

# Disclosure Report Cover

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.

<b>1. Committee Information</b>		<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">DEC 28 2023</p> <p style="margin: 0;">BY: _____</p> </div>	<b>c. ID Number</b>
a. Full Name <i>Leonard for Office</i>			<b>d. Date Filed</b> <i>12-24-2023</i>
b. Mailing Address (include City, State and Zip Code) <i>3161 Fieldstone Lane Hobare NC 27302</i>		<b>e. Phone Number</b> <i>231 887 4704</i>	

<b>2. Report Year</b> <i>2023</i>	<b>3. Period Start Date (mm/dd/yy)</b> <i>12.15.2023</i>	<b>4. Period End Date (mm/dd/yy)</b> <i>12/25/23</i>	<b>5. Treasurer Full Name</b> <i>Leonard R. Harrison</i>
--------------------------------------	---	---	---

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Truliant Federal Credit Union</i>		a. Financial Institution Full Name	
b. Purpose <i>Contributions and Expenses</i>	c. Account Code <i>5066</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 50.00</i>		d. Period Begin Balance
			\$

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

*Leonard R. Harrison*  
Printed Name of Signer

*Leonard R. Harrison*  
Signature of Appointed Treasurer

*12-24-2023*  
Date

**FOR OFFICE USE ONLY**

Date Received: *28 Dec 2023* Employee: *CRB*

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

# Detailed Summary

Amendment

Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Leonard For Office	Organizational	
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <del>00</del> .00	\$ 0
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 2250	\$
6) Contributions from Individuals (CRO-1210)	\$ 2250	\$ 2250
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)	\$	\$
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)	\$ 2250	\$ 2250
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 426.70	\$ 426.70
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 426.70	\$ 426.70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1823.70	\$ 1823.70
<b>ADDITIONAL INFORMATION</b>		
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)	\$	\$

Deposits 500  
50  
~~Self~~ 30  
Self 50  
Incl. 2200

Expenses  
Cards 92.70  
Off D.  
Benchmark 250.  
Consulting  
Board of E. 84.<sup>00</sup>

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
Leonard For Office	

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Jeff Spence 919 937 7443 3273 Olivia Pope Way Efland NC 27243	Mechanic	
	<b>c. Employer's Name/Specific Field</b>	
	Rennies Auto Shop Automotive	
		<b>e. Election Sum to Date</b>
		\$ 1000

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5066	Check		10/03/2023	\$ 1000
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Shawn Francis 518 878 8513 4578 Freedom Drive Burlington NC 27215	Programmer Cyber Security Consultant	
	<b>c. Employer's Name/Specific Field</b>	
	NSA Accelerate US Government	
		<b>e. Election Sum to Date</b>
		\$ 1000

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5066	Check		10/03/2023	\$ 1000
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Paul Larkin 336 603 6689 2308 McConnell Road Greensboro NC 27406	Entrepreneur	
	<b>c. Employer's Name/Specific Field</b>	
	Bear Bottom Consignment	
		<b>e. Election Sum to Date</b>
		\$ 50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	5066	Cash		10/03/2023	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 2050
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 2250

# Contributions from Individuals

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund, if applicable)</b> Leonard For Office	<b>2. ID Number</b>
---	---------------------

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Sheelagh Santoro 704473 202 Narcise Way 1842 Warner Robbins Georgia 31088		Secretary Mercer University			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				\$ 100	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	5066	Check		10/03/2023	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Bryant S. Perry 2523313917 236 Cannons Ferry Road Tyner NC 27980		General Foreman Lee Electrical			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				\$ 100	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	5066	Check		10/03/2023	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>					\$ 200
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 2250

# Disbursements

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Leonard for Office							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Office Depot 336226 6122 1825 S. Church Street Borlinton NC 27215						Printing Business Cards	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 92.70	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5066	Debit Card	B	10/16/2023	\$ 92.70	Business Cards		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Board of Elections 3365706755 1128 South Main St. Graham NC 27283				Filing Fee		Filing Fees	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 84.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5066	check	H	12/15/2023	\$ 84.00			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Birchmark Consulting (757)542 6052 PO Box 68393 Virginia Beach Va 23471						Election Consulting	
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 250.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5066	Check		10/17/23	\$ 250.00	Consulting		
				\$			
<b>5. Total only this Page</b>						\$ 426.70	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 426.70	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		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)							