### **Disclosure Report Cover**

Amendment

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

SEP 25 2025 Do not use this form to update information.

1. Committee Informa	ition			411/-1	
a. Full Name			ALAMANCE C	OUNTY	c. ID Number
COMMITTEE TO EI			BOARD OF ELE	CTIONS	Was trained
b. Mailing Address (inc		ip Code)			d. Date Filed
324 W WILLOWBRO					
BURLINGTON, NC	27215				09/24/2025
					e. Phone Number
2. Report Year 3. Per	iod Start Date (mm/dd	/yy) 4. Perio	d End Date (mm/dd/yy	5. Treasu	rer Full Name
2025	07/01/2025		09/23/2025		RINE S. LANDES
6. Type of Committee (	Check One)	9. Type of Repo	rt (check only on	a time of war	port from one category)
X Candidate Campaign	Party	Municipal	State/County	v type oj rej	Referendum
☐ Joint Fundraiser	☐ PAC	Organizat			Organizational
Referendum	Legal Expense Fund			ionui	Pre-referendum
7. Type of Fund (if a	applicable, check one)	Pre-prima	Maria Cara Cara Cara Cara Cara Cara Cara		
☐ "Booster Fund"		☐ Pre-election		d	Final
■ Building Fund		Pre-runofi	. 12		Supplemental Final
Presidential Election Y	ear Candidates Fund		. IL TIME		Annual
☐ NC Public Campaign F		Semi-annu Mid Y	l Tourt		☐ Special
- Constant	8- m.u	☐ Mid Y	Sinramu		
Other:		Final			10. Special Report Name
8. Number of Fundraise	ers this Report	Special	Year I	end	
1	ors this ite port	Special Special	☐ Final		
1	Amile recognition		☐ Special		
3. Account Information	D. 11 N		3. Account Informat		
a. Financial Institution I	full Name		a. Financial Instituti	on Full Nam	ie
TRUIST					
b. Purpose	c. Account Cod	e	b. Purpose		
FOR RECEPTS AND		1	ar I urpost		c. Account Code
EXPENSES		1	Ī		
	d. Period Begin	Balance	1		d. Period Begin Balance
	\$	983.17			\$
CERTIFICATION					
I certify that the Comn	nittee or Fund is in cor	npliance with all a	annlicable provisions	of Article 2	2A, 22B & 22D-22M of
Chapter 163 of the NC	General Statutes and	that no funds are	comminated with and	DIAITICIE Z.	2A, 22B & 22D-22M of
funds. I further certify	that this report is cor	unlete true and o	orreat and that I ha	nibited or o	ther non-disclosed d by the NC State Board
/	10 001	ipiete, true and e	onect and that I have	been traine	d by the NC State Board
- Katherine	S. Landes	No.	11 11	1.	09/24/2025
Printed Nan	ne of Signer	Sign	ature of Appointed Treas	surer	Date
OR OFFICE USE ONL	Y		• •		Date
Date Received:	4/25/2025		1	Deli	very Method
z are received.	1125 120 25	_ Employ	yee: Kon		Normal Mail
Date Postmarked:		P1			Registered Mail
OSCHMIROU.		_ Employ	/ee:		Hand Delivered
Date Scanned:	9/25/25	_ Employ	vee:		Electronically Filed
_				•	
Date Data Entered:		_ Employ		r	Signer has not received nandatory training
Please Note: This fo	orm cannot be used to	amend committe	e information such as	the commit	tee address tree
as	sistant treasurer, cust	odian of books in	formation, or account	information	n address, treasurer,
You must :	amend the Statement	of Organization	PO 21004 EVA		1.
RO-1000	and Statement (	Viganization (C	NO-2100A-E) to make	committee	changes.

Amendment ☐ Yes X No

Detailed Summary

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 Re		. ID N	umber
COMMITTEE TO ELECT BETH KENNETT	2025 Thirty			
Start of Election Cycle: January 1,2024		otal this rting Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 983.17		972.27
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 2,045.01	\$	2,056.81
6) Contributions from Individuals	(CRO-1210)	\$ 12,635.41	\$	12,635.41
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500.00	\$	500.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$	0.00
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$	0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$	0.00
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 15,180.42	\$	15,192.22
EXPENDITURES			·	
3) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 807.37	\$	807.37
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 470.36	\$	471.26
5) Loan Repayments	(CRO-1420)	\$ 0.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$	0.00
7) In-Kind Contributions	(CRO-1510)	\$ 2,742.33	\$	2,742.33
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 4,020.06	\$	4,020.96
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 12,143.53	\$_	12,143.53
ADDITIONAL INFORMATION  O) Non-Monetary Gifts Given to Other Committees	(CRO 1220) [	 		
	(CRO-1330)	\$ 0.00	V	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00		
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00		
3) Debts and Obligations owed to the Committee	F	\$ 0.00		
4) Account Transfers Within the Committee	-	\$ 0.00	10,270.4	
5) Administrative Support	<del> -</del>	\$ 0.00	\$	0.00
5) Forgiven Loans	(CRO-1440)	\$ 0.00	\$	0.00
7) 48-Hour Notice Reports Sum		\$ 0.00	\$	0.00
3) Contributions to be Refunded  RO-1100 NC State Board	of Elections	\$ 0.00	\$	0.00 August 2008

# Aggregated Contributions from Individuals

Amendment ☐ Yes X No

Page 1 of 4 Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information a. Amend b. Account Code | c. Form of Payment | d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount Add Credit Card ☐ Remove 07/25/2025 \$ 25.00 Add 1 Credit Card ☐ Remove 08/23/2025 \$ 50.00 ☐ Add 1 Credit Card Remove 08/17/2025 \$ 16.67 Add 1 Credit Card ☐ Remove 07/26/2025 \$ 6.10 Add 1 Credit Card Remove 07/26/2025 \$ 6.10 Add 1 Credit Card Remove 08/27/2025 \$ 6.67 Add 1 Credit Card Remove 07/26/2025 \$ 6.10 Add 1 Credit Card Remove 08/17/2025 \$ 33.34 Add 1 Credit Card Remove 08/27/2025 \$ 5.00 Add 1 Credit Card Remove 08/27/2025 \$ 33.34 Add 1 Credit Card ☐ Remove 08/25/2025 \$ 33.34 Add 1 Credit Card Remove 07/24/2025 \$ 50.00 Add 1 Credit Card Remove 09/23/2025 \$ 50.00 Add 1 Credit Card ☐ Remove 09/02/2025 \$ 50.00 ☐ Add I Credit Card Remove 07/24/2025 \$ 50.00 Add 1 Credit Card Remove 08/28/2025 \$ 25.00 Add 1 Credit Card Remove 08/09/2025 \$ 25.00 Add 1 Credit Card Remove 08/13/2025 \$ 25.00 Add 1 Credit Card Remove 07/20/2025 \$ 50.00 Add 1 Credit Card Remove 09/07/2025 \$ 40.00 Add 1 Credit Card Remove 07/26/2025 \$ 35.00 Add 1 Credit Card Remove 07/26/2025 \$ 15.00 Add l Credit Card Remove 08/26/2025 \$ 15.00 4. Total only this Page \$ \$651.66 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ \$2,045.01

# Aggregated Contributions from Individuals

Page 2 of

Amendment ☐ Yes

X No

Optional form used to report NC Contributions From Individuals of \$50 or less

COMMITT	TEE TO ELECT S	Fund if applicable)			2. ID No	umber
COMMITT	EE TO ELECT B	ETH KENNETT				
. Contribu	tor Information					
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/d	d/vvvv) f	Amount
Add Remove	1	Credit Card		08/08/20		\$ 30.0
Add Remove	1	Cash		09/16/20	25	\$ 20.0
Add Remove	1	Credit Card		07/26/20	25	\$ 6.1
Add Remove	1	Credit Card		08/17/202	25	\$ 50.0
Add Remove	1	Credit Card		08/27/202	25	33.3
Add Remove	1	Credit Card		08/17/202	25	
Add Remove	1	Credit Card		09/02/202	25 9	
Add Remove	1	Credit Card		08/14/202	25 \$	20.00
Add Remove	1	Credit Card		08/23/202	.5 \$	
Add Remove	1	Credit Card		08/27/202	5 \$	33.34
Add Remove	1	Credit Card		07/24/202	5 \$	10.00
Add Remove	1	Credit Card		09/07/202	5 \$	25.00
Add Remove	1	Credit Card		09/05/202:	5 \$	20.00
Add Remove	1	Credit Card		08/17/2025	5 \$	33.34
Add Remove	1	Credit Card		08/23/2025	\$	13.34
Add Remove	1	Credit Card		09/23/2025	\$	50.00
Add Remove	1	Credit Card		09/08/2025	\$	10.00
Add Remove	1	Credit Card		07/27/2025	\$	10.00
Add Remove	1	Credit Card		07/26/2025	\$	25.00
Add Remove	1	Money Order Credit Card		07/27/2025	\$	25.00
Add Remove	1	Credit Card		07/26/2025	\$	6.10
Add Remove	1	Debit Card		07/27/2025	\$	6.10
Add Remove	1	Credit Card		08/22/2025	\$	50.00
	this Page LL CRO-1205	Dogge			\$	\$570.00
Otal of A						

Amendment

Aggregated Contributions from Individuals Page 3 of 4

☐ Yes

X No

Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information a. Amend b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount Add 1 Credit Card ☐ Remove 07/25/2025 \$ 25.00 Add 1 Credit Card Remove 08/08/2025 \$ 25.00 Add 1 Credit Card Remove 07/25/2025 \$ 25.00 Add 1 Credit Card Remove 08/17/2025 \$ 50.00 Add 1 Credit Card Remove 08/27/2025 \$ 16.67 Add I Credit Card 08/17/2025 Remove \$ 33.34 Add 1 Credit Card ☐ Remove 07/26/2025 \$ 25.00 Add 1 Credit Card 08/28/2025 Remove \$ 16.67 Add 1 Credit Card 07/29/2025 ☐ Remove \$ 20.00 Add 1 Credit Card Remove 08/27/2025 \$ 16.67 Add 1 Credit Card Remove 08/21/2025 10.00 Add 1 Credit Card 09/21/2025 Remove \$ 10.00 Add 1 Credit Card Remove 07/26/2025 \$ 25.00 ☐ Add 1 Credit Card 08/27/2025 Remove \$ 16.67 Add 1 Credit Card Remove 07/25/2025 \$ 20.00 Add 1 Credit Card Remove 07/25/2025 \$ 25.00 Add 1 Credit Card ☐ Remove 08/27/2025 \$ 8.34 Add 1 Credit Card 09/20/2025 Remove \$ 50.00 Add 1 Credit Card Remove 09/02/2025 \$ 50.00 Add 1 Credit Card 08/27/2025 ☐ Remove \$ 15.00 Add 1 Credit Card 08/27/2025 Remove \$ 8.34 Add 1 Credit Card Remove 07/26/2025 \$ 20.00 Add Credit Card 07/27/2025 ☐ Remove \$ 6.10 4. Total only this Page \$ \$517.80 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ \$2,045.01

Aggregated Contributions from Individuals

Page 4 of 4 Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

		Fund if applicable)			2. ID	Number	
СОММІТТ	EE TO ELECT B	ETH KENNETT	<del></del>				
3. Contribu	tor Information			<del></del>			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/vvvv)	f. Amou	int
☐ Add ☐ Remove	1	Credit Card		07/25/202		\$	6.10
Add Remove	Ī	Credit Card		08/15/202	:5	\$	25.00
Add Remove	1	Credit Card		08/29/202	5	\$	10.00
Add Remove	1	Credit Card		08/25/202	5	\$	16.67
Add Remove	1	Credit Card		08/26/202	5	\$	50.00
Add Remove	I	Credit Card		09/04/202	5	\$	20.00
Add Remove	1	Credit Card		08/17/202	5	\$	16.67
Add Remove	1	Credit Card		08/18/202	5	\$	25.00
Add Remove	1	Credit Card		07/26/202	5	\$	10.00
Add Remove	1	Credit Card		07/24/202	5	\$	25.00
Add Remove	I	Credit Card		08/27/202:	5	\$	16.67
Add Remove	1	Credit Card		08/17/202:	5	\$	33.34
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Add Remove	1	Credit Card		09/07/2025	,	\$	20.00
Add Remove	1	Credit Card		07/26/2025		\$	6.10
. Total on	ly this Page						\$305.55
	ALL CRO-120 ust be on line 5 of Del	5 Pages Tailed Summary Page C	RO-1100)		\$		\$2,045.01
RO-1205			State Board of Elections				

CRO-1205

NC State Board of Elections

April 2007

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is ☐ Yes 🛛 No

1. Cor	mmittee Full Nan	ne (and Fund if applica	hla)	ontributions i	ander 550 if form CKC			
СОМ	MITTEE TO EL	ECT BETH KENNE	TT	<del></del>		2.	ID Number	r
3. Cor	itributor Informa	tion		A   1				
	Name, Mailing A			Add R	emove	٠,		
	lude city, state, &					d.	Comments	
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3116	18th Street North	1		c. Employer's	s Name/Specific Field	$\dashv$		
ARLI	NGTON, VA 22	2201				1		
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyy	<u> </u>	k. Amount	
	I	Credit Card			08/17/2025		\$	83.34
							\$	
							\$	
3. Con	tributor Informat	ion	П	Add □ Re	emove		<u> </u>	
	Name, Mailing Ad			b. Job Title/Pi		13 (	Comments	
	ude city, state, & z	zip)		NO JOB TIT		- (	comments	
MARCIA ANGLE			PROFESSION					
221 Deer Chase Lane			c. Employer's	Name/Specific Field	1		İ	
Durham, NC 27705				NOT EMPL	OYED	<u>L</u> _		
						e. E	lection Sun	n to Date
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	ALTUTIS DAVIS STREET		Ĺ					
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# 

Pg 2 of 20 Mendment No

1. Co.	mmittee Full Nam	e (and Fund if applicat	da)	zonanounons u	nder \$50 if form CKC			
СОМ	MITTEE TO ELI	ECT BETH KENNET	T	<u>.                                    </u>		12.	. ID Numbe	<u>r                                      </u>
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	lude city, state, &			b. Job Title/Profession			Comments	
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		h. Form of Payment Credit Card	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	y)	k. Amoun	t
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	ude city, state, & z			NO JOB TITI	LE OR	十	<del></del>	
	CES BLACKBUI	RN		PROFESSION				
	PO BOX 220			c. Employer's I	Name/Specific Field	1		
	SAXAPAHAW, NC 27340			NOT EMPLO	OYED	1		
(301)	717-1800					e. I	Dection Sun	n to Date
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	AND, CA 94602		- t		ame/Specific rieta	ļ		
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		<u> </u>	50		1			´ .

Pg 3 of 20 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Physician YUN BOYLSTON 5005 Windsor Court c. Employer's Name/Specific Field ELON, NC 27244 **Burlington Pediatrics** e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 09/22/2025 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **BUSINESS SYSTEMS** ANNE E. BROWN **ANALYST** 2967 BISCAYNE DRIVE c. Employer's Name/Specific Field MEBANE, NC 27302 UNC SYSTEM OFFICE e. Dection Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 09/10/2025 00.001 \$ \$ П \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR JILL CALDWELL **PROFESSION** 2613 Branston Way c. Employer's Name/Specific Field APEX, NC 27539 NOT EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/24/2025 \$ 100.00 \$ \$ 4. Total only this Page 700.00 \$ 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100) 12,635.41

		Amendme	ent
Pg <u>4</u>	of	 Yes Yes	X No

COMMITTEE TO ELECT BETH KENNETT	e not ugad	
COMMITTEE TO ELECT BETH KENNETT	Number	
	rvanioer	
2 C-4-2 4 T C		
3. Contributor Information  Add Remove  a. Full Name, Mailing Address & Phone  D. Job Title/Profession  Add Contributor Information		
(include city state & gin)	mments	
NO JOB TILLE OK		
ANNE M CASSEBAUM  3469 AMICK ROAD  PROFESSION  c. Employer's Name/Specific Field		
ELON NG 27244		
NOT EMPLOYED	ection Sum to Date	
	c. Ection Sum to Date	
\$	100.00	
	. Amount	
□ 1 Credit Card 09/04/2025 \$	\$ 100.00	
□   s	\$	
	<u> </u>	
3. Contributor Information		
g. Full Name, Mailing Address & Bhone	mments	
(include city, state, & zip)  NO JOB TITLE OR	mments	
DON C. CHAPLIN PROFESSON		
2602 EDGEWOOD AVENUE c. Employer's Name/Specific Field		
BURLINGTON, NC 27215 NOT EMPLOYED		
e. Hec	ction Sum to Date	
s	100.00	
f. Prior g. Account Code h. Form of Power of L. L. C. L.	Amount	
□ 1 Credit Card 07/19/2025 \$		
□		
3 Contribute V. Co.		
3. Contributor Information		
Full Name Mailing Address & Dhone	d. Comments	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Com	incuts	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Output  Description:  Descriptio	THICKES	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON  b. Job Title/Profession NO JOB TITLE OR PROFESSION		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON  4707 Connecticut Ave NW Apt 212  WASHINGTON, DG 20000	· meuts	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON 4707 Connecticut Ave NW Apt 212  WASHINGTON, DC 20008  b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON 4707 Connecticut Ave NW Apt 212  WASHINGTON, DC 20008  b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED	tion Sum to Date	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON  4707 Connecticut Ave NW Apt 212  WASHINGTON, DC 20008  D. Job Title/Profession  NO JOB TITLE OR  PROFESSION  c. Employer's Name/Specific Field  NOT EMPLOYED  e. Election  Prior of Account Code by Four of Research Page 1 in the Specific Field  Prior of Account Code by Four of Research Page 2 in the Specific Field in the Specific Fie	tion Sum to Date	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON  4707 Connecticut Ave NW Apt 212  WASHINGTON, DC 20008  PROFESSION  c. Employer's Name/Specific Field  NOT EMPLOYED  e. Electi  \$  Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. A	tion Sum to Date 100.00 Amount	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  CHARLES CLAYTON  4707 Connecticut Ave NW Apt 212  WASHINGTON, DC 20008  NOT EMPLOYED  e. Electi  C. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. A	tion Sum to Date	
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# Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form.

Pg 5 of 20 Amendment No

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Amendment Contributions from Individuals

Pg 6 of 20 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used Yes X No

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#### Amendment Contributions from Individuals $7_{-of}$ 20 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR MARY FARRAN PROFESSION 141 12th St. N.E. #13 c. Employer's Name/Specific Field WASHINGTON, DC 20002 NOT EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/23/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ATTORNEY** LYNN FLETCHER 6960 Birch St c. Employer's Name/Specific Field FALLS CHURCH, VA 22046 FLETCHER ATTORNEY AT LAW e. Election Sum to Date 83.34 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/11/2025 \$ 83.34 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR DEBORAH GREEN PROFESSION 1242 E Royal Palm Cir c. Employer's Name/Specific Field PHOENIX, AZ 85020 NOT EMPLOYED e. Dection Sum to Date \$ 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 07/25/2025 \$ 500.00 Check 1 09/02/2025 \$ 500.00 \$

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Amendment 8 of 20 ☐ Yes

X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR LINDA HACKER **PROFESSION** c. Employer's Name/Specific Field 2 Grace Ct Apt 2A BROOKLYN, NY 11201 NOT EMPLOYED e. Election Sum to Date 83.34 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/23/2025 83.34 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) organist/choirmaster DON Hague c. Employer's Name/Specific Field 1009 Orchard Way SILVER SPRING, MD 20904 ST. MARK'S CHURCH e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/24/2025 \$ 150.00 \$ П \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) INTERIM MINISTER MARY HANCHEY c. Employer's Name/Specific Field 4606 Marena Place DURHAM, NC 27707 WINTER PARK BAPTIST e. Dection Sum to Date CHURCH 61.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/26/2025 \$ 61.00 \$ \$ 4. Total only this Page 294.34 \$

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#### Amendment Contributions from Individuals 20 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR PETER HANSEN PROFESSION 912 S St NW Apt 1 c. Employer's Name/Specific Field WASHINGTON, DC 20001 NOT EMPLOYED e. Election Sum to Date 83.34 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/17/2025 \$ 83.34 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR GEORGE HASTINGS **PROFESSION** 14 West Chapman Street c. Employer's Name/Specific Field Alexandria, VA 22301 NOT EMPLOYED e. Election Sum to Date 83.34 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/19/2025 \$ 83.34 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CPA DIANE HEATH 3027 MAPLE AVENUE, E1 c. Employer's Name/Specific Field BURLINGTON, NC 27215 NOT EMPLOYED e. Dection Sum to Date 511.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/19/2025 \$ 250.00 1 Credit Card 07/25/2025 \$ 61.00 Credit Card 1 П 09/03/2025 \$

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Amendment 10 of 20 ☐ Yes

Contributions from Individuals X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) AUTHOR REBECCA HODGE c. Employer's Name/Specific Field 4504 Gates Street RALEIGH, NC 27609 **HODGE** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/23/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FINANCE KELLIE HOLLANDER 538 Parkview Dr c. Employer's Name/Specific Field BURLINGTON, NC 27215 Prosperity Home Mortgage e. Dection Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 07/24/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PROFESSOR** LYNN HUBER c. Employer's Name/Specific Field 419 E. Willowbrook Drive BURLINTON, NC 27215-5053 **ELON UNIVERSITY** e. Election Sum to Date 61.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 07/24/2025 \$ 61.00 \$ \$ 4. Total only this Page 261.00 \$

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#### Contributions from Individuals Amendment Pg \_\_11 of 20 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR RONNIE JACKSON **PROFESSION** 406 Westwood Drive c. Employer's Name/Specific Field CHAPEL HILL, NC 27516 NOT EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 09/03/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR KATHY JONES <u>PROFESSION</u> 11407 Mansfield Club Dr. c. Employer's Name/Specific Field Fredericksburg, VA 22408 NOT EMPLOYED e. Election Sum to Date 61.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/25/2025 \$ 61.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROJECT MANAGER II ALAMANCE COUNTY ELIZABETH KENNETT BOARD OF ELECTIONS 324 W WILLOWBROOK DR c. Employer's Name/Specific Field BURLINGTON, NC 27215 ATRIUM HEALTH - WAKE FOREST BAPTIST e. Election Sum to Date 2,242.33 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 FILING FEE 07/17/2025 \$ 20.00 1 In-Kind GRAPHIC DESIGN AND 07/23/2025 \$ 800.00 1/2 PAGE AD In-Kind 1

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5. Total of ALL CRO-1210 Pages

NC State Board of Elections

07/31/2025

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WEBSITE EXPENSE

12,635.41 April 2007

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Pg 12 of 20 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROJECT MANAGER II AMAZON **ELIZABETH KENNETT** 324 W WILLOWBROOK DR c. Employer's Name/Specific Field BURLINGTON, NC 27215 ATRIUM HEALTH - WAKE e. Dection Sum to Date FOREST BAPTIST 2,242,33 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind **OFFICE SUPPLIES -**08/03/2025 \$ 13.87 LABELS In-Kind 1 **EVENT FOOD - DONUTS** 08/12/2025 \$ 72.54 & COFFEE In-Kind 1 **EVENT SUPPLIES** \$ 08/15/2025 38.40 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROJECT MANAGER II AMAZON **ELIZABETH KENNETT** c. Employer's Name/Specific Field 324 W WILLOWBROOK DR BURLINGTON, NC 27215 ATRIUM HEALTH - WAKE e. Dection Sum to Date FOREST BAPTIST 2,242.33 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 OFFICE SUPPLIES -08/30/2025 \$ 13.87 LABELS In-Kind 1 **EVENT SUPPLIES** П 08/31/2025 \$ 44.81 In-Kind 1 VOLUNTEER SNACKS 08/31/2025 \$ 47.09 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROJECT MANAGER II VALERIOS ITALIAN RESTAURANT **ELIZABETH KENNETT** c. Employer's Name/Specific Field 324 W WILLOWBROOK DR BURLINGTON, NC 27215 ATRIUM HEALTH - WAKE e. **Election Sum to Date** FOREST BAPTIST 2,242.33 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind **EVENT FOOD** 09/04/2025 \$ 86.43 In-Kind 1 REGISTRATION FEE 09/05/2025 65.00 \$ In-Kind **EVENT FOOD &** 09/08/2025 83.21 **BEVERAGE** 4. Total only this Page 465,22 \$ 5. Total of ALL CRO-1210 Pages \$ 12,635.41 (This line must be on line 6 of Detailed Summary Page CRO-1100)

### Contributions fr

Amendment

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Amendment 14 of 20 ☐ Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BETH KENNETT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NO JOB TITLE OR STEPHEN MYERS PROFESSION c. Employer's Name/Specific Field 122 Palmers Hill Road Unit 1230 STAMFORD, CT 06902 NOT EMPLOYED e. Dection Sum to Date 333.34 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 08/28/2025 \$ 333.34 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RN **EMILY Nanney** c. Employer's Name/Specific Field 901 Plummer Ct WAKE FOREST, NC 27587 **UNC HEALTH** e. Election Sum to Date 61.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 07/25/2025 \$ 61.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGER **ERIN NETTLES** c. Employer's Name/Specific Field 525 Country Club Dr BURLINGTON, NC 27215 **GLEN RAVEN** e. Dection Sum to Date 61.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1 07/25/2025 \$ 61.00 \$ \$ 4. Total only this Page 455.34 \$ 5. Total of ALL CRO-1210 Pages

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Pg 15 of 20 Amendment No

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a. Full Name, Mailing Address & Phone				b. Job Title/Pro		d. C	Comments		
	ide city, state, & zi	ip)		NO JOB TITI					
HEIDI NORWICK				PROFESSION c. Employer's Name/Specific Field					
620 W Front Street BURLINGTON, NC 27215			ļ			1			
(336) 263-2970			ļ	NOT EMPLO		e. F	Dection Sum to Date		
(330) 263-2970				1	1				
						\$	61.00		
		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Credit Card			07/26/2025		\$ 61.00		
							s		
							\$		
	ributor Informatio				move	_			
	lame, Mailing Add		F	b. Job Title/Pro		d. C	Comments		
	de city, state, & zi			NO JOB TITLE OR					
	BETH OSBORNI			PROFESSION		ĺ			
	EALWOOD AVE	3			Name/Specific Field	l			
UKAn	AM, NC 27253		1	NOT EMPLC		e. F	Dection Sum to Date		
				I		\$	61.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	$\neg$	k. Amount		
	1	Credit Card			07/24/2025	$\neg$			
			<del> </del>		0112412023	_			
	-					_	\$		
4 Tota	al only this Pag						422.00		
	<u> </u>			····		\$	722.00		
	al of ALL CRC	J-1210 Pages 6 of Detailed Summary Po	age CRO-1100)			\$	12,635.41		

Pg 16 of 20 Amendment Yes X No

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

		(and Fund if applicabl				2.	ID Number
		CT BETH KENNET	Γ				
	ributor Informati				emove	_	
i	Name, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments
	ide city, state, & zi	ip)	1	Economist			
	N PENCE Street Northeast		ĺ	c. Employer's	Name/Specific Field	1	
	IINGTON, DC 20	0002	•		RESERVE BOARD	_	
	***************************************	3002	1		LODICY D DOLLLE	e. F	Dection Sum to Date
						\$	166.67
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	<u>'</u>	k. Amount
	1	Credit Card			08/10/2025		\$ 166.67
							\$
							\$
	ributor Informatio			Add Ren			
	Name, Mailing Add			b. Job Title/Pro		d. C	Comments
	Ide city, state, & zi	p)		PUBLIC HEA	ALTH I	1	1
	SACHDEVA NTAGE DR		1	c. Employer's	Name/Specific Field	Í	ı
	EL HILL, NC 27:	516	1		OF COUNTY	ĺ _	1
			1	COMMISSIC		e. F	Dection Sum to Date
						\$	750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card			07/20/2025		\$ 250.00
	1	Credit Card			09/19/2025		\$ 500.00
							\$
	ributor Informatio				move		
	lame, Mailing Add de city, state, & zi		ŀ	b. Job Title/Pro		d. C	Comments
	ORY SCOTT	<u>p)</u>		NO JOB TITL PROFESSION		1	
	eldstone Dr		<b>!</b>	c. Employer's I	Name/Specific Field	ł	
	NGTON, NC 272	215	F	NOT EMPLOYED			
			J	l		e. E	Dection Sum to Date
				<u> </u>		\$	100.00
	g. Account Code	h. Form of Payment  Credit Card	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
		Creun Caru			07/25/2025		\$ 100.00
		<u> </u>					\$
							\$
	al only this Pag					\$	1,016.67
	al of ALL CRC	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	12,635.41

Pg 17 of 20 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not us	Use this form to report i	individual contributions	over \$50 or contributions	under \$50 if form Cl	RO 1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	le)			2. ]	ID Number		
COMM	IITTEE TO ELEC	CT BETH KENNET	Γ						
	ributor Informati			Add 🔲 1	Remove				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/	/Profession	d. (	Comments		
(inclu	ide city, state, & zi	ip)		NO JOB T	TTLE OR	T			
	EL Sheff			PROFESSI	ION	_			
	rdwells Ferry Rd				r's Name/Specific Field	-			
CONW	/AY, MA 01341			NOT EMP	LOYED		Election Sum to Date		
						e. 1	Hection Sum to Date		
		T		<u> </u>		\$	83.34		
f. Prior	<del></del>	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount		
	1	Credit Card			08/27/2025		\$ 83.34		
							\$		
							\$		
	ributor Informatio				Remove				
	łame, Mailing Add			b. Job Title/Profession			Comments		
(include city, state, & zip)				NO JOB TI			_		
	SHELTON			OCCUPAT					
	Top Ridge Dr				r's Name/Specific Field	-			
BOYD,	, MD 20841			NOT EMP	LOYED	<u></u>	Election Sum to Date		
					$\vdash$	dection Sum to Date			
ļ <u>.</u>		Ţ.,				\$	800.00		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount		
	1	Credit Card			08/01/2025	,	\$ 800.00		
							\$		
							\$		
	ributor Informatio		. 🗖	Add 🔲 I	Remove				
	iame, Mailing Add			b. Job Title/Profession			d. Comments		
	ide city, state, & zi INA STACK	ip)		Office Manager					
116 Lal	keview dr				's Name/Specific Field	1			
KERNI	ERSVILLE, NC	27284	I	RE3Builde	ers & Renovations		Dection Sum to Date		
i			!			E. E.	Tection Sum to Date		
I			I			\$	61.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	<u></u>	k. Amount		
	1	Credit Card			07/24/2025		\$ 61.00		
							\$		
							\$		
4. Tota	al only this Pag	<del>ge</del>				\$	944.34		
•	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	Page CPO-1100\			\$	12,635.41		
(111112)	me musi ve on une	o oj Deiunea Sammary r	age CNO-1100)			<u> </u>			

Amendment

	19 TOTHER TEDULE II	idividijai contribution	s over \$50 or c	contributions	under \$50 if form CRC	120	5 is not used	_
1. Con		(and Fund if applicab		Ontiloations	under \$50 if form CRC		ID Number	
		CT BETH KENNET					ID INDINION	
3. Con	tributor Informati			l Add □	Remove			
	Name, Mailing Ad			b. Job Title.		d.	Comments	
(incl	ude city, state, & z	ip)		CLERGY		╁		
DEBC	ORAH SUESS							
	indley rd			c. Employer	's Name/Specific Field			
GREE	ENSBORO, NC 2	7410		FRUCC		$\perp$	<b>5</b>	
						e.	Election Sum t	o Date
						\$		61.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyy)	/)	k. Amount	
	1	Credit Card			07/27/2025		\$	61.00
							\$	
							\$	•
	tributor Informati			Add 🔲 I	Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. 6	Comments	·····
	ude city, state, & zi	ip)	<del></del>	NO JOB TI		Τ		
	TROTTER			OCCUPAT	ION	4		
427 Glenwood Avenue BURLINGTON, NC 27215					's Name/Specific Field	-		
BUKL	INGTON, NC 27	213		NOT EMP	LOYED	e. 1	Dection Sum to	Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	
	1	Credit Card			08/05/2025		\$	100.00
	1	Credit Card			08/06/2025		\$	100.00
							\$	
	ributor Informatio			Add 🔲 F	Remove			
	Name, Mailing Add		,	b. Job Title/	Profession	d. C	omments	
	ide city, state, & zi	p)		NO JOB TI				
	' WARD OX 3126 PO Box 3	1107 DO D		PROFESSION FOR THE PROFESSION FO	ON s Name/Specific Field	-		
	te, NC 28459	126 PO BOX		NOT EMPI		1		
Onunot.	io, NC 2045)			NOT EMP	LOTED	e. F	lection Sum to	Date
						\$		166.67
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
E. Prior	g. Account Code	h. Form of Payment Credit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) 08/20/2025			166.67
	g. Account Code		i. In-Kind Des	cription				166.67
	g. Account Code		i. In-Kind Des	cription			\$	166.67
	g. Account Code	Credit Card	i. In-Kind Des	cription		\$	\$ \$ \$	166.67

Pg 19 of 20 Amendment Yes X No

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

1. Com	mittee Full Name	(and Fund if applicabl	le)		:	2.	ID Number
		CT BETH KENNETT					
3. Conti	ributor Informatio	on		Add 🔲 I	Remove		
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/		d. C	Comments
(inclu	ide city, state, & zi	ip)		NO JOB TI	ITLE OR		
MARY	ELIZABETH W	EITZMANN	<del></del>	PROFESSI	ION	]	I
	edford ST			<del></del>	's Name/Specific Field	]	I
BURLI	INGTON, NC 27	215		NOT EMP	LOYED		
						e. F	Dection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card			09/04/2025		\$ 100.00
						_	\$
							\$
	ributor Informatio				Remove		
	lame, Mailing Add			b. Job Title/	Profession	d. C	Comments
(inclu	ide city, state, & zi	ip)		PASTOR			
_	ON WHEELER						ļ
	VOODRIDGE RO				's Name/Specific Field	1	Į
BURLI	NGTON, NC 26	215		ı	MMUNITY	<u>_</u>	- D-4.
			I	CHURCH	UCCS	e. Ŀ	Dection Sum to Date
				ļ <u></u>		\$	72.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
X	1	Credit Card			01/25/2024		\$ 5.90
X	1	Credit Card			02/25/2024		\$ 5.90
	1	Credit Card			07/24/2025		\$ 61.00
3. Contr	ributor Informatio	on		Add 🔲 F	Remove		**
	lame, Mailing Add		,	b. Job Title/	Profession	d. C	Comments
(inclu	de city, state, & zi	ip)		NO JOB TI	TLE OR		
ANNE	WHITE			OCCUPAT	'ION	1	
	hevy Chase Boule		!	<u> </u>	's Name/Specific Field	1	
CHEVY	Y CHASE, MD 2	20815	,	NOT EMPLOYED		<u></u>	~ Th. A
			,	1	<del>!</del>	e. E	Dection Sum to Date
		·				\$	333.34
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card			08/05/2025		\$ 166.67
	1	Credit Card			08/08/2025		\$ 166.67
							\$
4. Tota	al only this Pag	ge				\$	494.34
	al of ALL CRO	<u> </u>					
		6 of Detailed Summary P	Page CRO-1100)			\$	12,635.41

$C_{4}$	ontributi	one fr	om Ind	al eu bivil
$\mathbf{v}$	JIILLIDUU	UH2 II	UIII IIIU	nviuuais

Amendment

Contributions from Individuals

Pg 20 of 20 Pgs 1

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

1 0	144 15 11 11	4 15 110 11			· · · · · · · · · · · · · · · · · · ·	_		
		(and Fund if applicabl		· .		2.	ID Number	
COMM	HTTEE TO ELEC	CT BETH KENNETT	Γ		•			
,								
3. Contr	ributor Informati	on		Add 🔲 Re	emove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Pr	rofession	d. (	Comments	
(inclu	de city, state, & zi	ip)		ATTORNEY				
MOLL'	Y WHITLATCH			1				
	lencoe Street			c. Employer's Name/Specific Field				
BURLI	BURLINGTON, NC 27217			The Recycling Partnership				
,		i		-2 - a	e. I	Dection Sum	to Date	
					·		250.00	
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Credit Card			09/21/2025		\$	250.00
			<u> </u>				<u> </u>	
							\$	
			<del> </del>		<del> </del>		<del> </del>	
							\$	
4. Tota	al only this Pag	ge				\$	·	250.00
5. Tota	of ALL CRO	<b>O-1210 Pages</b>						
		6 of Detailed Summary P	age CRO-1100)			\$	1	2,635.41

CRO-1210

NC State Board of Elections

April 2007

Contributi	ons from Politi	cal Party Committees	Do 1 of	1	Amendm	ent No
		ns from a political party	rg or _		☐ Yes	LM No
	all Name (and Fund if	1 - 1		la m	N	
	TO ELECT BETH KI			2. ID	Number	
COMMITTEE	IO ELECT BETH KI	ENNETT				
. Contributor I	nformation	☐ Add ☐	Remove	<del>!</del>		
. Full Name, Ma	iling Address & Phone			b. Con	nments	
(include city, s	tate, & zip)					
		CPARTI		c. Elec	tion Sum t	o Date 500.00
. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd	l/yyyy)	) h. Amount	
1	In-Kind	VOTEBUILDER SOFTWARE	07/23/202	25	\$	500.00
					\$	***
					\$	
. Total only	this Page			\$		500.00
	LL CRO-1220 Pag	es Sesumary Page CRO-1100)		\$		500.00

NC State Board of Elections

April 2007

Disbursements	

				Amenam (	ent	
Pg	1	of	2	☐ Yes	X	N

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

1. Committee F	ull Name (a	nd Fund	if applicable)						2. ID Nun	ber
СОММІТТЕЕ	TO ELECT	Г ВЕТН	KENNETT							
3. Type of Disbu	ırsement	(Please	use separate CRC	D-1310	forms for eac	h type	of Disbu	rseme	ent.)	
X Operating Exp	penses	Cont	ributions to Candidat	es/Polit	ical Committees		☐ Co	ordinat	ed Party Ex	penditures
4. Payee Inform	ation				Add 🔲	Remo	ove		•	
a. Full Name, Ma		ess & Ph	one		b. Coordinate	d Con	ımittee N	ame	d. Comme	nts
(include city, sta	te, & zip)									
BURLINGTON	BEER WO	ORKS								
103 E FRONT	STREET				c. Level Regis					
BURLINGTON	I, NC 2721	5			Federal	Ļ	County			_
					☐ State		Municip	oality:	e. Election	Sum to Date
									\$	88.28
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Ren	ıarks
1	Debit	Card	0	09	9/12/2025	\$	88.28	MEA	<b>A</b> L	
						\$				
4. Payee Inform	ation	•	<del></del>		Add □	Remo	ove			
a. Full Name, Ma		ess & Pho	one		b. Coordinate	d Com	mittee N	ame	d. Comme	nts
(include city, sta	te, & zip)									
CLAY STREET	Γ PRINTIN	G & SIG	NS							
124 W CLAY S	TREET				c. Level Regis	tered				
MEBANE, NC	27302				Federal	Ī	County			
(919) 563-5034					State	L	_ Municip	pality:	e. Dection	Sum to Date
									\$	336.26
f. Account Code	g. Form of l	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Ren	arks
1	Debit	Card	0	09	9/22/2025	\$	336.26	PRI	NT MEDIA	•
						\$				
4. Payee Inform	ation		<del>'</del>		Add 🔲	Remo	ove			
a. Full Name, Ma		ess & Pho	one		b. Coordinate			ame	d. Comme	nts
(include city, sta	-									
DEMOCRATIO	MUNICIF	PAL OFF	ICIALS							
815 16th St NW	, Fourth				c. Level Regis	tered (				
WASHINGTO	N, DC 2000	06			☐ Federal	<u>L</u>	County:			
					State	L.	_ Municip	ality:	e. Election	Sum to Date
									\$	65.00
f. Account Code	g. Form of l	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rem	arks
1	Debit (	Card	0	09	0/14/2025	\$	65.00	REG	ISTRATIO	N FEE
						\$				
5. Total only this	s Page								\$	489.54
6. Total of ALL	CRO-1310	Pages			······································		· · · · · · · · · · · · · · · · · · ·			
•		_	Summary Page CRO-	.1100 if	Oneratino Exne	nepe)				
			Summary Page CRO-	_		-	Political C	omm)	\$	807.37
			ummary Page CRO-					ĺ		
7. Purpose Co	des (List	detailed	expenditure code	in (h.) a	ibove)	÷				
A* - Media		- Printin			undraising		<b>D</b> - To	Anoth	ner Candida	ite
E - Salaries		- Equipme	~		litical Party					fice Expenses
I - Postage		Penaltie		K* - 0	ffice Expenses	8		-		Expense Fund
O* Other										
* Codes require	e detailed ex	xplanatio	n in required rem	arks fi	eld (k)					

					Am en dm e	nt
Disbursements	Pσ	2	o.f	2	T Vac	Г

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. ID Numbe	r
	TO ELECT BETH							
3. Type of Disbu	rsement (Please	use separate CRO	<u> </u>	forms for eac	h type of Disbu	rseme	<u>:nt.)</u>	:
X Operating Exp		ributions to Candidat					ted Party Expen	ditures
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Ph	one			d Committee N	ame	d. Comments	<u> </u>
(include city, sta	•							
STICKERAPP								
40 WEST STRI					tered (Specify)		]	
ANNAPOLIS, I	MD 21401			Federal	County			
				State	☐ Municip	ality:	e. Dection Si	am to Date
·							\$	149.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remai	rks
1	Debit Card	0	0:	9/12/2025	\$ 149.44	PRII	NT MEDIA	
				<del></del>	\$	_		
4. Payee Inform	ation			Add 🗌	Remove	ł	· · · ·	
	ailing Address & Pho	one			d Committee N	ame	d. Comments	,
(include city, sta	•							
THE BLEND B	URLINGTON						}	
127 EAST FRO	NT STREET				tered (Specify)			
BURLINGTON	l, NC 27215			☐ Federal	County:			
				State	☐ Municip	ality:	e. Election Su	ım to Date
							\$	94.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remar	·ks
1	Debit Card	0	09	9/15/2025	\$ 94.91	EVE	NT FOOD &	
					\$	BEA	ERAGES	
4. Payee Inform	ation			Add □	Remove			
	ailing Address & Pho	one		b. Coordinated	d Committee Na	ıme	d. Comments	,
(include city, sta	te, & zip)							
U.S. POSTAL S	SERVICE							
405 MAPLE AV					tered (Specify)		ļ	
BURLINGTON				Federal County:			<b>T</b> .: .	. 5 .
(336) 227-4293				State	Municip	anty:	e. Election Su	m to Date
							\$	73.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remar	ks
1	Debit Card	0	09	9/15/2025	\$ 73.48	POS	TAGE	
					\$			
5. Total only this	s Page						\$	317.83
	CRO-1310 Pages						T T	317.03
	n line 13a of Detailed S	ummam, Daga CDO	1100 :	On anating Even a	ma anl			
	n line 13b of Detailed S n line 13b of Detailed S		_		•	omm)	\$	807.37
	n line 13c of Detailed S					mung		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)				
A* - Media	B* - Printin	g	C* - F	undraising	<b>D</b> - To	Anotł	her Candidate	
E - Salaries	F* - Equipme	•		litical Party			Public Office	
I - Postage	J - Penalties	S	K* - O	office Expenses		_	n to Legal Ex	-
O* Other								
* Codes require	e detailed explanation	a in required rem	arks fi	ield (k)				

X No

### Aggregated Non-Media Expenditures

Page 1 of 4 Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

□ Add Remove         I         Electric Funds Tran O         07/23/2025         \$ 9.75         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         07/28/2025         \$ 16.59         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         07/29/2025         \$ 9.90         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         07/30/2025         \$ 11.48         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         07/31/2025         \$ 0.30         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         08/05/2025         \$ 12.00         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         08/07/2025         \$ 4.01         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         08/08/2025         \$ 1.50         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         08/13/2025         \$ 3.34         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         08/13/2025         \$ 3.34         PAYME PROCES           □ Add Remove         I         Electric Funds Tran O         08/13/2025         \$ 0.38									
a. Amend         b. Account Code         c. Form of Payment         d. Purpose Code         c. Date (mm/dd/yyyy)         f. Amount         g. Requir           □ Add   Remove         I         Electric Funds Tran         O         07/23/2025         \$ 9.75         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         07/28/2025         \$ 9.90         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         07/30/2025         \$ 9.90         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         07/30/2025         \$ 11.48         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         07/31/2025         \$ 0.30         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         08/05/2025         \$ 12.00         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         08/07/2025         \$ 1.50         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         08/12/2025         \$ 3.34         PAYME PROCES           □ Add   Remove         I         Electric Funds Tran         O         08/13/2025									
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Add I Electric Funds Tran O 08/22/2025 \$ 2.51 PAYMEN									
Add I Electric Funds Tran O 08/25/2025 \$ 0.15 PAYMEN									
□ Add I Electric Funds Tran O 08/26/2025 \$ 0.75 PAYMEN PROCES									
Add 1 Electric Funds Tran O 08/27/2025 \$ 14.39 PAYMEN									
Add 1 Electric Funds Tran O 08/28/2025 \$ 5.99 PAYMEN									
4. Total only this Page \$	111.61								
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)  \$	470.36								
6. Purpose Codes (List detailed expenditure code in (d) above)									
B* - Printing C*-Fundraising D - To Another Candidate									
E - Salaries F*-Equipment G - Political Party H*-Holding Public Office									
	xpense Fund								
* Codes require detailed explanation in required remarks field (g)	O* - Other								

### Aggregated Non-Media Expenditures

Page 2 of 4 Amendment Yes ☑ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

		<b>Fundifapplicable)</b> BETH KENNETT			2.ID Number				
	B. Payee Information  a. Amend   b. Account Code   c. Form of Payment   d. Purpose Code   e. Date (mm/dd/yyyy)   f. Amount   g. Required Remarks								
a. Amend				e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
Remove	1	Electric Funds Tran	0	08/29/2025	\$ 8.52	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	1	Electric Funds Tran	0	09/02/2025	\$ 5.65	PAYMENT PROCESSING FEE			
Add Remove	l	Electric Funds Tran	0	09/03/2025	\$ 2.66	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	I	Electric Funds Tran	О	09/04/2025	\$ 3.75	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	1	Electric Funds Tran	0	09/05/2025	\$ 4.50	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/08/2025	\$ 3.30	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	0	09/09/2025	\$ 0.30	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	1	Electric Funds Tran	0	09/10/2025	\$ 1.43	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	0	09/12/2025	\$ 1.50	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	0	09/23/2025	\$ 7.50	PAYMENT PROCESSING FEE			
Add Remove	1	Debit Card	0	09/19/2025	\$ 15.75	TRAVEL - PARKING			
☐ Add ☐ Remove	Ī	Debit Card	О	09/23/2025	\$ 33.69	CONSULTANT-MEDI A			
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/23/2025	\$ 15.22	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	O	07/28/2025	\$ 27.04	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	0	07/29/2025	\$ 17.64	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	0	07/30/2025	\$ 21.92	PAYMENT PROCESSING FEE			
Add Remove	1	Electric Funds Tran	0	07/31/2025	\$ 0.67	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	1	Electric Funds Tran	0	08/05/2025	\$ 17.83	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	1	Electric Funds Tran	0	08/07/2025	\$ 6.33	PAYMENT PROCESSING FEE			
☐ Add ☐ Remove	İ	Electric Funds Tran	O	08/08/2025	\$ 2.43	PAYMENT PROCESSING FEE			
4. Total o	nly this Page				\$	197.63			
	f ALL CRO-1				\$	470.36			
-		Detailed Summary Pa	-		Φ	470.30			
6. Purpos		letailed expenditui							
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*-Donations to Legal Expense Fund O*-Other									
		ed explanation i	n required ren	narks field (g)					
* Codes require detailed explanation in required remarks field (g)									

Page \_\_3 of \_\_4\_\_

Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

						2. ID Number			
CC	)MMITT	TEE TO ELECT	BETH KENNETT						
3. Payee Information a. Amend   b. Account Code   c. Form of Payment   d. Purpose Code   e. Date (mm/dd/yyyy)   f. Amount   g. Required Remarks									
a. A		b. Account Code			e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks		
	Add Remove	<u> </u>	Debit Card	0	08/12/2025	\$ 5.57	PAYMENT PROCESSING FEE		
	Add Remove	l	Electric Funds Tran	0	08/13/2025	\$ 6.74	PAYMENT PROCESSING FEE		
	Add Remove	l	Electric Funds Tran	О	08/15/2025	\$ 0.78	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/18/2025	\$ 0.67	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/19/2025	\$ 0.78	PAYMENT PROCESSING FEE		
	Add Remove	]	Electric Funds Tran	О	08/20/2025	\$ 13.56	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/21/2025	\$ 9.62	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/22/2025	\$ 3.90	PAYMENT PROCESSING FEE		
	Add Remove	I	Electric Funds Tran	0	08/25/2025	\$ 0.45	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/26/2025	\$ 1.33	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/27/2025	\$ 23.57	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/28/2025	\$ 9.45	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	08/29/2025	\$ 15.77	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	09/02/2025	\$ 8.94	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	09/03/2025	\$ 4.35	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	09/04/2025		PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	09/05/2025	\$ 7.06	PAYMENT PROCESSING FEE		
	Add Remove	I	Electric Funds Tran	0	09/08/2025	\$ 5.53	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	09/09/2025	\$ 0.67	PAYMENT PROCESSING FEE		
	Add Remove	1	Electric Funds Tran	0	09/10/2025		PAYMENT PROCESSING FEE		
4.	Total or	ly this Page				\$	128.17		
		ALL CRO-13	315 Pages						
			Detailed Summary Pag	ge CRO-1100)		\$	470.36		
<b>6.</b> ]	urpose	Codes (List d	etailed expenditur	e code in (d) al	oove)-		100		
	B* - Printing C* - Fundraising D - To Another Candidate								
/7-	- Salari	وبروجي مصير سارون ويرهينها والمراونات والأناكات والمناكبة والمناكبة والمناكبة والمناكبة	-Equipment	G - Political	programme and the second of th		ic Office Expenses		
	- Postag	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	enalties	K*-Office	Expenses Q* -	Donations to	Legal Expense Fund		
	)* - Oth			,					
		require detail	ed explanation ir						
CRO-1315 NC State Board of Elections December 2009									

Aggregated	Non-Media	<b>Expenditures</b>
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Amendment
Page 4 of 4 Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

_	Optional form used to report NC Non-ividual Expenditures of \$50 or less.									
1.	Committe	e Full Name (an	d Fund if applicable)			2.ID1	Number			
C	OMMITT	EE TO ELECT	BETH KENNETT							
L										
	3. Payee Information									
a. /		b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amo	unt	g. Required Remarks		
	Add	1	Electric Funds Tran	0	09/12/2025	S	2.43	PAYMENT		
Ų	Remove	<u> </u>	<u> </u>		07/12/2023	J	<del>۷.4</del> 5	PROCESSING FEE		
	Add	I	Electric Funds Tran	0	09/23/2025	\$	11.23	PAYMENT		
	Remove	l		<u> </u>	0712312023	T)	11.43	PROCESSING FEE		
		1	Debit Card	0	09/13/2025	s	19.29	GOTV-DOOR-TO-DOO		
	Remove	<u> </u>		<u></u> '	07/13/2023	J	17.47	R		
4.	Total o	nly this Page			:	\$		32.95		
5.	Total of	f ALL CRO-1	315 Pages					470.26		
- (	This line n	nust be on line 14 o	of Detailed Summary Pa	ige CRO-1100)		Þ		470.36		
<u>6.</u>	Purpos		detailed expenditur	re code in (d) a	böve)					
	E 125 (1945)	Series from the Control of the Contr	- Printing	.C*-Eundr	aising D -	Γο Anc	other Car	ndidate		
J	E - Saları	ies <b>F</b> *	- Equipment	G - Political	Party <b>H</b> *-	Hold	ing Publ	lic Office Expenses		
	I - Posta <sub>l</sub>	ge J-	Penalties	K* - Office				Legal Expense Fund		
	O* - Otl	her 🗀 🗀		rest to the second seco	A CALL DE LA CALLED CONTRACTOR CO					
*	* Codes require detailed explanation in required remarks field (g)									

CRO-1315

NC State Board of Elections

December 2009

In-	Kind	Cor	atrib	utions
1 I I I -		www		uuun

			Amendmo	ent
Pg	1	of	 ☐ Yes	X No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID 1	Vumbe	r
COMMITTEE TO ELECT BETH KENNETT					
3. Contributor Information	☐ Add ☐ Re	move		·	·········
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	★ Individual		ALAM	ANCE C	OUNTY BOARD
ELIZABETH KENNETT	☐ Candidate		OF ELE	ECTION	S
324 W WILLOWBROOK DR	Party				
BURLINGTON, NC 27215	PAC Referendum			0	. D.
	Other Rece	_	a. Hec	non St	ım to Date
	Other Rece	ipt source	\$		2,242.33
e. Description		f. Date (mm/dd	l/yyyy)	g. Fai	r Market Amount
FILING FEE		07/17/20	25	\$	20.00
GRAPHIC DESIGN AND 1/2 PAGE AD		07/23/20	25	\$	800.00
WEBSITE EXPENSE		07/31/202	25	\$	653.90
3. Contributor Information	☐ Add ☐ Rea	move	1, 1		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual		AMAZ(	NC	
ELIZABETH KENNETT	Candidate				
324 W WILLOWBROOK DR	Party				
BURLINGTON, NC 27215	☐ PAC ☐ Referendum		d Day	C	m to Date
	Other Recei		a. Freci	uon su	m to Date
	Other rece	pt wave	\$		2,242.33
e. Description		f. Date (mm/dd	/уууу)	g. Fai:	r Market Amount
OFFICE SUPPLIES - LABELS		08/03/202	25	\$	13.87
EVENT FOOD - DONUTS & COFFEE		08/12/202	25	\$	72.54
EVENT SUPPLIES		08/15/202	25	\$	38.40
3. Contributor Information	Add 🗌 Rei	nove		•	
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	Individual		AMAZO	N	
ELIZABETH KENNETT	Candidate				
324 W WILLOWBROOK DR	☐ Party ☐ PAC				
BURLINGTON, NC 27215	Referendum		d Flect	ion Su	m to Date
	Other Recei			ion ou	
			\$		2,242.33
e. Description		f. Date (mm/dd	/уууу)	g. Fair	Market Amount
OFFICE SUPPLIES - LABELS		08/30/202	25	\$	13.87
EVENT SUPPLIES		08/31/202	25	\$	44.81
VOLUNTEER SNACKS		08/31/202	25	\$	47.09
4. Total only this Page			\$		1,704.48
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page Co.	RO_1100\		\$		2,742.33
1 room or on one 17 of Dennica Danimary Fage Co					

Ĭn_	Kin	a e	$^{T}$ $\wedge$ $n$	trib	utions	
111-	· IV III	u	. UH	11111		١.

				Amendm	ent
Pg	2	of	2	☐ Yes	X No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

1. Committee Full Name (and Fund if applicable)	2.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.	
The first of the second of	ou to tim

1. Committee Full Name (and Fund if applicable)			2. ID 1	Number	
COMMITTEE TO ELECT BETH KENNETT					
3. Contributor Information					
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments		
(include city, state, & zip)	☑ Individual		VALER	VALERIOS ITALIAN	
ELIZABETH KENNETT	☐ Candidate		RESTA	RESTAURANT	
324 W WILLOWBROOK DR	Party				
BURLINGTON, NC 27215	☐ PAC				
☐ Referendum ☐ Other Receipt Source			d. Election Sum to Date		
		ipt Source	\$	2,242.33	
e. Description		f. Date (mm/dd	/уууу)	g. Fair Market Amount	
EVENT FOOD		09/04/20	25	\$ 86.43	
REGISTRATION FEE		09/05/2025		\$ 65.00	
EVENT FOOD & BEVERAGE		09/08/202	25	\$ 83.21	
3. Contributor Information	Add 🔲 Rer	nove			
a. Full Name, Mailing Address & Phone				c. Comments	
(include city, state, & zip)	X Individual		DEMO	CRATIC WOMEN	
ELIZABETH KENNETT	☐ Candidate		ALAMA	ANCE COUNTY	
324 W WILLOWBROOK DR	Party		l		
BURLINGTON, NC 27215	RLINGTON, NC 27215  PAC Referendum Other Receipt Source				
			d. Elect	ion Sum to Date	
			\$ 2,242.33		
e. Description		f. Date (mm/dd	/уууу)	g. Fair Market Amount	
ADVERTISING BANQUET TICKETS		09/08/202	25	\$ 220.00	
EVENT FOOD & BEVERAGES		09/09/2025		\$ 83.21	
				\$	
3. Contributor Information					
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments		
(include city, state, & zip)	☐ Individual				
NORTH CAROLINA DEMOCRATIC PARTY	Candidate				
220 HILLSBOROUGH STREET	X Party				
RALEIGH, NC 27603	PAC				
(919) 821-2777 ext.202	Referendum		d. Election Sum to Date		
	Other Recei	pt Source	\$	500.00	
e. Description		f. Date (mm/dd	/уууу)	g. Fair Market Amount	
VOTEBUILDER SOFTWARE		07/23/2025		\$ 500.00	
				\$	
				\$	
4. Total only this Page			\$	1,037.85	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	O-11003		\$	2,742.33	
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