## Disclosure Report Cover

Amendment

See Yes X No

| Use this form for general report and committee information, must be signed and submitted along with of | other detailed forms. |
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| Do not use this form to update information                                                             |                       |

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I further certify that this report  September 30, 2025  Date  Delivery Method                                                                                                                                                           |
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I further certify that this report  September 30, 2025  Date  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed                                                                                        |
| I certify that the Com the NC General Status is complete, true and FOR OFFICE USE OF Date Received:  Date Postmarked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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I further certify that this report  September 30, 2025  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training                                                   |
| I certify that the Com the NC General Status is complete, true and STOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entere  Please Note: This                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mittee or Fund is in complites and that no funds are co correct and that I have been that I have been that I have been that I have of Signer NLY    IV   IV   J25    IV   J25    IV   IV   IV   IV   IV   IV   IV   I | ance with all a mmingled with a trained by the Emplo Emplo Emplo end committee in of books infinent of Organi                                          | n prohibited NC State B Signature  Syee:  Dyee:  Dy | or other reported of E | the committee add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S  B, & 22D-22M of Chapter 163 of ds. I further certify that this report  September 30, 2025  Date  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received mandatory training  dress treasurer assistant reasures.  RECE |

Amendment

Yes X No

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

| 1. Committee Full Name (and Fund if applicable)                   | 2. Type of Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. 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| 4) Cash on Hand at Start                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 5) Aggregated Contributions from Individuals                      | (CRO-1205)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 6) Contributions from Individuals                                 | (CRO-1210)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 7) Contributions from Political Party Committees                  | (CRO-1220)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 8) Contributions from Other Political Committees                  | (CRO-1230)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 9) Loan Proceeds                                                  | (CRO-1410)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 10) Refunds/Reimbursements To the Committee                       | (CRO-1240)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 11) Other Receipt Sources                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 11a) Interest on Bank Accounts                                    | (CRO-1250)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 11b) Contributions from Not-for-Profit Organization               | ns <i>(CRO-1250)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 11c) Outside Sources of Income                                    | (CRO-1250)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 11d) Legal Expense Fund – Other Sources                           | (CRO-1270)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 11 e) Exempt Purchase Price Sales                                 | (CRO-1265)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,   | IId and IIe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| EXPLNICIONES                                                      | e como en estado de la como entenedado de la como entenedado de la como entenedado de la como en estado en |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13) Disbursements                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 13a) Operating Expenditures                                       | (CRO-1310)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 13b) Contributions to Candidates/Political Committee              | ees (CRO-1310)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 13c) Coordinated Party Expenditures                               | (CRO-1310)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 14) Aggregated Non-Media Expenditures                             | (CRO-1315)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 15) Loan Repayments                                               | (CRO-1420)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 16) Refunds/Reimbursements From the Committee                     | (CRO-1320)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 17) In-Kind Contributions                                         | (CRO-1510)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,          | 16 and 17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtro | act line 18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| CARRITORAL EXPORTATION                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 20) Non-Monetary Gifts Given to Other Committees                  | (CRO-1330)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 21) Outstanding Loans (incl. ones from other campaigns            | ) (CRO-1430)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 22) Debts and Obligations owed By the Committee                   | (CRO-1610)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 23) Debts and Obligations owed To the Committee                   | (CRO-1620)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 24) Account Transfers Within the Committee                        | (CRO-1720)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 25) Administrative Support                                        | (CRO-1710)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 26) Forgiven Loans                                                | (CRO-1440)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 27) 48-Hour Notice Reports Sum                                    | (CRO-2220)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 28) Contributions to be Refunded                                  | (CRO-1215)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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## **Contributions from Individuals**

| Pg             | <u></u>     | of        |           | Amen      | dment<br>Y<br>e<br>s | ⊒   | N<br>o |
|----------------|-------------|-----------|-----------|-----------|----------------------|-----|--------|
| ıs under       | \$50 if for | m CRO     | 1205 is n | ot used   |                      |     |        |
| e de la Propie | ang Mila    | vişları". | 2. ID Nur | nber      |                      | - 1 |        |
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|             |                        | dividual contributions                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | der \$50 if form Cl                |               |             |
|-------------|------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|-------------|
| 1. Com      | mittee Full Name       | e (and Fund if applica                  | ıble)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Pika isa ili diseraki</u>       | 2. ID Nu      | mber        |
| Co          | ommittee to Elect      | Steve Exum                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 39            | -3063870    |
| 3. Conti    | ributor Informat       | ion                                     |                                         | Add □ Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | move                               | Marine.       |             |
| a. Full Na  | me, Mailing Address    | & Phone                                 |                                         | b. Job Title/Profession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                  | d. Commer     | ıts ·       |
| (include    | e city, state, & zip)  |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | O.t. A                             |               |             |
| Do-al       | u. Manda               |                                         |                                         | Not Employed -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100 11/01                          | - <br>-       |             |
|             | ky Mock<br>3 Thom Road |                                         |                                         | c. Employer's Name/S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | necific Field                      |               |             |
| 1           | ane, NC 27302          |                                         |                                         | S. Simpley C. C. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | pecitio I feto                     |               |             |
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|             |                        |                                         |                                         | womence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | les were                           | \$            | \$49.47     |
| f. Prior    | g. Account Code        | h. Form of Payment                      | i. In-                                  | Kind Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | j. Date (mm/dd/y                   |               | k. Amount   |
|             |                        | ActBlue                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8/19                               | /2025         | \$ 49.47    |
|             |                        |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |               | S           |
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| 3. Contr    | ibutor Informati       | ion .                                   |                                         | Add □ Rei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nove                               |               |             |
|             | ne, Mailing Address    |                                         |                                         | b. Job Title/Profession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | d. Commen     | ts          |
| (include    | city, state, & zip)    |                                         | _                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 011                                |               |             |
|             |                        |                                         |                                         | Not Employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -16thred                           | ]             |             |
| Ron Ost     | oorne<br>ealwood Ave   |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | `                                  |               |             |
|             | , NC 27253             |                                         |                                         | a Employanta Nama/S-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |               |             |
|             |                        |                                         |                                         | c. Employer's Name/Sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ecinc rieid                        |               |             |
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|             |                        |                                         |                                         | Duke E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nersy                              | \$9.89        |             |
| f. Prior    | g. Account Code        | h. Form of Payment                      | i. In-F                                 | Kind Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | j. Date (mm/dd/yy                  | уу)           | k. Amount   |
|             |                        | ActBlue                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8/21/202                           | 5             | \$9.89      |
|             | -                      |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |               |             |
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| 3. Contri   | butor Informati        | OD                                      |                                         | Add □ Ren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nove                               |               |             |
| a. Full Nam | e, Mailing Address     | & Phone                                 |                                         | b. Job Title/Profession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | d. Comment    | \$          |
| (include    | city, state, & zip)    |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |               |             |
| Ron Osb     | orno                   |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A (. A                             |               |             |
|             | alwood Ave             |                                         |                                         | Not Employe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d Actived                          |               |             |
| Graham,     | NC 27253               |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |               |             |
|             |                        |                                         |                                         | c. Employer's Name/Spo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ecific Field                       |               |             |
|             |                        |                                         |                                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                  | e. Election S | um to Dota  |
|             |                        |                                         |                                         | Duke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Energy                             | \$9.89        |             |
| f. Prior    | g. Account Code        | h. Form of Payment                      | i. In-K                                 | ind Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | j. Date (mm/dd/yy                  | <u> </u>      | k. Amount   |
|             | ·                      | ACT BLUE                                |                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9/21/20                            |               | \$9.89      |
|             |                        |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |               | \$          |
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|             | only this Pag          |                                         | . jallatat                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | regulariy hipiyasida               | \$60.25       |             |
|             |                        |                                         | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | and all the Best State Wild<br>Garage County of the Communication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | pakarin Robert ingani.<br>Mangrapa | \$69.25       |             |
|             | of ALL CRO             | -1210 Pages<br>Detailed Summary Page Ch | ,                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | \$69.25       |             |
| ran une     | naisi ut un ime e et i | venunea summary rage Ch                 | II (0)                                  | on the models of the control of the |                                    |               | T I         |

65 Isley Road May River, VC 2228 336 98-0807 Fax 578-988 sexum@exumphoto.com www.exumphoto.com

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| Pg | 1 | of | 2 | Amen | dment |   |
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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Comm                       | nittee Full Name               | (and Fund if applica     | ble)                   |                                                 |                                                | 2. ID Nu                                          | mber                                                        |  |
|-------------------------------|--------------------------------|--------------------------|------------------------|-------------------------------------------------|------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|--|
| Committee to Elect Steve Exum |                                |                          |                        |                                                 |                                                | 39-                                               | 39-3063870                                                  |  |
| 3. Contr                      | ibutor Informati               | on                       |                        | Add □ F                                         | Remove                                         | THE T                                             |                                                             |  |
|                               | me, Mailing Address            |                          |                        | b. Job Title/Professi                           |                                                | d. Commer                                         | nts                                                         |  |
| (include                      | city, state, & zip)            |                          |                        |                                                 | · · · · · · · · · · · · · · · · · · ·          |                                                   | · · · · ·                                                   |  |
| -                             |                                |                          |                        | Professor                                       |                                                |                                                   |                                                             |  |
|                               | y Bennett                      |                          |                        |                                                 |                                                | 7                                                 |                                                             |  |
| 8000                          | Windsor Way<br>, NC 27244      |                          |                        | c. Employer's Name                              | Specific Field                                 |                                                   |                                                             |  |
| LION                          | , NC 272 <del>14</del>         |                          |                        | · · · · · · · · · · · · · · · · · · ·           |                                                | -                                                 |                                                             |  |
|                               |                                |                          |                        | Elon Univ                                       | ersity                                         | e. Election                                       | Sum to Date                                                 |  |
|                               |                                |                          |                        |                                                 |                                                | s                                                 | \$49.47                                                     |  |
|                               |                                | <del></del>              | +                      | <u> </u>                                        |                                                |                                                   |                                                             |  |
| f. Prior                      | g. Account Code                | h. Form of Payment       | i. In-k                | Cind Description                                | j. Date (mm/dd/y                               | ууу)                                              | k. Amount                                                   |  |
|                               |                                | ActBlue                  |                        |                                                 | 8/19                                           | /2025                                             | \$ 49.47                                                    |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   | \$                                                          |  |
| ш                             |                                |                          |                        |                                                 |                                                |                                                   | .D                                                          |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   | \$                                                          |  |
|                               | ibutor Informatio              |                          |                        | Add 🗖 R                                         | emove                                          |                                                   |                                                             |  |
|                               | ne, Mailing Address (          | & Phone                  |                        | b. Job Title/Profession                         | n                                              | d. Commen                                         | ts                                                          |  |
| (include                      | city, state, & zip)            |                          |                        |                                                 |                                                |                                                   |                                                             |  |
|                               |                                |                          |                        | Artist                                          |                                                | _                                                 |                                                             |  |
| Mara J L                      | .ozano<br>Peachree St, 903     | ,                        |                        |                                                 |                                                |                                                   |                                                             |  |
|                               | GA 30309                       | •                        |                        |                                                 |                                                |                                                   |                                                             |  |
| ,                             |                                |                          |                        | c. Employer's Name/                             | Specific Field                                 |                                                   |                                                             |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   |                                                             |  |
|                               |                                |                          |                        |                                                 |                                                | -                                                 |                                                             |  |
|                               |                                |                          |                        | HMU Artis                                       | t                                              | e. Election S                                     | Sum to Date                                                 |  |
|                               |                                |                          |                        |                                                 |                                                | \$19.79                                           |                                                             |  |
| f. Prior                      | g. Account Code                | h. Form of Payment       | : 1- 1/                | ind Description                                 | j. Date (mm/dd/yy                              |                                                   | k. Amount                                                   |  |
|                               | g. Account code                | n. r orm or r ayment     | 1. 1u-1x               | ind Description                                 | J. Date (mmuduyy                               | (33)                                              | K Amount                                                    |  |
|                               |                                | ActBlue                  |                        |                                                 | 8/19/202                                       | 5                                                 | \$19.79                                                     |  |
|                               |                                |                          | !                      |                                                 |                                                |                                                   |                                                             |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   |                                                             |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   | S                                                           |  |
| 3. Contri                     | butor Informatio               | )n                       |                        | Add □ R                                         | emove                                          | - ringer om strogen gift<br>Til gan mid Varantisk | <b>教養の、大学の名の</b><br>(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |  |
|                               | ie, Mailing Address &          |                          |                        | b. Job Title/Professio                          | 7.6   1                                        | d. Comment                                        | ts                                                          |  |
| (include                      | city, state, & zip)            |                          | ĺ                      |                                                 |                                                |                                                   |                                                             |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   |                                                             |  |
| Olee Joe                      |                                |                          |                        | Owner                                           |                                                |                                                   |                                                             |  |
|                               | ottonpatch Lane<br>s, NC 28031 | •                        |                        |                                                 |                                                | 1                                                 |                                                             |  |
| 001110.10                     | 5, 110 20051                   |                          |                        | c. Employer's Name/S                            | Specific Field                                 | 1                                                 |                                                             |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   |                                                             |  |
|                               |                                |                          |                        | Sun Raised                                      | Farms                                          | e. Election S                                     | um to Date                                                  |  |
|                               |                                |                          |                        |                                                 |                                                | \$49.47                                           |                                                             |  |
| f. Prior                      | g. Account Code                | h. Form of Payment       | i. In-Ki               | nd Description                                  | j. Date (mm/dd/yy                              | <u>!</u><br>yy)                                   | k. Amount                                                   |  |
|                               |                                | ACT BLUE                 |                        |                                                 | 8/19/20                                        | )25                                               | \$494.75                                                    |  |
|                               |                                |                          |                        | <b>NB</b>                                       |                                                |                                                   | s                                                           |  |
|                               |                                |                          |                        |                                                 |                                                |                                                   | \$                                                          |  |
|                               | ouls, this D                   |                          | militar ist.           | Toda & constituing the first of the constituent | este, inchese per austria anti-                | 0564.01                                           | <u> </u>                                                    |  |
|                               | only this Page                 |                          |                        |                                                 | KATONI YELIFATIKA MIYA<br>KATONI KATONI KATONI | \$564.01                                          |                                                             |  |
| 5. Total                      | of ALL CRO-                    | -1210 Pages              | igani, sa<br>Bibliotik |                                                 |                                                | \$546.01                                          | •                                                           |  |
| (This line                    | must be on line 6 of 1         | Detailed Summary Page Cl | (0-1100)               |                                                 |                                                | \$5,0.01                                          |                                                             |  |

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## **Contributions from Individuals**

| Pg | 1 | of | 2 | Amen | dment       |   |
|----|---|----|---|------|-------------|---|
|    |   |    | - | П    | Y $\square$ | N |

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

| 1. Comn                          | nittee Full Name                             | (and Fund if applica     | ble)         |                                         | Jackson State Co.  | 2. ID Num                               | ber        |
|----------------------------------|----------------------------------------------|--------------------------|--------------|-----------------------------------------|--------------------|-----------------------------------------|------------|
| Co                               | mmittee to Elect                             | Steve Exum               |              |                                         |                    | 39-3                                    | 3063870    |
|                                  | ibutor Informati                             | <del></del>              |              |                                         | move               | erika ing pagamatan kal<br>Pagamatan di |            |
|                                  | ne, Mailing Address                          | & Phone                  |              | b. Job Title/Profession                 |                    | d. Comments                             | 3          |
|                                  | city, state, & zip)                          | , ***                    | <del>-</del> | Property manage                         | r contractor       | <u> </u>                                |            |
| 1001                             | Martin<br>. Brookview Driv<br>. NC 27244     | /e                       |              | c. Employer's Name/Sp                   | pecific Field      |                                         |            |
|                                  |                                              |                          |              | Martin prop                             | erties             | e. Election St                          | ım to Date |
|                                  |                                              |                          |              | ' '                                     |                    | \$                                      | \$100      |
| f. Prior                         | g. Account Code                              | h. Form of Payment       | i. In-K      | ind Description                         | j. Date (mm/dd/yy) | yy)                                     | k. Amount  |
|                                  |                                              | Check                    |              |                                         | 8/19/2             | 2025                                    | \$ 100     |
|                                  |                                              |                          | -            |                                         |                    |                                         | \$         |
|                                  |                                              |                          |              |                                         |                    | <del></del>                             | \$         |
|                                  | butor Informatio                             |                          |              | Add → □ Ren                             | nove.              |                                         |            |
|                                  | ne, Mailing Address &<br>city, state, & zip) | & Phone                  |              | b. Job Title/Profession                 |                    | d. Comments                             |            |
|                                  |                                              |                          | -            | Financial Pla                           | плег               |                                         |            |
| William I<br>103 Pin<br>Elon, NC | Oak Ct.                                      |                          |              | c. Employer's Name/Sp                   | ecific Field       |                                         |            |
|                                  |                                              |                          |              | LPL Financia                            | a1                 | e. Election Su                          | m to Date  |
|                                  |                                              |                          |              |                                         |                    | \$98.95                                 |            |
| f. Prior                         | g. Account Code                              | h, Form of Payment       | i In-Ki      | ind Description                         | j. Date (mm/dd/yyy |                                         | k. Amount  |
|                                  |                                              | ActBlue                  |              | <u> </u>                                | 8/19/2025          |                                         | \$98.95    |
|                                  |                                              |                          |              |                                         |                    |                                         |            |
|                                  |                                              |                          |              |                                         |                    |                                         | \$         |
| 3. Contri                        | butor Informatio                             | n ja ja ja ja            |              | Add □ Ren                               | iove               | Marie Steel Service                     |            |
|                                  | e, Mailing Address &                         |                          |              | b. Job Title/Profession                 | 1                  | d. Comments                             |            |
| Harris W                         | ndlewood Drive                               |                          |              | Not Employe Photo c. Employer's Name/Sp | d Retired          |                                         |            |
|                                  |                                              |                          |              | None<br>Harir Walk                      | Photograph         | e. Election Sur<br>\$49.47              | m to Date  |
| f. Prior                         | g. Account Code                              | h. Form of Payment       | i. In-Ki     | nd Description                          | j. Date (mm/dd/yyy | y)                                      | k. Amount  |
|                                  |                                              | ACT BLUE                 |              |                                         | 8/19/202           | 25                                      | \$49.47    |
|                                  |                                              |                          |              |                                         |                    |                                         | S          |
|                                  |                                              |                          |              |                                         |                    |                                         | \$         |
| 4. Total                         | only this Page                               |                          |              |                                         |                    | \$248.42                                |            |
| 5. Total                         | of ALL CRO-                                  | 1210 Pages               |              |                                         |                    | \$248.42                                |            |
| (This line                       | must be on line 6 of I                       | Detailed Summary Page Ch | 0-1100)      |                                         |                    | Ø240.42                                 | 1          |

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|------|-----|------|-------|
| L/IO | νu  | 1301 | попіз |

| Pg | <u>1</u> | of <u>2</u> | Amendment |   |
|----|----------|-------------|-----------|---|
|    |          |             | ☐ Yes     | N |

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

| 1. Committee 1          |                                             | 2. ID Number             |                               |                     |            |                   |           |                                               |
|-------------------------|---------------------------------------------|--------------------------|-------------------------------|---------------------|------------|-------------------|-----------|-----------------------------------------------|
|                         | ee to Elect Steve Ex                        |                          |                               |                     |            |                   |           | 39-3063870                                    |
| 3. Type of Dist         | oursement <i>(Plea</i>                      | ase use separate C       | RO                            | -1310 forms fo      | r each t   | type of Disbursem | 2nt.)     |                                               |
| X Operating I           | Expenses                                    | Contributions to Car     | ndid                          | ates/Political Comn | nittees    | □ Co              | ordinated | d Party Expenditures                          |
| 4. Payee Inform         | nation                                      |                          | A                             | dd                  |            | Remove            |           |                                               |
| a. Full Name, Mai       | ling Address & Phone                        |                          | b.                            | Coordinated Con     | mittee N   | lame              | d. Co     | mments                                        |
| (include city, state    | , & zip)                                    |                          |                               |                     |            |                   |           | <u>, , , , , , , , , , , , , , , , , , , </u> |
| -                       |                                             |                          | 1                             |                     |            |                   |           |                                               |
| CHECK ADVA              | NTAGE, 1801 Law                             | rence Dr. De             |                               | Lavel Degistered    | Snorifu)   | •                 | 1         |                                               |
| Pere, WI 54115          |                                             |                          | L.                            | Level Registered    | Specify)   |                   |           |                                               |
|                         |                                             |                          |                               | Federal             |            | County:           |           |                                               |
|                         |                                             |                          |                               | State               |            | Municipality:     | e. Elec   | ction Sum to Date                             |
|                         |                                             |                          |                               |                     |            |                   | s         | ·                                             |
|                         |                                             |                          | L                             |                     |            |                   | 1         |                                               |
| f. Account Code         | g. Form of Payment                          | h. Purpose Code          |                               | i. Date (mm/dd/y    | ууу)       | j. Amount         | k. Rec    | quired Remarks                                |
|                         | DEBIT                                       |                          |                               | 7/18/2025           |            | \$ 41.15          |           |                                               |
|                         | DEBIT                                       |                          | _                             | 77 107 2023         |            | 3 11:15           | <u> </u>  | CAMPAIGN CHECKS                               |
|                         | i                                           | 1                        |                               |                     |            | <b>S</b>          |           |                                               |
|                         |                                             | <u> </u>                 |                               |                     |            | <b>J</b>          |           |                                               |
| 4. Payee Inform         |                                             |                          | A                             | dd                  |            | Remove            |           |                                               |
|                         | ing Address & Phone                         |                          | Ь.                            | Coordinated Com     | mittee N   | ame               | d. Con    | nments                                        |
| (include city, state,   |                                             |                          |                               |                     |            |                   |           |                                               |
|                         | ICE CO DEMECRA                              |                          | ļ                             |                     |            |                   |           |                                               |
| 122 N Main St z         | A, Burlington, NC 2                         | 7217                     | <u> </u>                      |                     |            |                   | 4         |                                               |
|                         |                                             |                          | $\vdash$                      | Level Registered (  | • • •      |                   | 4         |                                               |
|                         |                                             |                          |                               | Federal             |            | County:           |           |                                               |
|                         |                                             |                          |                               | State               |            | Municipality:     | e. Elec   | ction Sum to Date                             |
|                         |                                             |                          |                               |                     |            |                   | \$        |                                               |
|                         | T                                           |                          | Ц,                            |                     |            | <u> </u>          |           |                                               |
| f. Account Code         | g. Form of Payment                          | h. Purpose Code          | $\dashv$                      | i. Date (mm/dd/y    | /уу)       | j. Amount         | k. Req    | pired Remarks                                 |
|                         | Debit Card                                  |                          | - 1                           | 9/8/2025            |            | \$ 40             | <b></b>   | ti- Fordurina                                 |
|                         |                                             | <del></del>              | $\dashv$                      |                     |            |                   | Demo      | ocratic Fundraiser                            |
|                         |                                             | İ                        |                               |                     |            | S                 | Ì         |                                               |
| 4. Payee Inforn         | l<br>notion                                 |                          | A                             |                     |            | Remove            |           |                                               |
|                         | ing Address & Phone                         |                          | b. Coordinated Committee Name |                     |            |                   | d Con     | nments                                        |
| (include city, state,   | -                                           |                          |                               | Coordinated Com     | mittee 112 | ame               | u. con    | iments                                        |
| (,,,,,                  |                                             |                          |                               |                     |            |                   |           |                                               |
| Mediterranean I         | Deli. 116 N. William                        | son Ave. Elon            |                               |                     |            |                   | 1         |                                               |
| NC 27244                | , on , 110 111 1111111111111111111111111111 | 3011 11 01 21011         | c. Level Registered (Specify) |                     |            |                   |           |                                               |
|                         |                                             |                          |                               | Federal             |            | County:           |           |                                               |
|                         |                                             |                          |                               | State               |            | Municipality:     | e. Elec   | tion Sum to Date                              |
|                         |                                             |                          | _                             |                     |            |                   | -         |                                               |
|                         |                                             |                          | ĺ                             |                     |            |                   | \$        |                                               |
| f. Account Code         | g. Form of Payment                          | h. Purpose Code          | T                             | i. Date (mm/dd/y)   | yy)        | j. Amount         | k. Req    | uired Remarks                                 |
|                         |                                             |                          |                               |                     |            |                   |           |                                               |
|                         | Debit Card                                  |                          |                               | 9/20/25             |            | \$31.20           | Me        | al with campaign                              |
|                         |                                             |                          | ᆜ                             |                     |            |                   | consu     | ıltant                                        |
|                         |                                             |                          |                               |                     |            | \$                | 1         |                                               |
|                         |                                             |                          |                               | <del> </del>        |            | ] "               |           |                                               |
| 5. Total only this Page |                                             |                          |                               |                     |            |                   | \$        | 112.35]                                       |
|                         | CRO-1310 Pages                              |                          |                               |                     |            |                   |           |                                               |
|                         | line 13a of Detailed Sun                    | * :-                     | -                             |                     |            |                   | \$        |                                               |
|                         | line 13b of Detailed Sun                    | • "                      | -                             |                     |            |                   |           |                                               |
|                         | line 13c of Detailed Sun                    |                          | _                             |                     | xpenditu   | ires)             | <u>:</u>  |                                               |
|                         | es (List detailed ex                        | penditure code in        | <u>(h.)</u>                   | above)              |            | D. Ta kanada      | ال دول م  | deta                                          |
| A* - Media E - Salaries | B* - Printing<br>F* - Equipment             | C* - Fund<br>G - Politic |                               |                     |            | D - To Anothe     |           | date<br>Office Expenses                       |
| I - Postage             | J - Penalties                               | K* - Offic               |                               | •                   |            |                   |           | gal Expense Fund                              |
| O* - Other              |                                             |                          |                               | -1                  |            |                   |           | ,                                             |
| * Codes requir          | e detailed explanati                        | ion in required re       | :ma                           | rks field (k)       | ·····      |                   |           |                                               |

| Disbursements | Pg | <u>1</u> | of | <u>2</u> | Ame | ndment |        |
|---------------|----|----------|----|----------|-----|--------|--------|
|               |    |          |    |          |     | Yes    | N<br>0 |

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

| 1. Committee l                                                                                                                                                                                                                                  | Full Name (and Fui       | nd if applicable)    |                               |                            |             |                   |          | 2. ID Number                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|-------------------------------|----------------------------|-------------|-------------------|----------|----------------------------------------------|
|                                                                                                                                                                                                                                                 | tee to Elect Steve Ex    |                      |                               |                            |             |                   |          | 39-3063870                                   |
| 3. Type of Dish                                                                                                                                                                                                                                 | oursement (Ple           | ase use separate C   | RO-                           | 1310 forms                 | for each t  | ype of Disburseme | ent.)    |                                              |
| X Operating I                                                                                                                                                                                                                                   |                          | Contributions to Car |                               |                            |             |                   |          | Party Expenditures                           |
| 4. Payee Inform                                                                                                                                                                                                                                 |                          |                      | Ad                            | ld                         |             | Remove            |          |                                              |
|                                                                                                                                                                                                                                                 | ling Address & Phone     |                      |                               | Coordinated Co             | ommittee N  | ame               | d. Con   | nments                                       |
| (include city, state                                                                                                                                                                                                                            |                          |                      |                               |                            |             |                   |          |                                              |
| Mediterranean l                                                                                                                                                                                                                                 | Deli, 116 N. William     | ison Ave. Elon,      | c. L                          | Level Registere            | d (Specify) |                   | _        |                                              |
|                                                                                                                                                                                                                                                 |                          |                      |                               | Federal                    |             | County:           |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      |                               | State                      |             | Municipality:     | e. Elec  | tion Sum to Date                             |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             |                   | \$       |                                              |
| f. Account Code                                                                                                                                                                                                                                 | g. Form of Payment       | h. Purpose Code      |                               | i. Date (mm/dd             | /уууу)      | j. Amount         | k. Req   | uired Remarks                                |
|                                                                                                                                                                                                                                                 | DEBIT                    |                      |                               | 9/20/25                    |             | \$56.18           |          | Neighborhood mixer food bution - Campaigning |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             | s                 |          |                                              |
| 4. Payee Inform                                                                                                                                                                                                                                 | nation                   |                      | Ad                            | d                          |             | Remove            |          |                                              |
|                                                                                                                                                                                                                                                 | ling Address & Phone     |                      | ь. С                          | Coordinated Co             | mmittee N   | ame               | d. Con   | ıments                                       |
| (include city, state,                                                                                                                                                                                                                           | , & zip)                 |                      |                               |                            |             |                   |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      | c. L                          | evel Registered<br>Federal | l (Specify) | County:           |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      |                               | State                      |             | Municipality:     | e. Elec  | tion Sum to Date                             |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             |                   | \$       |                                              |
| f. Account Code                                                                                                                                                                                                                                 | g. Form of Payment       | h. Purpose Code      | i                             | i. Date (mm/dd             | /yyyy)      | j. Amount         | k. Requ  | uired Remarks                                |
|                                                                                                                                                                                                                                                 | Debit Card               |                      |                               |                            |             | \$                |          | cratic Fundraiser                            |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             | \$                |          |                                              |
| 4. Payee Inform                                                                                                                                                                                                                                 | ation                    |                      | Ado                           | d                          |             | Remove            |          |                                              |
|                                                                                                                                                                                                                                                 | ing Address & Phone      |                      |                               | oordinated Co              |             |                   | d. Com   | ments                                        |
| (include city, state,                                                                                                                                                                                                                           | & zip)                   |                      |                               |                            |             |                   |          |                                              |
| <del></del>                                                                                                                                                                                                                                     | <del></del>              |                      |                               |                            |             |                   |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      | c. Level Registered (Specify) |                            |             |                   |          |                                              |
|                                                                                                                                                                                                                                                 |                          | Ì                    |                               | Federal                    |             | County:           |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      |                               | State                      | П           | Municipality:     | e. Elect | ion Sum to Date                              |
|                                                                                                                                                                                                                                                 |                          |                      | _=_                           |                            |             |                   |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             |                   | \$       |                                              |
| f. Account Code                                                                                                                                                                                                                                 | g. Form of Payment       | h. Purpose Code      | i.                            | . Date (mm/dd/             | уууу)       | j. Amount         | k. Requ  | iired Remarks                                |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             |                   |          |                                              |
|                                                                                                                                                                                                                                                 |                          |                      |                               |                            |             | S                 |          | /                                            |
| 5. Total only this Page                                                                                                                                                                                                                         |                          |                      |                               |                            |             | •                 | \$       | 56.18 \                                      |
|                                                                                                                                                                                                                                                 | CRO-1310 Pages           |                      |                               |                            |             |                   |          | <u> </u>                                     |
| (This line goes in                                                                                                                                                                                                                              | line 13a of Detailed Sun | mary Page CRO-1100   | if Op                         | perating Expens            | res)        | ·                 | e e      |                                              |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)                                                                                                                                          |                          |                      |                               |                            |             |                   |          |                                              |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)                                                                                                                                                |                          |                      |                               |                            |             |                   |          |                                              |
|                                                                                                                                                                                                                                                 | es (List detailed exp    |                      |                               |                            |             |                   |          |                                              |
| A*- Media B*- Printing C*- Fundraising D - To Another Candidate  E - Salaries F*- Equipment G - Political Party H*- Holding Public Office Expenses  I - Postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund  O*- Other |                          |                      |                               |                            |             |                   |          |                                              |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                              |                          |                      |                               |                            |             |                   |          |                                              |

| Pg | 1 | of <u>2</u> | Amendment |   |
|----|---|-------------|-----------|---|
|    |   |             | - ·       | N |

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

| 1. Committee l           |                                         | 2. ID Number                                     |                         |                               |                   |                                                |                                          |
|--------------------------|-----------------------------------------|--------------------------------------------------|-------------------------|-------------------------------|-------------------|------------------------------------------------|------------------------------------------|
|                          | tee to Elect Steve Ex                   |                                                  |                         |                               |                   |                                                | 39-3063870                               |
| 3. Type of Dist          |                                         |                                                  |                         | 0-1310 forms for each t       |                   |                                                |                                          |
| X Operating F            | Expenses                                | Contributions to Car                             | ndio                    | dates/Political Committees    | Cc                | ordinate                                       | d Party Expenditures                     |
| 4. Payee Inform          |                                         | . 🗆                                              | _/                      | Add □                         | Remove            |                                                |                                          |
| a. Full Name, Mai        | ling Address & Phone                    |                                                  | L                       | o. Coordinated Committee N    | ame               | d. Co                                          | mments                                   |
| (include city, state     | , & zip)                                |                                                  |                         |                               | _                 | 7                                              |                                          |
|                          |                                         |                                                  | $oldsymbol{\downarrow}$ |                               |                   | _                                              |                                          |
|                          | rint, 6410 Eastland I                   | Rd E, Brook                                      | l c                     | . Level Registered (Specify)  |                   |                                                |                                          |
| Park. OH 44142           | 2                                       |                                                  | <u></u>                 | <u> </u>                      |                   | 4                                              |                                          |
|                          |                                         |                                                  | 1 -                     | Federal ==                    | County:           | <u></u>                                        |                                          |
|                          |                                         |                                                  | F                       | State                         | Municipality:     | e. Ele                                         | ection Sum to Date                       |
|                          |                                         |                                                  |                         |                               |                   | \$                                             |                                          |
| 2 to constant            | D CBaumant                              | h. Purpose Code                                  | <u>i</u>                | T. B (                        | T                 | I. Do                                          | D pulso                                  |
| f. Account Code          | g. Form of Payment                      | II. I al pose code                               |                         | i. Date (mm/dd/yyyy)          | j. Amount         | K. Rei                                         | quired Remarks                           |
|                          | DEBIT CARD                              |                                                  |                         | 8/6/2025                      | \$ 110.20         |                                                | Stickers                                 |
|                          |                                         | <del>                                     </del> |                         |                               |                   | +                                              | CHONOLO                                  |
|                          |                                         | 1                                                |                         |                               | \$                | <u> </u>                                       |                                          |
| 4. Payee Inform          | nation                                  | ·                                                | -                       | Add 🗆                         | Remove            |                                                |                                          |
| a. Full Name, Mail       | ling Address & Phone                    |                                                  | b                       | . Coordinated Committee Na    | ame               | d. Co                                          | mments                                   |
| (include city, state,    | , & zip)                                | ·· ·                                             | Г                       |                               |                   |                                                |                                          |
| GOOGLE                   | <del></del>                             |                                                  | L                       | _                             |                   |                                                |                                          |
|                          |                                         |                                                  | c.                      | . Level Registered (Specify)  |                   |                                                |                                          |
| 200 Morris St, I         | Ourham, NC 27701                        |                                                  |                         | Federal 🗍                     | County:           |                                                |                                          |
|                          |                                         |                                                  |                         | State 🔲                       | Municipality:     | e. Elec                                        | ction Sum to Date                        |
|                          |                                         |                                                  |                         |                               |                   | \$                                             |                                          |
|                          | 1                                       | ·                                                | _                       | 1                             | T                 | <u> </u>                                       |                                          |
| f. Account Code          | g. Form of Payment                      | h. Purpose Code                                  |                         | i. Date (mm/dd/yyyy)          | j. Amount         | _                                              | quired Remarks                           |
|                          |                                         |                                                  |                         |                               |                   |                                                | ail and Google Drive<br>ount monthly fee |
|                          | Debit Card                              |                                                  |                         | 9/2/2025                      | \$ 33.33          | acco                                           | unt monthly rec                          |
|                          |                                         | <br>                                             |                         |                               |                   |                                                |                                          |
|                          |                                         |                                                  |                         |                               | c                 |                                                |                                          |
|                          |                                         |                                                  |                         |                               | \$                |                                                |                                          |
| 4. Payee Inforn          |                                         |                                                  | Α                       | Add □                         | Remove            |                                                |                                          |
|                          | ing Address & Phone                     |                                                  | Ь.                      | . Coordinated Committee Na    | ıme               | d. Cor                                         | mments                                   |
| (include city, state,    | & zip)                                  |                                                  |                         |                               | •                 |                                                |                                          |
| 40.17 B                  | : ::::: I I I I I I I I I I I I I I I I |                                                  | <u> </u>                |                               |                   | 4                                              |                                          |
|                          | int, 6410 Eastland R                    | d E, Brook                                       |                         |                               |                   |                                                |                                          |
| Park. OH 44142           |                                         |                                                  | c.                      | c. Level Registered (Specify) |                   |                                                |                                          |
|                          |                                         |                                                  | -                       | man and an an analy           |                   |                                                |                                          |
|                          |                                         |                                                  |                         |                               |                   |                                                |                                          |
|                          |                                         |                                                  |                         | Federal                       | County:           |                                                |                                          |
|                          |                                         |                                                  |                         | ] State [                     | Municipality:     | e. Elec                                        | ction Sum to Date                        |
|                          |                                         | į                                                |                         |                               |                   | \$                                             |                                          |
|                          |                                         |                                                  | <u> </u>                |                               | r                 | -                                              |                                          |
| f. Account Code          | g. Form of Payment                      | h. Purpose Code                                  |                         | i. Date (mm/dd/yyyy)          | j. Amount         | k. Req                                         | uired Remarks                            |
|                          | Debit Card                              |                                                  |                         | 8/20/2025                     | \$ 133.73         |                                                |                                          |
|                          |                                         |                                                  | $\dashv$                | -                             |                   | L                                              | ampaign literature                       |
|                          | ļ                                       | l                                                |                         |                               | \$                |                                                |                                          |
|                          | <u> </u>                                |                                                  |                         |                               | ļ                 | \$277.                                         | <del></del>                              |
| 5. Total only thi        | is Page                                 |                                                  |                         |                               |                   | 26                                             |                                          |
| 6. Total of ALL          | CRO-1310 Pages                          |                                                  |                         |                               | <del>- ,, ,</del> |                                                |                                          |
|                          | line 13a of Detailed Sum                | ımary Page CRO-1100                              | 0 if                    | Operating Expenses)           |                   | : \$                                           |                                          |
| (This line goes in       | line 13b of Detailed Sun                | ımary Page CRO-1100                              | 0 if                    | Contrib to Candidates/Politic | al Comm)          | T)                                             |                                          |
|                          |                                         |                                                  | _                       | Coordinated Party Expenditu   | res)              | <u>i                                      </u> |                                          |
|                          | es (List detailed exp                   |                                                  | _                       |                               |                   |                                                |                                          |
| A* - Media               | B* - Printing                           | C* - Fund                                        |                         | 0                             | D - To Anothe     |                                                | Office Expenses                          |
| E - Salaries I - Postage | F* - Equipment J - Penalties            | G - Politica<br>K* - Offic                       |                         | -                             |                   |                                                | gal Expense Fund                         |
| O* - Other               | o i charles                             | K OM                                             |                         | жрение                        | Q 2000000         |                                                | ,ar Expense I and                        |
|                          | e detailed explanati                    | ion in required re                               | em                      | arks field (k)                |                   |                                                |                                          |

| g | 1 | of | 2 |
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Amendment Yes

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

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | 2 <sub>5</sub> 0 - 9          | ·景. 45 (1984年) - 1985年              |               |                           | 2.ID Number                            |
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| Commit                             | 39-3063870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                               |                                     |               |                           |                                        |
| X Operating I                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               | ates/Political Committees           |               |                           | Party Expenditures                     |
| -1 5                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               | dd                                  |               |                           | Tarty Experientales                    |
|                                    | ling Address & Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . 3                  | 1                             | Coordinated Committee N             |               | 1                         | nments                                 |
| (include city, state               | , & zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                               |                                     |               | ļ ·                       |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               | _                         |                                        |
| VICTOR                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | c.                            | Level Registered (Specify)          |               |                           |                                        |
| 5200 30th St SW,                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Federal ☐ County:  |                               |                                     |               |                           |                                        |
| Davenport, IA 52802                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F                    | State                         | Municipality:                       | e. Elec       | tion Sum to Date          |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               | \$                        |                                        |
| f. Account Code                    | g. Form of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | h. Purpose Code      | <u> </u>                      | i. Date (mm/dd/yyyy)                | j. Amount     | k. Req                    | uired Remarks                          |
|                                    | DEBIT CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                               | 7/31/2025                           | \$ 446.66     | 1                         |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                    |                               |                                     |               | -                         | Yard Signs                             |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                    |                               |                                     | \$            |                           |                                        |
| 4. Payee Inform                    | nation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | A                             | dd 🗀                                | Remove        | J. W. L.                  |                                        |
|                                    | ing Address & Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                    | b.                            | Coordinated Committee N             | аше           | d. Con                    | • 1                                    |
| (include city, state,              | & zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>-</u>             | _                             |                                     |               |                           |                                        |
| GOOGLE                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Income to the second |                               |                                     |               | -                         |                                        |
| CA 94043, US                       | ieatre Parkway, M<br>SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | iountain view,       | c.                            | Level Registered (Specify)          |               |                           |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               | Federal 🔲                           | County:       | 1                         | İ                                      |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               | State                               | Municipality: | e. Elec                   | tion Sum to Date                       |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               | s                         |                                        |
| f. Account Code                    | g. Form of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | h. Purpose Code      | $^{\perp}$                    | i. Date (mm/dd/yyyy)                | j. Amount     | <u> </u>                  | uired Remarks                          |
| ii Account Code                    | g. 1 or m or 1 ayment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                               | i. Date (minuda/yyyy)               | J. Amount     | +                         | l and Google Drive                     |
|                                    | Debit Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                               | 8/4/2025                            | \$ 6.91       |                           | ınt monthly fee                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               |                           |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | 1                             |                                     | s             | <u> </u>                  |                                        |
| 4 Day 1 Trefa                      | The Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Co |                      | - 1. A.Y.                     | ng begins a series of a great time. |               | Section of the section of | ************************************** |
| 4. Payee Inform a. Full Name, Mail | ing Address & Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>             | <del></del>                   | ld<br>Coordinated Committee N       | Remove        | d. Com                    | ments                                  |
| (include city, state,              | & zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | b. Coordinated Committee Name |                                     |               |                           | mens                                   |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               |                           |                                        |
| Canva                              | Chavez Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                               |                                     |               |                           |                                        |
| Building 1, Sui                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | c. I                          | c. Level Registered (Specify)       |               |                           |                                        |
| Austin, TX 787                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               |                           |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Federal County:               |                                     |               |                           |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               | State                               | Municipality: | e. Elect                  | ion Sum to Date                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     |               | \$                        |                                        |
| f. Account Code                    | g. Form of Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | h. Purpose Code      |                               | i. Date (mm/dd/yyyy)                | j. Amount     | k. Requ                   | ired Remarks                           |
|                                    | Debit Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                               | 8/6/2025                            | \$ 15.00      |                           |                                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | +                             |                                     |               | Ca                        | nva Subsciption                        |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               |                                     | \$            |                           |                                        |
| 5. Total only the                  | is Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                               |                                     |               | \$468.<br>57              |                                        |
| 6. Total of ALL                    | CRO-1310 Pages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                               |                                     |               | JΙ                        |                                        |
|                                    | line 13a of Detailed Sun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | -                             | . , .                               |               | \$                        | !                                      |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                               | ontrib to Candidates/Politic        |               | Φ                         | •                                      |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | _                             | oordinated Party Expenditu          | ires)         | Compact 445, 689          | MATERIAL STREET, ALL SELECTION         |
| A* - Media                         | es (List detailed exp<br>B* - Printing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C* - Fund            |                               |                                     | D - To Anothe | C10 25X 1 14              | ate                                    |
| E - Salaries                       | F* - Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G - Politic          |                               | ~                                   |               |                           | Office Expenses                        |
| l - Postage                        | J - Penalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | K* - Offic           |                               |                                     |               |                           | al Expense Fund                        |
| O* - Other  * Codes require        | e detailed explanati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | on in required re    | ma                            | rks field (k)                       |               |                           |                                        |

bedy yalsi boo B227L NC 127258 To80-0807 Fax 578-9758 Sexum@exumhoto.com

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