Independent Expenditure Report

Amendment ☐ Yes ☒ No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement
DOWN HOME NORTH CAROLINA

b. Mailing Address (include City, State and Zip Code) and Phone Number
DOWN HOME NORTH CAROLINA
204 NORTH MENDENHALL STREET
GREENSBORO, NC 27404
(704) 502-8521

d. Entity Type (Check One)
☐ Individual
☐ Other Organization
☒ Nonprofit Organization

e. Federal ID Number (if applicable)
83-1236756

f. Date Filed
10/24/2025

g. Employer's Name or Principal Place of Business

h. Occupation

c. Report Type
☐ Initial ☐ 48 Hour
Quarterly: ☐ First ☐ Second ☒ Third ☐ Fourth
Semi-Annual: ☐ Mid Year ☐ Year End

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2025	07/01/2025	10/18/2025

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts
TODD ZIMMER

b. Mailing Address (include City, State and Zip Code) and Phone Number
PO Box 41262
Greensboro, NC 27404

c. Employer's Name or Principal Place of Business

d. Occupation

6. Total Contributions ALL Pages	$ 0.00
7. Total Expenditures ALL Pages	$ 28,311.88

CERTIFICATION

I certify that this statement is complete, true and correct.

RECEIVED
OCT 28 2025
ALAMANCE COUNTY
BOARD OF ELECTIONS

TODD ZIMMER
Printed Name of Signer

Signature

10/24/2025
Date

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
CHARLES ANDREWS NC	$ 1,032.17

Candidate Full Name		Amount	Office Sought
RANDY ORWIG	☒ Support ☐ Oppose	$ 129.20	☐ House ☐ Senate District: ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office: County/District:
BLAIR HELMS	☒ Support ☐ Oppose	$ 129.20	☐ House ☐ Senate District: ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office: County/District:
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 129.20	☐ House ☐ Senate District: ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
CHARLES ANDREWS NC	$ 1,032.17

Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 129.20	☐ House ☐ Senate District: ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office: County/District:
PATTY JONES	☒ Support ☐ Oppose	$ 129.20	☐ House ☐ Senate District: ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
CHARLES ANDREWS NC	$ 1,032.17

Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	☒ Support ☐ Oppose	$ 129.02	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
BETH KENNETT	☒ Support ☐ Oppose	$ 129.02	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
BRYANT CRISP	☒ Support ☐ Oppose	$ 129.20	☐ House ☐ Senate District:____ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 2,822.75
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/17/2025	10/10/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
YOLANDA BARKSDALE NC	$ 2,822.75

Candidate Full Name		Amount	Office Sought
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District: ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/17/2025	10/10/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
YOLANDA BARKSDALE NC	$ 2,822.75

Candidate Full Name		Amount	Office Sought
LATARISH NEAL	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District: ☒ Co./Municipal Office KENLY COUNCIL Co. JOHN ☐ Other Office: County/District:
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District: ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office: County/District:
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District: ☒ Co./Municipal Office FOUR OAKS COMMISSIO Co. JOHN ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/17/2025	10/10/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
YOLANDA BARKSDALE NC	$ 2,822.75

Candidate Full Name		Amount	Office Sought
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office:____ County/District:____
Candidate Full Name		**Amount**	**Office Sought**
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District:____ ☒ Co./Municipal Office ARHCER LODGE COUNC Co. JOHN ☐ Other Office:____ County/District:____
Candidate Full Name		**Amount**	**Office Sought**
FELICIA BAXTER	☒ Support ☐ Oppose	$ 403.25	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFILED COUNCIL Co. JOHN ☐ Other Office:____ County/District:____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 2,822.75
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
3	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
SARAH CLINKSCALES NC	$ 22.00

Candidate Full Name		Amount	Office Sought
BETH KENNETT	☒ Support ☐ Oppose	$ 22.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 1,281.55
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
EMILY CONWAY NC	$ 1,259.55

Candidate Full Name		Amount	Office Sought
BRYANT CRISP	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:___ County/District:___
PATTY JONES	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINTON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
EMILY CONWAY NC	$ 1,259.55

Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
EMILY CONWAY NC	$ 1,259.55

Candidate Full Name		Amount	Office Sought
BETH KENNETT	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
4	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
EMILY CONWAY NC	$ 1,259.55

Candidate Full Name		Amount	Office Sought
BLAIR HELMS	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
IAN BALTUTIS	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
RANDY ORWIG	☒ Support ☐ Oppose	$ 157.44	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 630.70
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
MELANIE DAVIS NC	$ 630.70

Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 90.01	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ARCHER LODGE COUNC Co. JOHN ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
MELANIE DAVIS NC	$ 630.70

Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 90.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:___ County/District:___
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 90.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office FOUR OAKS COMMISSIO Co. JOHN ☐ Other Office:___ County/District:___
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 90.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
5	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
MELANIE DAVIS NC	$ 630.70

Candidate Full Name		Amount	Office Sought
LATARISH NEAL	☒ Support ☐ Oppose	$ 90.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KENLY COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 90.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 630.70
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KEITH FURGES NC	$ 1,907.70

Candidate Full Name		Amount	Office Sought
PATTY JONES	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KEITH FURGES NC	$ 1,907.70

Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office:___ County/District:___
BLAIR HELMS	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KEITH FURGES NC	$ 1,907.70

Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
RANDY ORWIG	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
BETH KENNETT	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
6	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KEITH FURGES NC	$ 1,907.70

Candidate Full Name		Amount	Office Sought
BRYANT CRISP	☒ Support ☐ Oppose	$ 238.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 0.00
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
7	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
BRANDY GARDNER BERG NC	$ 869.00

Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 289.67	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
7	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
BRANDY GARDNER BERG NC	$ 869.00

Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 289.67	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:___ County/District:___
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 289.67	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 1,738.00
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
8	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
MELANIE GRIFFIN NC	$ 2,085.99

Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District: ☒ Co./Municipal Office ARCHER LODGE COUNC Co. JOHN ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
8	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
MELANIE GRIFFIN NC	$ 2,085.99

Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District: ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office: County/District:
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District: ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office: County/District:
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District: ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
8	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
MELANIE GRIFFIN NC	$ 2,085.99

Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office FOUR OAKS COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
LATARISH NEAL	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KENLY COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
FELICIA BAXTER	☒ Support ☐ Oppose	$ 298.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 346.50
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
STEPHANIE HINES NC	$ 346.50

Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 49.50	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD TOWN COU Co. JOHN ☐ Other Office:___ County/District:___
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 46.50	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ARCHER LODGE TOWN C Co. JOHN ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
STEPHANIE HINES NC	$ 346.50

Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 49.50	☐ House ☐ Senate District:___ ☒ Co./Municipal Office FOUR OAKS TOWN COU Co. JOHN ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
9	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
STEPHANIE HINES NC	$ 346.50

Candidate Full Name		Amount	Office Sought
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 49.50	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
FELICIA BAXTER	☒ Support ☐ Oppose	$ 49.50	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD TOWN COU Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 49.50	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD TOWN COU Co. JOHN ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 346.50
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
10	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
NANCY HOFFARTH NC	$ 2,019.07

Candidate Full Name		Amount	Office Sought
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 673.02	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
10	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
NANCY HOFFARTH NC	$ 2,019.07

Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 673.02	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:_____ County/District:_____
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 673.02	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 4,038.14
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
11	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
NOAH HOOD NC	$ 302.50

Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District: ☒ Co./Municipal Office FOUR OAKS COUNCIL Co. JOHN ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District: ☐ Co./Municipal Office Co. ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
11	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
NOAH HOOD NC	$ 302.50

Candidate Full Name		Amount	Office Sought
LATARISH NEAL	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District: ☒ Co./Municipal Office KENLY COUNCIL Co. JOHN ☐ Other Office: County/District:
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District: ☒ Co./Municipal Office ARCHER LODGE COUNC Co. JOHN ☐ Other Office: County/District:
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District: ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
11	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
NOAH HOOD NC	$ 302.50

Candidate Full Name		Amount	Office Sought
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
FELICIA BAXTER	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 43.21	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 767.29
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
WHITNEY HUNT NC	$ 767.29

Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
BRYANT CRISP	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:___ County/District:___
PATTY JONES	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
WHITNEY HUNT NC	$ 767.29

Candidate Full Name		Amount	Office Sought
BLAIR HELMS	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
WHITNEY HUNT NC	$ 767.29

Candidate Full Name		Amount	Office Sought
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
RANDY ORWIG	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
12	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
WHITNEY HUNT NC	$ 767.29

Candidate Full Name		Amount	Office Sought
BETH KENNETT	☒ Support ☐ Oppose	$ 95.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 1,400.67
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
13	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
CONRAD JAMES NC	$ 1,400.67

Candidate Full Name		Amount	Office Sought
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD CONCIL Co. JOHN ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
13	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
CONRAD JAMES NC	$ 1,400.67

Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office FOUR OAKS COMMISSIO Co. JOHN ☐ Other Office:_____ County/District:_____
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
13	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
CONRAD JAMES NC	$ 1,400.67

Candidate Full Name		Amount	Office Sought
FELICIA BAXTER	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:____ ☒ Co./Municipal Office ARCHER LODGE COUNC Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
LATARISH NEAL	☒ Support ☐ Oppose	$ 200.10	☐ House ☐ Senate District:____ ☒ Co./Municipal Office KENLY COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 1,400.67
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
14	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
GREGORY JOSEPH NC	$ 1,811.77

Candidate Full Name		Amount	Office Sought
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 603.93	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 603.92	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
14	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
GREGORY JOSEPH NC	$ 1,811.77

Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 603.93	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 3,623.54
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
15	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
ELIJAH LAWSON NC	$ 2,046.00

Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 682.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
15	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
ELIJAH LAWSON NC	$ 2,046.00

Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 682.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:___ County/District:___
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 682.00	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'f' entries on this page)*	$ 4,092.00
3. Total Disbursements ALL Pages	*(sum all the 'f' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KRISTOPHER LOY NC	$ 2,386.69

Candidate Full Name		Amount	Office Sought
BRYANT CRISP	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KRISTOPHER LOY NC	$ 2,386.69

Candidate Full Name		Amount	Office Sought
RANDY ORWIG	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALMA ☐ Other Office:___ County/District:___
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KRISTOPHER LOY NC	$ 2,386.69

Candidate Full Name		Amount	Office Sought
IAN BALTUTIS	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
16	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
KRISTOPHER LOY NC	$ 2,386.69

Candidate Full Name		Amount	Office Sought
BETH KENNETT	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
BLAIR HELMS	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:____ ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
PATTY JONES	☒ Support ☐ Oppose	$ 298.34	☐ House ☐ Senate District:____ ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 0.00
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
17	10/02/2025	10/02/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
OMAR MCKNIGHT NC	$ 814.00

Candidate Full Name		Amount	Office Sought
FRANCINE ECHOLS	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ARCHER LODGE Co. JOHN ☐ Other Office:___ County/District:___
STUART ASHBY LEE	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD MAYOR Co. JOHN ☐ Other Office:___ County/District:___
ABRILLA ROBINSON	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:___ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
17	10/02/2025	10/02/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
OMAR MCKNIGHT NC	$ 814.00

Candidate Full Name		Amount	Office Sought
KELLY BLANCHARD	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:___ ☒ Co./Municipal Office FOUR OAKS COUNCIL Co. JOHN ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
17	10/02/2025	10/02/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
OMAR MCKNIGHT NC	$ 814.00

Candidate Full Name		Amount	Office Sought
FELICIA BAXTER	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
DORIS LOUISE WALLACE	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SMITHFIELD COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
LATARISH NEAL	☒ Support ☐ Oppose	$ 116.29	☐ House ☐ Senate District:____ ☒ Co./Municipal Office KENLY COUNCIL Co. JOHN ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 902.00
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
SHANIKA POOLE-SUMMERS NC	$ 902.00

Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District: ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office: County/District:
IAN BALTUTIS	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District: ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office: County/District:
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District: ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
SHANIKA POOLE-SUMMERS NC	$ 902.00

Candidate Full Name		Amount	Office Sought
BRYANT CRISP	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District: ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office: County/District:
PATTY JONES	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District: ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office: County/District:
RANDY ORWIG	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District: ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
SHANIKA POOLE-SUMMERS NC	$ 902.00

Candidate Full Name		Amount	Office Sought
BETH KENNETT	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District:___ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
18	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
SHANIKA POOLE-SUMMERS NC	$ 902.00

Candidate Full Name		Amount	Office Sought
BLAIR HELMS	☒ Support ☐ Oppose	$ 112.75	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 2,052.75
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
19	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

MICHAEL POPE
NC

f. Amount $ 2,052.75

Candidate Full Name	Support / Oppose	Amount	Office Sought
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 684.25	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 684.25	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
19	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

MICHAEL POPE
NC

f. Amount $ 2,052.75

Candidate Full Name	Support / Oppose	Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 684.25	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 2,173.75
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
20	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
BRANDON PORTER NC	$ 121.00

Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 40.33	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:___ County/District:___
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 40.33	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
20	10/01/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
BRANDON PORTER NC	$ 121.00

Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 40.33	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 976.26
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
LORELEI RAO NC	$ 855.26

Candidate Full Name		Amount	Office Sought
PATTY JONES	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District: ☒ Co./Municipal Office GREEN LEVEL COUNCIL Co. ALAM ☐ Other Office: County/District:
DONNA VAN HOOK	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District: ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office: County/District:
BETH KENNETT	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District: ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
LORELEI RAO NC	$ 855.26

Candidate Full Name		Amount	Office Sought
BLAIR HELMS	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District: ☒ Co./Municipal Office MEBANE COUNCIL Co. ALAM ☐ Other Office: County/District:
IAN BALTUTIS	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District: ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office: County/District:
RANDY ORWIG	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District: ☒ Co./Municipal Office ELON COUNCIL Co. ALAM ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
LORELEI RAO NC	$ 855.26

Candidate Full Name		Amount	Office Sought
CHELSEA DICKEY	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
21	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
LORELEI RAO NC	$ 855.26

Candidate Full Name		Amount	Office Sought
BRYANT CRISP	☒ Support ☐ Oppose	$ 106.91	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 1,834.52
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
22	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
TIFFANY SETTLES NC	$ 1,834.52

Candidate Full Name		Amount	Office Sought
JUSTIN LEWTER	☒ Support ☐ Oppose	$ 611.51	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS MAYOR Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
22	10/17/2025	10/01/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
TIFFANY SETTLES NC	$ 1,834.52

Candidate Full Name		Amount	Office Sought
ISAAC DAVIS	☒ Support ☐ Oppose	$ 611.51	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MIDLAND COUNCIL Co. CABA ☐ Other Office:___ County/District:___
JAYNE WILLIAMS	☒ Support ☐ Oppose	$ 611.51	☐ House ☐ Senate District:___ ☒ Co./Municipal Office KANNAPOLIS COUNCIL Co. CABA ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
23	10/17/2025	10/17/2025	GOTV DOOR-TO-DOOR CANVASSING

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
VERNELL STATEN NC	$ 22.00

Candidate Full Name		Amount	Office Sought
BETH KENNETT	☒ Support ☐ Oppose	$ 22.00	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
Candidate Full Name		**Amount**	**Office Sought**
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 1,856.52
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 55,547.59