Amendment

Yes

No

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

1. Committee Informa	tion					
a. Full Name						c. ID Number
Committee to Elect S	Steve Exum					39-3063870
b. Mailing Address (in	clude City, State and Zip Code)			PECE	IV/ED	d. Date Filed
115 Avenue of Trees Elon, NC 27244				DEC 0	8 2025	12 - 0 % - 25
			AL	AMANCE	COUNTY	e. Phone Number
					LECTIONS	336 214-4387
2. Report Year	3. Period Start Date (mm/dd/yy)		4. Period End Dat (mm/dd/yy)	te	5. Treasurer Full Nam	e
2025	09 - 24 - 25	10 -		25	Angela Kalo	
6. Type of Committee ((Check One)	9. Type of	Report	(check onl	y one type of report from or	ne category)
x Candidate Camp	aign 🗆 Party	Municipal		State/	County	Referendum
□ PAC	Referendum	0	rganizational		Organizational	☐ Organizational
☐ Independent Expenditure ☐ Legal Expense F	☐ Joint Fundraiser	TI	hirty-five day		Quarterly	☐ Pre-referendum
7. Type of Fund	(if applicable, check one)	□ Pr	re-primary		First	□ Final
□ "Booster Fund"	(g appreciate, executions)	4	e-election		Second	☐ Supplemental Final
☐ Building Fund		□ Pr	e-runoff		Third	☐ Annual
		Se	emi-annual		Fourth	☐ Special
			Mid Year		Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
		☐ Fi	nal		Year End	
8. Number of Fundrais	ers this Report] □ Sp	pecial		Final	Organizational Report
	0]			Special	
11. Account Informatio	nc		11.7	Account In	formation	
a. Financial Institution	Full Name		a. F	inancial In	stitution Full Name	
FIRST BANK						
b. Purpose	c. Account Code		b. P	Purpose		c. Account Code
ACCOUNT	053104	568		KE(CEIVED	
	d. Period Begin Balance			DEC	0 0 2005	d. Period Begin Balance
	S 818.80			UE	0 8 2025	S
	S 818.80			ΑΙ ΑΜΑΙΑ	NCE COUNTY	3
CERTIFICATION			B	OARD C	OF ELECTIONS	
I certify that the Commit	ttee or Fund is in compliance with all a	ipplicable pro	visions of Article 2	22A. 22B. &	22D-22M of Chapter 163	of the NC General Statutes and that no hat I have been trained by the NC State
Board of Elections.				1	1 //	, ,
5	tever J. Exun	`	/1+	4//		12/8/2025
	Printed Name of Signer		Signatu	ire of Appoi	ntqu Tyeasurer	Date
FOR OFFICE USE ON	NLY			1		
Date Received:	13/8/22	En	mployee:	h	-[6	Delivery Method ☐ Normal Mail
Date Postmarked:		En	nployee:			Registered Mail Hand Delivered
Date Scanned:	12/8/25	En	nployee:	_	W .	☐ Electronically Filed ☐ Signer has not received
Date Data Entered:		En	nployee:			mandatory training
Please Note: This fo	orm cannot be used to amend committee	e information	such as the comm account informat		s, treasurer, assistant treasur	er, custodian of books information, or
	You must amend the S	Statement of (to make committee changes	i

n	:-	h.	٠.				en	٠.	
IJ	ıs	DI	П	S	er.	nı	en	15	

Рg	 of <u>2</u>	Amendment		
		□ Ves	X	\sim

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

	Name (and Fund if appl			······································		<u> </u>	2. ID Number
	E TO ELECTS STEVE I					· · · · · · · · · · · · · · · · · · ·	39-3063870
3. Type of Disburse	ement <u>(Pleas</u>	se use separate CRO-1	310	forms for each type	of Disbu	rsement.)	
 Operating F 				ates/Political Commi			ordinated Party Expenditures
4. Payee Informati				dd		Remove	
a. Full Name, Mail	ing Address & Phone		b	. Coordinated Comp	ittee N	ame	d. Comments
(include city, state,	& zip)						
Google			1				
1600 Amphit	heatre Parkway		c.	Level Registered (S	pecify)		7
	w. CA 94043. USA					County:	
			=		X	Municipality:	e. Election Sum to Date
			-			<u> </u>	
							\$ 73.57
f. Account Code	g. Form of Payment	h. Purpose Code	•	i. Date (mm/dd/yy)	/y)	j. Amount	k. Required Remarks
	Debit Card			10/1/25		\$ 33.33	Gmail & Google Drive fee
				<u> </u>		S	
4 D T.C				3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u>i. </u>	
4. Payee Information	on ing Address & Phone			dd a war a Carre	. ⊡.; ÷	Remove	Tic
(include city, state,	-		D.	Coordinated Comm	ittee Na	ıme	d. Comments
(include city, state,	& zip)		-				
			ļ				
	mance County		c.	Level Registered (S	ecify)		
PO Box 2440				Federal		County:	
Burlington, N	C 27215			State	X	Municipality	e. Election Sum to Date
			! ! !				\$ 40.00
f. Account Code	g. Form of Payment	h. Purpose Code	٦	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
·	Debit Card			10/5/25	• -	\$ 40	
	Debit Card		_	10/3/23		3 40	Donate to pet non profit
			Ì			\$	
4. Pavee Informatio		, 100kg -	A	id a di Romania di Mala		Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Comm	ittee Na	me	d. Comments
(include city, state,	& zip)						
			c.	Level Registered (Sp	ecify)		
				Federal		County:	
				State		Municipality:	e. Election Sum to Date
							ti Zicetton Guin to Bute
f. Account Code	g. Form of Payment	h. Purpose Code	Ī	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
			,				
			ļ			S	
4 75 4 7 1 47 75							
5. Total only this Pa 6. Total of ALL CR		<u></u>	-	<u>an an indicate and an indicate an indicate and an indicate an indicate an indicate and an indicate an</u>			\$73.33
	line 13a of Detailed Sum	mary Page CRO-1100	if C)neratina Evnenses)	111111111	for each of the second	
	line 13b of Detailed Sum				/Politico	d Comm)	\$ 870.89
~	line 13c of Detailed Sum	• •	_			•	
	List detailed expenditure		<i>y</i> 0	The state of the s			
A* - Media	B* - Printing	C* - Fundr	aisir	ng	· · · ·	D - To Another	Candidate
E - Salaries	F* - Equipment	G - Political	Par	ty		H* - Holding P	ublic Office Expenses
I - Postage	J - Penalties	K* - Office	Exp	enses		Q* - Donation t	o Legal Expense Fund
O* - Other	ailad avalanatian in	uived noncerts Sat 3 (A	jaunga magampa. Taungan	\$.4E./ C	Janaan artii Janus Hiri	
Coues require det	ailed explanation in req	urren remarks neid (1	.)	i a sin mas kisa ilad	57373		

Oisbu	rsements

Pg	1	of <u>2</u>	Amendmen

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

1. Committee Full Na	me (and Fund if applicable)			*.			2. ID Number
COMMITTEE	TO ELECTS STEVE EXUM					<u></u>		39-3063870
3. Type of Disburseme	ent <u>(Pleas</u>	e use separate CRO-1310	for	ms for each type of L	disbursement.	L		
Operating Ex	penses 🗆	Contributions to Candi	date	s/Political Committe	es	☐ Co	ordinated	Party Expenditures
4. Payee Information			P	\dd		Remove		
a. Full Name, Mailing	Address & Phone		Ь	. Coordinated Com	mittee Name		d. Cor	nments
(include city, state, &	zip)							
		,	1				ļ	
Braver Angels			c	. Level Registered (S	Specify)		7	
733 3rd Ave FI 1	6			Pederal	=	County:	7	
New York, NY I	10017		5	☐ State	Х	Municipality:	e. Elec	tion Sum to Date
			-				+	
							S	12
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/y)	ууу)	j. Amount	k. Req	uired Remarks
	Debit CArá			10/10/25		F 13		
	Debit CATG			10/19/25		\$ 12		
						l S		
4. Payee Information		<u> </u>		.dd		<u> </u>	<u> </u>	
a. Full Name, Mailing	Address & Phone	<u></u> <u>L</u>	7	.dd . Coordinated Comp		Remove	d. Con	1monts
(include city, state, &			-	. Coordinated Comi	minee Name		u. con	iments
, ,,	.,	. <u>.</u>	-				1	
Patty Temples	_		-				-	
1214 Brookview Drive			\vdash	Level Registered (S			4	
Elon, NC 27244			Ξ] Federal	Ĵ	County.	<u> </u>	
			Ξ	State	X	Municipality:	e. Elec	tion Sum to Date
							s :	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yy	vv)	j. Amount	k. Regu	uired Remarks
				,	,,,	,,		eimbursement for fundraising
	Check			10/7/2025		\$ 250.00	party	
						s	1	
	<u></u>						1	
4. Payee Information a. Full Name, Mailing	Address & Phone	m in in in en oktoor		Coordinated Comn		Remove	d. Com	
(include city, state, & z			D.	Coordinated Comm	imee Name		a. Com	ments
Try Amplifi							4	
2700 Cumberland Pkwy	y SE Suite 500. Atlanta, G	A 30339	c.	Level Registered (S	pecify)		1	
						County:		
			=	State	X	Municipality.	e. Elect	ion Sum to Date
							S 5	535.56
<u> </u>	·		_				-	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Requ	iired Remarks
	Debit Card			10/14/2025		\$ 535.56	Textin	g Campaign
						\$		
5. Total only this Page			110	wie en in de wei		<u> Animalina anima a</u>	S	797.56
6. Total of ALL CRO-1	310 Pages e 13a of Detailed Summary	Page CBO 1100 150	der	CARONE LIFERENCE	atrati ibi	BARKELL LANGE		
	-				(C)		S	870.89
•	e 13b of Detailed Summary				•		İ	
	e 13c of Detailed Summary in the table of tab	-	nati	eu ruriy Expenditure	(a)			
A* - Media	B* - Printing	C* - Fundrai	sing	· · · · · · · · · · · · · · · · · · ·		D - To Another Ca	andidate	
E - Salaries	F* - Equipment	G - Political P	arty	· /		H* - Holding Pul	olic Office	
I - Postage O* - Other	J - Penalties	K* - Office E	xpe	nses		Q* - Donation to	Legal Exp	pense Fund
	ed explanation in required :	remarks field (k)	٠.,					
				the state of the s	*.	the state of the s		

Contributions from Political Party Committees

Pg	_1_	of	_1_	Ame	ndment		
	_		-		Yes	X	N

Use this form to report contributions from a political party

	l Name (and Fund if	applicable)					2. ID Number		
Committee	to Elect Steve Exum							39-3063870	
3. Contributor In	formation		Add		Ren	nove			
a. Full Name, Mailing	Address & Phone		·				b. Con	ıments	
(include city, state,	& zip)								
Domesaustia	Down of Alamanaa C	ounts:							
122 North M	Party of Alamance C	ounty					c, Elec	tion Sum to Date	
	NC 27217 - 336 226	-5005					s		
					-		, D	,	
d. Account Code	e. Form of Payment	f. In-Kind Descri	ption			g. Date (mm/dd/yyy	y)	h. Amount	
	Check		- ···			9/28	3/25	\$ 250.00	
			-		i			\$	
				• •				S	
3. Contributor In	+——————————formation		————Add		Ren	nove		<u>' </u>	
a. Full Name, Mailing			2 2 22	<u> </u>			b. Com	ments	
(include city, state,	& zip)								
							c Elect	tion Sum to Date	
								ion outil to bate	
		_					\$	T	
d. Account Code	e. Form of Payment	f, In-Kind Descri	ption			g. Date (mm/dd/yyy	y)	h. Amount	
								\$	
						•	_	\$	
			-					\$	
3. Contributor In:	formation		Add		Rem	ove			
a. Full Name, Mailing							b. Com	ments	
(include city, state, e	& zip)								
							c. Elect	ion Sum to Date	
		T			· · · · · · · · · · · · · · · · · · ·		\$		
d. Account Code	e. Form of Payment	f. In-Kind Descrip	ption			g. Date (mm/dd/yyyy	<u>() </u>	h. Amount	
								\$	
								\$	
								\$	
4. Total only th	is Page						\$	250.00	
	CRO-1220 Page	s					\$ 250.00		
	ı line 7 of Detailed Summa						.		

Contributions from Individuals

Pg		of		Amei	idment	
	-		-		Yes	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)				2. ID Number			
cc	OMMITTEE TO E	LECT STEVE EXUN	Л				39-	3063870		
3. Contr	ibutor Informatio	on		Add □	Ren	nove				
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Comments			
(include	city, state, & zip)			Executive						
Do	vid Minton			F 1 1 N	10		_			
	1 Bluestone Road			c. Employer's Nam Design Ha						
	irham, NC 27713			Design na		CI .	e. Election S	um to Date		
	,								^	
		<u> </u>					\$	197.9	0 	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/yy	уу)	k. Amoun	ı t	
		Act Blue	ļ -		_	9/29/.	2025	\$ 1	97.90	
								\$		
								\$		
	ibutor Informatio			Add □	Rem	iove				
	ne, Mailing Address &	& Phone		b. Job Title/Profess			d. Comments	S		
(include	city, state, & zip)			Not Emp	loye	d				
Eli	zabeth Osborne			c. Employer's Nam	e/Sne	cific Field				
2585 Nealwood Ave										
Gra	aham, NC 27253			None			e. Election St	ım to Date		
							\$ 24.73			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/yy	yy)	k. Amoun	t	
		Act Blue				10/5/2025		\$	24.73	
								\$		
								S		
3. Contri	butor Informatio	'n		Add 🗆 🛚	Rem	ove				
	ne, Mailing Address &	z Phone		b. Job Title/Profess	ion		d. Comments			
	city, state, & zip)			No. D		ī				
	ricia Ashby 14 Heritage Dr Apt	t 30		Not Empl c. Employer's Name						
	rlington, NC 2721:			c. Employer sivanis	оорс	cine Field				
				None			e. Election Su	m to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yyy	y)	k. Amount		
		Check				10/5/2025		\$:	25.00	
								\$		
								\$		
4. Total	only this Page	;					\$ 247. 60			
5. Total	of ALL CRO-	1210 Pages					\$	297.07		
(This line	must be on line 6 of I	Detailed Summary Page Cl	RO-1100)				Ф	271.UI		

Contributions from Individuals

Pg	 of	2	Ame	ndment	
		-		Yes	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	
COMMITTEE TO ELECT STEVE EXUM							39-3063870	
3. Contr	ributor Informatio	on		Add □ R	emove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comment	d. Comments	
	e city, state, & zip)			N. B. J.				
	ecky Mock 663 Thom Road			Not Employed		-		
Mebane, NC 27302				c. Employer's Name/Specific Field None		4		
	10ane, 110 27302			None	None		e. Election Sum to Date	

	T					\$	98.84	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
		Act Blue			10/5/202	.5	\$ 49.47	
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add □ Re	emove			
	me, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comments	d. Comments	
(include	city, state, & zip)							
				. 27		4		
				c. Employer's Name/s	c. Employer's Name/Specific Field			
			;			e. Election Sum to Date		
			I				an to parc	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
	;]				\$	
							\$	
3. Contri	ibutor Informatio	n		Add □ Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comments	s	
(include	city, state, & zip)							
				- 1. No 16		-		
				c. Employer's Name/S	pecific Field	-		
					I	e. Election Su	um to Nate	
					I		IM to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
							\$	
							\$	
							\$	
4. Total only this Page							49.47	
5. Total of ALL CRO-1210 Pages							207.07	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	297.07	

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)	3. ID Number		
COMMITTEE TO ELECT STEVE EXUM	PRE ELECTION	1	39-3063870
Start of Election Cycle: Jan 1, 2025		Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 818.80	S 0
ances :			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 297.10	\$ 2035.26
7) Contributions from Political Party Committees	(CRO-1220)	\$ 250.00	\$ 250
8) Contributions from Other Political Committees	(CRO-1230)	\$	s
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		And the second s	
11a) Interest on Bank Accounts	(CRO-1250)	\$	S
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	IId and IIe)	\$ 547.10	\$ 2285.26
<u>EXTREMITMENTS</u>			
13) Disbursements	(CDQ 1210)		0 1700.25
13a) Operating Expenditures	(CRO-1310)	\$ 870.89	\$ 1790.25
13b) Contributions to Candidates/Political Committ	., .	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 870.89	\$ 1790.25
19) Cash on Hand at End (Add lines 4 and 12 together, then subtreached)	act line 18)	\$ 495.01	\$ 495.01
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	·	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ \$	
	}		
	(CRO-1720)	<u> </u>	Φ.
25) Administrative Support	(CRO-1710)	S	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$