Disclosure Rep	port Cover						Am	endment X
	neral report and committee info	ormation	, must be sig	ned and	l submit	ted along with ot	her deta	Yes X No iled forms.
Do not use this form	to update information		-	-				
1. Committee Inform	nation							
a. Full Name							c.	ID Number
Committee to Ele	ect Steve Exum							39-3063870
	ide City, State and Zip Code)						d	Date Filed
115 Avenue of	Trees, Elon, NC 27244							12-08-2025
							e.	Phone Number
								336 214-4387
2. Report Year	3. Period Start Date (mm/dd/	yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer F	ull Nam	e
2025	10-21-2025		12-	-08-25		Angela F	Kalo	
6. Type of Committee	ee (Check One)	9. Type	e of Report	(c	heck on	ly one type of rep	ort from	one category)
X Candidate Campai		Municip	al		State/C	ounty	R	eferendum
□ PAC	Referendum		Organizational			Organizational		Organizational
[ Independent	☐ Joint Fundraiser		Thirty-five day		(	Quarterly		Pre-referendum
Expenditure  Legal Expense Fun	nd	1						
7. Type of Fund	(if applicable, check one)		Pre-primary			First		] Final
□ "Booster Fund"			Pre-election			Second		Supplemental Final
☐ Building Fund			Pre-runoff			Third		Annual
And the second s			Semi-annual			Fourth		Special
			Mid Year		5	Semi-annual		
Other:			Year End			Mid Year	1	). Special Report Name
		$\Box X$	Final			Year End		
8. Number of Fundr	aisers this Report		Special		F	Final	1	Organizational Report
						Special		
11. Account Informa	ntion			11. Ac	count I	nformation		
a. Financial Institution Fi				a. Finar	ncial Insti	itution Full Name		
FIRST BANK								
b. Purpose	c. Account Code			b. Purp	ose			c. Account Code
ACCOUNT	05310456	8			RE	CEIVE	D	
	d. Period Begin Balance					C U 8 725		d. Period Begin Balance
	\$ 495.01			^				S
CERTIFICATION				BC	ARD (	NCE COUNT	Y	
I certify that the Com	mittee or Fund is in compliance	ce with a	Il applicable	provisi	ons of A	uticle 22)4, 22B,	<b>&amp;</b> 22D-	22M of Chapter 163 of the
NC General Statutes a	and that no funds are comming	gled with	prohibited of	or other	non-dis	closed funds. I fu	ırther ce	rtify that this report is
complete, true and co	rrect and that I have been train	ned by th	e NC State B	oard of	Election	n/s. /		
STEV	EN J EXUM		/	17	L/	1		12-08-2025
NAMES OF THE PERSON OF THE PER	Printed Name of Signer		Si	gnature o	f Appoint	ed Treasurer		Date
FOR OFFICE USE OF	NLY 1- 117/25				VI	,	D 1	26.4.1
Date Received:	1918/92		Employee:		1/1	<u> </u>	Deli	<u>very Method</u> Normal Mail
							П	Registered Mail
Date Postmarked			Employee:					Hand Delivered
D . 2	12/0/02				9	-	Y	Electronically Filed
Date Scanned:	$\frac{ \alpha }{ \alpha }$		Employee:			<u> </u>		Signer has not received mandatory training
Date Data Entere	d·		Employee:					mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

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. ID Number **FINAL** COMMITTEE TO ELECTS STEVE EXUM 39-3063870 Total this Total this 2025 Start of Election Cycle: January 1, Reporting Period Election Cycle S Cash on Hand at Start 495.01 REGUERS 5) Aggregated Contributions from Individuals (CRO-1205) \$ S \$ Contributions from Individuals (CRO-1210) \$ 198.95 2234.21 \$ \$ 250 Contributions from Political Party Committees (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) S S S 9) Loan Proceeds (CRO-1410) \$ S 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ 11) Other Receipt Sources \$ \$ 11a) Interest on Bank Accounts (CRO-1250) S S 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ (CRO-1265) 11 e) Exempt Purchase Price Sales TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a. 11b. 11c. 11d and 11e) \$ 198.95 \$ 2484.21 MENTAL BENEFIT 13) Disbursements S 80.91 S 2484.21 13a) Operating Expenditures (CRO-1310) S S 13b) Contributions to Candidates/Political Committees (CRO-1310) 613.05 \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) S 14) Aggregated Non-Media Expenditures (CRO-1315) S 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements From the Committee (CRO-1320) S 17) In-Kind Contributions (CRO-1510) \$ **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 18) 693.96 2484.21 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ S AND DURIENA LA LENGURIA DA LA CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DE LA CARRESTA DE LA CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DE LA CARRESTA DE LA CARRESTA DE LA CAR 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) S Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 21) \$ 22) Debts and Obligations owed By the Committee (CRO-1610) S 23} Debts and Obligations owed To the Committee (CRO-1620) Account Transfers Within the Committee (CRO-1720) \$ 24) S (CRO-1710) 25) Administrative Support \$ Forgiven Loans (CRO-1440) \$ 26) S \$ 48-Hour Notice Reports Sum (CRO-2220) 27)

28)

Contributions to be Refunded

(CRO-1215)

\$

\$

## **Contributions from Individuals**

Pg	_1	of	1	Amer	ndment		
	-				Yes	X	N

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

1. Committee Full Name (and Fund if applicable)							2. ID Number		
CC	OMMITTEE TO E	39	-3063870	_					
3. Contr	ibutor Informatio	on		Add □ Rei	move				
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments									
	city, state, & zip)			Finance Director	r				
	Chapman Branson Drive			c. Employer's Name/Sp	necific Field				
	m, NC 27253			c. Employer 3 value of	perine rieid	1			
				Duke University	/ Hospital	e. Election S	Sum to Date	_	
						\$	98.95		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	_	
		Act Blue			11/3/2	2025	\$ 98.95		
							s		
							\$		
3. Contri	ibutor Informatio	on		Add □ Rer	nove				
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s		
	city, state, & zip)			NOT EMPLO	OVED				
George L 306 Trini				c. Employer's Name/Sp					
Elon, NC			,	Co amprojec o					
				NONE		e. Election S	um to Date	_	
						\$100			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yyy	yy)	k. Amount		
		Check			11/3/202	25	\$ 100		
							S		
							\$		
	ibutor Informatio			Add □ Ren	nove				
	ne, Mailing Address &	¿ Phone		b. Job Title/Profession		d. Comments	3		
(include	city, state, & zip)								
				c. Employer's Name/Sp	ecific Field				
						e. Election Si	ım to Date		
					;	\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	y)	k. Amount		
							\$		
							\$		
							\$		
4. Total	only this Page		9 3		a Van State. Nederlaak misala	\$198.95			
	of ALL CRO-			agan galak bahar melalik dalam Permenakan dalam dalam kerasa bahar		\$198.95	·		
			RO-1100			D198.93			

Die	biii	rsen	1en	ts

Pg	 of <u>3</u>	Amendment		
			X	N

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

1. Committee Full	Name (and Fund if appl	icable)			14 14 17			2. ID Number
	E TO ELECT STEVE E			•			_	39-3063870
3. Type of Disburse	ement <u>(Pleas</u>	e use separate CRO-1	310	forms for each ty	e of Disbu	rsement)		·
X Operating E	expenses	Contributions to Ca	ndid	ates/Political Com	mittees	□ Co	ordinated	Party Expenditures
4. Payee Information	on		Α	dd		Remove		
a. Full Name, Mail	ing Address & Phone		Ь.	Coordinated Cor	nmittee Na	ame	d. Cor	nments
(include city, state,	& zip)		Г				ļ	
Google			1					
1600 Amphit	heatre Parkway		c.	Level Registered	(Specify)		1	
Mountain Vie	ew. CA 94043, USA					County:	1	
			=		X	Municipality:	e. Elec	ction Sum to Date
•			<del> </del>				<b>†</b>	
							\$	73.57
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/	уууу)	j. Amount	k. Req	juired Remarks
	Debit			10/1/25		\$ 36.91		
<u> </u>						1	-	
						\$		
4. Payee Information			7	dd		Remove	<u> </u>	
	ng Address & Phone		<u>b.</u>	Coordinated Cor	nmittee Na	ime	d. Con	nments
(include city, state,	& zip)		1				1	
Google			oxdot				j	
1600 Amphit	heatre Parkway		c.	Level Registered	(Specify)			
Mountain Vie	w, CA 94043, USA			Federal		County:		
				State	X	Municipality:	e. Elec	tion Sum to Date
				• "			\$ 11	10.48
f. Account Code	g. Form of Payment	h. Purpose Code	<del></del> _	i. Date (mm/dd/	ana)	j. Amount	k Ren	uired Remarks
1. Account Code	g. Form of Payment	in ruipose code		L Date (min/uu)	7937		K. Key	uned Remarks
	Debit Card			12/1/2025		\$ 44		
						S		
4 Payas Informatic	on .	er er er er er er	- A	ia natawa paka ang		Remove	<u> </u>	
	ng Address & Phone			Coordinated Cor			1	nments
(include city, state,	-		<del>  "</del>	Coordinated Cor	inititee I va	inc	u. co.	Inchi.
(	<u></u>		ļ				İ	
			-	Laura Danistana d	(C:G-)		}	
			_	Level Registered			+	
			1	Federal		County:		
				State	X	Municipality:	e. Elec	tion Sum to Date
							\$ 11	0.48
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/	ууу)	j. Amount	k. Req	uired Remarks
	·		_	<del></del>			ļ	
						s		
5. Total only this Pa	ge					nje jijihar ji kartik a	\$	80.91
6. Total of ALL CR			ine Name		La l'Elivaca			
(This line goes in	line 13a of Detailed Sun	mary Page CRO-1100	if (	Operating Expense	s)		e	693.96
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  \$ 693.96							093.90	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundr				D - To Another		
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses  1 - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund								
O* - Other								•
* Codes require de	* Codes require detailed explanation in required remarks field (k)							

3. Type of Disbursement

(include city, state, & zip)

4. Payee Information

122 Main Street

Operating Expenses

Alamance County Democratic Party

a. Full Name, Mailing Address & Phone

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT STEVE EXUM

Pg	_2_	of <u>3</u> _	Amendment	
			□ Yes	

2. ID Number

Coordinated Party Expenditures

d. Comments

39-3063870

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

(Please use separate CRO-1310 forms for each type of Disbursement.)

b. Coordinated Committee Name

c. Level Registered (Specify)

Contributions to Candidates/Political Committees

Burlington, NC 27.	217		☐ Federal		County:	
				X	Municipality:	e. Election Sum to Date
						\$ 513.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Required Remarks
	Check		12/8/202:	5	\$ 344.03	
	Cash		12/8/202:	5	\$ 169.02	
4. Payee Informati	on .		Add		Remove	
	ing Address & Phone		b. Coordinated Co	mmittee N	Name	d. Comments
(include city, state,	& zip)					
			c. Level Registered	(Specify)		7
			☐ Federal		County:	1
			□ State		Municipality:	e. Election Sum to Date
			- State			
						S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	/уууу)	j. Amount	k. Required Remarks
					\$	
					s	
4. Payee Informati	on .	I Jogađan Artin <mark>⊡</mark> Jesa	Add		Remove	
	ing Address & Phone		b. Coordinated Co			d. Comments
(include city, state,	& zip)					
			c. Level Registered	(Specify)		1
			☐ Federal		County:	7
			□ State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	/уууу)	j. Amount	k. Required Remarks
					œ.	
		-	ļ		\$	
			:		s	
					1	
5. Total only this P						\$ 513.05
	tO-1310 Pages line 13a of Detailed Sun				Market Carlos Ca	
,	line 13b of Detailed Sun				cal Commi	\$ 693.96
	line 13c of Detailed Sun					1
	(List detailed expenditure	التباري المستقل				
A* - Media	B* - Printing	C* - Fundr	aising		D - To Another	
E - Salaries	F* - Equipment	G - Political			H* - Holding P	Public Office Expenses
I - Postage	J - Penalties	K* - Office	Expenses		Q" - Donation	to Legal Expense Fund
O* - Other  * Codes require de	etailed explanation in rec	mired remarks field (		i ing parasa		•
CDO 1210	tancu explanation in rec	····	State Board of Election	mc		December 2006

Die	hu	rsem	ente	

1. Committee Full Name (and Fund if applicable)

COMMITTEE TO ELECT STEVE EXUM

Pg	3	of <u>3</u>	Amenda	nent	
				Yes	X

2. ID Number

39-3063870

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

3. Type of Disburse	ment <u>(Pleas</u>	se use separate CRO-13	10 forms for each type of Disbu	<u>irsement.)</u>				
Operating E	Operating Expenses X Contributions to Candidates/Political Committees   Coordinated Party Expenditures							
4. Payee Information	on	Y 🗎 1	Add	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)							
Ojeda for NC								
PO Box 35		Ì	c. Level Registered (Specify)		†			
Aberdeen, NC	20215		☐ Federal ☐	County:	†			
Aberdeen, NC	20015			-	71 41 6 4 9 4			
		}	☐ State X	Municipality:	e. Election Sum to Date			
					\$ 100			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Debit Card		11/18/25	\$ 100				
				\$				
4. Payee Information	n		Add	Remove	A street and the stre			
	ng Address & Phone	1	b. Coordinated Committee Na		d. Comments			
(include city, state,	_	ŀ	b. Coordinated Committee 14		u. Comments			
(merade ereg, state,								
		-			-			
		1	c. Level Registered (Specify)		4			
			☐ Federal ☐	County:				
		_	☐ State	Municipality:	e. Election Sum to Date			
					\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks			
			<u> </u>					
				\$				
				\$				
4. Payee Informatio	n to the state of	<u> </u>   1, 1 11 12 12 14 14 <mark>                                </mark>	l   Add     Bass   BBS	pro <b>no</b> gramina del Controlo Control Cont	Andrew Williams Committee			
	ng Address & Phone		b. Coordinated Committee Na		I			
(include city, state,	_	F	b. Coordinated Committee Na	ше	d. Comments			
(merauc city, state, t	x 2(p)							
		_						
			c. Level Registered (Specify)					
			☐ Federal ☐	County:				
			☐ State	Municipality:	e. Election Sum to Date			
					\$ 110.48			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	D							
			- <del> -</del>	s				
			<u></u>	j				
5. Total only this Pa			. Julia anto bear to colorar		\$ 100			
6. Total of ALL CR	•		rieti irzitzita					
-	line 13a of Detailed Sum				\$ 693.96			
	•		f Contrib to Candidates/Politica	·	3,51,5			
	-		f Coordinated Party Expenditu					
	List detailed expenditure		undi Tikuskabiya (ciya •••					
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundra G - Political I		D - To Another (				
I - Postage	J - Penalties	K* - Office I			ublic Office Expenses to Legal Expense Fund			
O* - Other	y Committee	i - Omee i	-ap-acoto	Q Donation t	o segui sapense i unu			
	ailed explanation in req	uired remarks field (k)	en e					
CDO 1210		NO CO	- B 1 CFI 4	<u> </u>	B 1 2000			