_	ALAMANCE COUNTY BOARD OF ELECTIONS			\$
CERTIFICATION	+ 1200	, ,	BOAR	<u>OD OF EL</u>	ECTIONS	'
The second secon		:				
I certify that the Committee or Fun	•		-			-
of the NC General Statutes and tha			_			inds. I further certify that this
report is complete, true and correct	t and that I have be	en tramed by	ine NC State	Board of	Elections.	
Elizaheth Br.	ARS	(Un	alvel	10	Min 20) 7600 bos
Printed Name of Sign	er	Sig	pature of Appo	ointed Treas	surer	Date
FOR OFFICE USE ONLY				•		
Date Received: 7-	20-23	Employ	/ee:	*	<u>Del</u>	ivery Method
		•				Normal Mail Registered Mail
Date Postmarked:		Employ	/ee:	-	- 遠	Hand Delivered
Date Scanned:		Emplo	7ee:			Electronically Filed
Date Data Entered:		Employ	/ee:			Signer has not received mandatory training
Please Note: This form ca	nnot be used to a	mend comn	ittee inform	nation suc	h as the com	mittee address, treasurer,
	treasurer, custod					
You must amend						

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

Amendment

Yes X No

1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Elect BARber	Mid		
	, 12	Total this	Total this
Start of Election Cycle: January 1,	-	Reporting Perio	
4) Cash on Hand at Start	ar e e ganseje	\$ 1265.94	\$ 8500
RECEIPTS	(GB 0 - 1-1-1	<u>- 1114, 41 224</u>	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5 <i>00</i>	\$ 500
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)	\$	\$ 3.63
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
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)	\$ 500	\$ 503,63
EXPENDITURES	- caramanatainnehanatehan		
13) Disbursements	A CONTRACTOR OF THE CONTRACTOR		
13a) Operating Expenditures	(CRO-1310)	\$ 300	\$ 6911.52
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)	\$	\$ 626.17
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 300	\$ 7537.69
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 1495.94	\$ 1465,94
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)	\$	\$
	(CRO-2220)	\$	\$
	(CRO-1215)	\$	\$
CRO-1100 NC State Boar	d of Elections		August 2008

Cont	ributions fi	om Individua	ıls	Dα	1 of)	:	Amendment Yes No
_		ndividual contribution		rg ontributions und		 1	
		ne (and Fund if app	licable)				
	Elect	BARber	2_				
3. Cont	ributor Informa	ation		Add 🔲 Re	move		
	ame, Mailing Addre	ess & Phone	<u> </u>	b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)	1)		noten	ricy ex		
E1	12 Abeth	BYARS	t	c. Employer's Na	ne/Specific Field	1	
27	o, White	field Covi	et			- F1	ection Sum to Date
Βυ	elington,	By ARS field Cour NC 2	7215			\$	1000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount
							\$
							\$
							\$
3. Cont	ributor Informa	ı ition		Add Rei	l nove		
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(includ	e city, state, & zip)		•				
	•			c. Employer's Nar	ne/Specific Field		
						e. Ele	ection Sum to Date
						\$	
f. P rior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
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					,		\$
							\$
3. Cont	ributor Informa	tion		Add 🔲 Rer	nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Co	omments
(includ	e city, state, & zip)						
				c. Employer's Nan	ne/Specific Field		
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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. Tota	al only this P	age				\$	500
and the second of the second o	1 187	O-1210 Pages of Detailed Summary P	CDO ITAN			\$	
CRO-12		oj Demuea Summary E		rd of Elections	e pervisor and the experience of		April 2007

	Amendment	,
Disbursements		No
TT 41:- C		

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

	ull Name (and Fund							2. D Number
E	ect BA	rber						
3. Type of Disb	ursement (<i>Please</i>	use separate Cl	R <i>O-131</i> 0) forms for .	each typ	oe of Disb	urse	ment.)
Operating Expe	THE STANSON ASSESSMENT AND ADDRESS OF THE STANSON ASSESSMENT ASSES	tributions to Candid	ates/Politi		A		rdinat	ed Party Expenditures
4. Payee Inform	emergus, wender it a set tabbiell mistall desidentements in detailer au sail it an			Add 🔲	Remo	Charles and a special and a second		
F100 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ailing Address & Pho			b. Coordinat	ted Comr	nittee Name	•	d. Comments
(include city, state,	& zip)							
HITHORA	CARE D.	(c. Level Reg	stered (S	pecify)	Marian.	
914 Cha	pel Hill Ki)Aet		☐ Federal		County:	10000	
n .	In NC	27215		☐ State		M unicipa	lity:	e. Election Sum to Date
Burling	CARE Opel H:11 Ro ton, NC							\$300
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amou	int	k. Re	quired Remarks
1	check	l A	04/	10/2023	\$ 3	00		
7.00			1 7	1	s			
4. Payee Inform				Add 🔲	Remov			
AND ASSESSMENT OF THE AUT OF A SEAL AND ADDRESS OF AN ADDRESS OF	ng Address & Phone			b. Coordinat	18008Hills/2	Water State of the		d. Comments
(include city, stat				Specialist Control	A Hadines	some medares		
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				c. Level Regi	stered (S	≛virictiisii	23%	
				Federal	上	County:	.	The Late of the American part of the American Section (1994)
				State		Municipal	lity:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (nm/dd/yyyy)	j. Amou	nt	k. Re	quired Remarks
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					ф.			
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include city, stat	e, & zip)							
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				Federal	0150 D	County:	19- 821	
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f. Account Code	g. Form of Payment	n. Furpose Coue	i. Date (i	nm/dd/yyyy)	j. Amou	ne	K. Ke	quired Remarks
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5. Total only thi	s Page			1 7		Great H		\$ 3 <i>00</i>
6. Total of ALL	CRO#1310 Pages	No. of the State of	and Killeric			1004 (0)		
	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	rating Expense	es)			¢ / ^
	line 13b of Detailed Sum	· -				ical Comm)		\$ 6911.52
(This line goes in	line 13c of Detailed Sum	nary Page CRO-11	00 if Coor	dinated Party	Expendit	ures)		, , , , , , , , , , , , , , , , , , , ,
	des (List detailed)	expenditure code	in (h.)	above)				
A* - Media	B* - Printin			ındraising				ner Candidate
E - Salaries	F* - Equipn			itical Party				g Public Office Expenses
I - Postage	J - Penaltie	s	K* - O	ffice Expen	ses	Q* - Do	natio	on to Legal Expense Fund
O* Other	e detailed explanation	m in required r	emarke	field (k)			R.A.	