Disc	losure	Ren	ort	Cov	er
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Amendment

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

ACCOUNT 053104568 d. Period Begin Balance S 95 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22 A. 22B, & 22D-22M Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report if complete, true and correct and that I have been trained by the NC State	1. Committee Informati	ion					Carlonal Carlonal			
DEC 08 2025 ALAMANCE COUNTY BOARD OF ELECTIONS 2. Report Year 3. Period Start Date (mm/ddyy) 2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date BOARD OF ELECTIONS 3. Period Start Date (mm/ddyy) 5. Treasurer Full Name (mm/ddyy) 6. Type of Committee (Check One) 9. Type of Report 6. Type of Committee (Check One) 9. Type of Report 9. Type of Report 1. Check only one type of report from me category) Municipal 1. Party Municipal 1. State/County 1. Referendum 1. Departizational 1. Departizational 1. Departizational 1. Departizational 1. Special 1. Special 1. Special 1. Special 1. Special 3. Number of Fundralsers this Report 1. Special 1. Account Information 3. Number of Fundralsers this Report 1. Special 1. Account Information 3. Finnal Institution Full Name 4. Period Begin Balance 5. 95 CERTIFICATION 1. Or Find Special 1.	a. Full Name									c. ID Number
DEC 08 2025 C. Phone Number	Committee to Elect St	teve Exun	1							39-3063870
DEC 08 2025 R. Phone Number 336 214-1387	b. Mailing Address (inc	lude City	, State and Zip Code)							d. Date Filed
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name Post P	기계 : 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10									12.8.2025
2. Report Year 2. Report S. Period Start Date (mm/ddyy) 2. 2025 6. Type of Committee (Check One) 7. Type of Feport Check only one type of report from one category) 8. Candidate Campaign Party Municipal State/County Referendam Organizational				ALAMANCE COUNTY BOARD OF ELECTIONS			COUNTY ECTIONS		336 214-4387	
6. Type of Committee (Check One) 9. Type of Report Paccandidate Campaign Parry Municipal State/County Referendum Organizational Organizational	2. Report Year	3. Perio	od Start Date (mm/dd/yy)		4. Period En			Representative and the part of	Name	
Candidate Campaign	2025		07-17-2025		09-2	23-2025		Angela Kalo		
PAC	6. Type of Committee (C	Check One	e)	9. Type	of Report	(ch	eck only	one type of report from	n one ca	tegory)
Independent Joint Fundraiser Sependiture Leval Expenditure Joint Fundraiser National Pre-primary Pre-referendum Pre-primary Pre-referendum Pre-primary Pre-primary Pre-referendum Pre-primary Pre-prim	x Candidate Campa	aign [Party	Munici	pal		State/0	County	I	Referendum
Expenditure Joint Fundraiser Joint Fundraiser Lead Expense Fund Pre-referendum Pre-primary First Final Supplemental Final Pre-referendum Pre-primary First Final Supplemental Final Annual Semi-annual Fourth Special Semi-annual Fourth Special Pre-runof* Final Pre-runof*	□ PAC		Referendum		Organizational			Organizational	[☐ Organizational
7. Type of Fund (If applicable, check one)	Expenditure		Joint Fundraiser	X	Thirty-five day	7		Quarterly		Pre-referendum
Building Fund Pre-election Second Supplemental Final Annual Special Annual Special Semi-annual Fourth Semi-annual Special Semi-annual Special Semi-annual Special Sp			diaabla abaak ona)	1_	Dra primary			Firet	١,	Final
Building Fund		(i) upp	ilicable, check one)	100000	1 = 2					
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Special Final Organizational Report Special Final Special Spec	- Other.					•			8.4	o. Special Report Name
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II. Account Information a. Financial Institution Full Name FIRST BANK b. Purpose	o value of a undraise	AND SOME HOUSE PARTY	POT CARGO PED HARRANIA INTERNA		эреста					Organizational Report
a. Financial Institution Full Name FIRST BANK b. Purpose							Ц	Special		
FIRST BANK										
b. Purpose c. Account Code b. Purpose c. Account Code ACCOUNT 053104568 d. Period Begin Balance d. Period Begin Balance S 95 CERTIFICATION 1 certify that the Committee or Fund is in compliance with all applicable provisions of Article 224, 229, & 220-22M) Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report of complete, true and correct and that I have been trained by the NC State Board of Elections. Steven J. Ex. Dec 8, 2025 Printed Name of Signer Signature Explointed Treasure Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Employee: Empl		Full Nam	e			a. Finan	cial Ins	titution Full Name		
ACCOUNT 053104568 d. Period Begin Balance d. Period Begin Balance S 95 S	FIRST BANK									
CERTIFICATION Certify that the Committee or Fund is in compliance with all applicable provisions of Article 224, 2218, & 2210-2214 Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Dec 8, 2025	b. Purpose		c. Account Code			b. Purpe	ose			c. Account Code
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 224, 2215, & 2215-2214 of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report of complete, true and correct and that I have been trained by the NC State Board of Elections. Dec	ACCOUNT		0531045	568						
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 227, 2218, & 22D-22Mof Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Dec			d. Period Begin Balance							d. Period Begin Balance
Certify that the Committee or Fund is in compliance with all applicable provisions of Article 224. 226. & 22D-22Mo Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report i complete, true and correct and that I have been trained by the NC State Board of Elections. Dec			S 95							S
Certify that the Committee or Fund is in compliance with all applicable provisions of Article 224. 226. & 22D-22Mo Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report i complete, true and correct and that I have been trained by the NC State Board of Elections. Dec	CERTIFICATION									
Date Received: Date Postmarked: Date Postmarked: Date Scanned: Employee:	I certify that the Committee funds are commingled with	th prohibit Fever	ted or other non-disclosed fur	plicable pr nds. I furth	er certify that the	nis refort i	Geomple A	et), true and correct an	d that I h	ave been trained by the NC State §. 2025
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Date Postmarked: Date Scanned: Employee: Employee: Employee: Employee: Employee: Morman Wall Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training	Date Received:		170172		Employee:	/	WL	6		
Date Scanned: Date Scanned:	Data Baster - 1								-	
mandatory training			12/8/25				T			Hand Delivered Electronically Filed
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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.

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			
Committee to Elect Steve Exum	35 DAY		39-3063870			
January 1	2025	Total this	Total this			
Start of Election Cycle: 2025,		Reporting Period				
4) Cash on Hand at Start		\$ 95	S 0			
RECEIPTS 5) Aggregated Contributions from Individuals	(CRO-1205)	S				
5) Aggregated Contributions from Individuals 6) Contributions from Individuals	(CRO-1210)	\$ 1638.16	1738.16			
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1038.10	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	s			
9) Loan Proceeds	(CRO-1410)	\$	S			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	S			
II) Other Receipt Sources	, ,					
Ha) Interest on Bank Accounts	(CRO-1250)	s 0	S			
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	S			
11c) Outside Sources of Income	(CRO-1250)	\$	S			
11d) Legal Expense Fund - Other Sources	(CRO-1270)	s	S			
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c		\$ 1638.16	\$ 1738.16			
<u>EXPENDITURES</u>	in a service of the best place.	en e				
13) Disbursements						
(3a) Operating Expenditures	(CRO-1310)	\$ 914.36	\$ 919.36			
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$			
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)	\$	\$			
17) In-Kind Contributions	(CRO-1510)	\$	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5. 16 and 17)	\$ 914.36	S 919.36			
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 818.80	\$ 818.80			
ADDITIONAL INFORMATION	(CRO-1330)					
20) Non-Monetary Gifts Given to Other Committees21) Outstanding Loans (incl. ones from other campaign		S				
Outstanding Loans (incl. ones from other campaignDebts and Obligations owed By the Committee	(CRO-1610)	\$ \$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$ \$				
25) Administrative Support	(CRO-1710)	\$	S			
26) Forgiven Loans	(CRO-1710) (CRO-1440)	\$	\$			
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	S			
28) Contributions to be Refunded	(CRO-1215)	<u> </u>	\$			
	1222 1219					

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Pg	1	of	5	Amendmen

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1. Committe	ee Full Name (and Fund	if applicable)				2. ID Number	
Comm	intee to Elect Steve Exam		<u>-</u> -				39-3063870
3. Contribut	tor Information			Add Remo	ove		
í	e, Mailing Address & Ph	ione		b. Job Title/Profession		d. Comments	
(include o	city, state, & zip)						
James G. 1 6 Gleneag Greensbor				nOT EMPLOYED c. Employer's Name/Specif	īc Field		
						1	
				NONE.		e. Election Sur	m to Date
						S	\$481.27
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyyy)	k. Amount
		ACT BLUE			7 29 2	2025	\$ 481,27
				· - ·			\$
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3. Contribut	or Information			Add Remo	ve		
	Mailing Address & Ph	one		b. Job Title/Profession		d. Comments	
(include city, state, & zip) STEVE EXUM: 115 Avenue of TREES Elon, NC 27244			Photographer Candidate c. Employer's Name/Specifi	· <u>-</u>			
				Exum Photography, LLC		e. Election Sum	n to Date
						S300	
f. Prior	g. Account Code	h. Form of Payment	i, In-Ki	nd Description	j. Date (mm/dd/yyyy)		k. Amount
5	- 	Check			7 30:25		\$200
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a. Full Name,	Mailing Address & Pho	one		b. Job Title/Profession		d. Comments	
(include ci Angela 105 Claystone Gibsonville, N	Drive			c. Emptover's Name/Specific	: Fjeld	e. Election Sum	to Date
f. Prior	g. Account Code	h. Form of Payment	i, In-Ki	nd Description	j. Date (mm/dd/yyyy)		k. Amount
		ACT BLUI-		· · · · · · · · · · · · · · · · · · ·	7 22 202	15	\$19,03
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4. Total only t	his Page					\$700.30	
	L CRO-1210 Pages	iled Summary Page CRO-110				\$1638.16	

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1. Committe	e Full Name (and Fund	if applicable)				2. ID Number			
Comm	uttee to Elect Steve Exum					3	9-3063870		
3. Contribut	tor Information			Add □ Remo	ove				
a. Full Name	e, Mailing Address & Pt	ione		b. Job Title/Profession		d. Comments			
(include o	city, state, & zip)								
				Property manager cont	ractor				
Joel Mar 1001 Bro Eion, NC	ookview Drive			c. Employer's Name/Specifi	ic Field	-			
				Martin properties		e. Election Sum	to Date		
						\$	\$100		
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a, Fuff Name	e, Mailing Address & Ph	one		b. Job Title/Profession		d. Comments			
(include c	ity, state, & zip)								
William Fis	ık Ct.			Financial Planner					
Elon, NC 27244				c, Employer's Name/Specifi	e riela				
				LPL Financial		e. Election Sum	to Date	<u> </u>	
						\$98.95			
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yyyy)		k. Amount		
		ActBlue			8/19/2025		\$9	98.95	
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3. Contribute	or Information	•		Add □ Remov	ve				
a, Full Name	, Mailing Address & Ph	one		b. Job Title/Profession		d. Comments			
(include c	ity, state, & zip)								
Harris Well 6817 Cand Elon, NC 2	lewood Drive			Not Employed					
Lion, NC 2	7012			c. Employer's Name/Specific	c Field				
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				None		e. Election Sum \$49,47	to Date		
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1. Committe	ee Full Name (and Fund	if applicable)				2. ID Number			
Comm	uttee to Elect Steve Exam					3	39-3063870		
3. Contribut	tor Information			Add □ Remo	ove				
a, Full Nam	e, Mailing Address & Ph	one		b. Job Title/Profession		d. Comments	d. Comments		
(include o	city, state, & zip)			Professor					
Cindy Be 8000 Wi Elon, NC	ndsor Way			c. Employer's Name/Specif	ic Field				
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ŧ	e, Mailing Address & Ph	one		b. Job Title/Profession		d. Comments			
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Mara 11 oz	200			Artist					
Mara J Loz 950 W Pea	chree St, 903			,					
Atlanta, G	Atlanta, GA 30309			c. Employer's Name/Specifi					
				HMU Artist		e. Election Sum	to Duto		
				TIPIO ATUSC			to Date		
	r:	1			1	\$19.79	T		
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(include ci	ity, state, & zip)								
Olee Joel C 17701 Cott	Olsen Conpatch Lane			Owner					
Cornelius,	NC 28031			c. Employer's Name/Specifi	r Field				
			†	c. employer a , tamer opecin					
				Sun Raised Farms		e. Election Sum	to Date		
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D							\$		
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1. Committe	ee Full Name (and Fund	if applicable)				2. ID Number		
Comm	nittee to Elect Steve Exum	1				3	39-3063870	
3. Contribut	tor Information			Add □ Remo	ove	.		
	e, Mailing Address & Ph	none		b. Job Title/Profession		d. Comments		
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Dooley M	I1.			Not Employed		_		
	lock Iom Road , NC 27302			c. Employer's Name/Specifi	ic Field			
I				None		e. Election Sum	n to Date	
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C Dulau	T _ tt Code	L Trans of Baymant	T: In.K	Tel Bereitstian	: Data (mm/dd/paya)		k. Amount	
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(include c	city, state, & zip)							
Ron Osborr			ļ	Not Employed		1		
2585 Nealwood Ave Graham, NC 27253				c. Employer's Name/Specifi	ic Field			
			!	Duke Energy	•	e. Election Sum	to Date	
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(include ci	ity, state, & zip)							
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Granam, 1.	C 27233		†	c. Employer's Name/Specific	c Field			
				Duke Energy	ļ	e, Election Sum	40 Data	
			1	Dane Linergy		S19.78	10 Date	
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		iiled Summary Page CRO-110	201			\$1638.16		

Contributions from Individuals

ľg	<u>5</u>	nf.	<u>5</u>	Amendment			
				X	V 0	-:	No

1. Committee Full Name (and Fund if applicable)					2. ID Number				
Committee to Elect Steve Exum						39-3063870			
3. Contributor Information				Add □ Remove					
a, Full Name, Mailing Address & Phone				b, Job Title/Profession		d. Comments			
(include cir	y, state. & zip)	- .		Photographer					
Steve I	Exum. 115 Av	enue of Trees		c. Employer's Name/Specific F	ield]			
Elo	n. NC 27244								
1				Exum Photography		e. Election Sum to Date			
					\$ \$256.16				
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		CASH			9/20/	25 \$ 56.16		56.16	
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(include cit	s, state, & zip)								
				- Caralanata Vanna (Caraiga Fi					
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(2105 Hite III	se on one o of Elemnen in							5117	

Amendment

X

Yes

N

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

	Full Name (and Fu					Teacher (A	2. ID Number	
1. Committee Full Name (and Fund if applicable) Committee to Elect Steve Exum						LOS STORIGOS	39-3063870	
3. Type of Disl								
X Operating				0-1310 forms for each a ates/Political Committees			l Party Expenditures	
4. Payee Infor			A	.dd 🔲	Remove			
	iling Address & Phone		b.	Coordinated Committee N	ame	d. Cor	mments	
(include city, state	e, & zip)							
			\perp			4		
	Y STORE			Level Registered (Specify)		4		
	Oth St SW,		☐ Federal ☐ County: ☐ State X Municipality:					
Davent	oort, IA 52802					e. Elec	ction Sum to Date	
						\$	446.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			k. Rec	uired Remarks	
	DEDIT CARD				6 446.66	1		
	DEBIT CARD			7/31/2025	\$ 446.66		Yard Signs	
					\$			
4. Payee Infor				dd □	Domovo			
	ling Address & Phone		$\overline{}$	Coordinated Committee N	Remove	d Cor	nments	
(include city, state	A STATE OF THE STA		В.	Coordinated Committee N	ame	u. Con	uments	
GOOGLE	•		1					
	neatre Parkway, M	lountain View,				1		
CA 94043, U			c.	Level Registered (Specify)				
				Federal	County:			
			F	State X	Municipality:	e. Elec	tion Sum to Date	
						\$	6.91	
f. Account Code	g. Form of Payment	h. Purpose Code	\Box	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks	
							il and Google Drive	
	Debit Card			8/4/2025	\$ 6.91	accou	unt monthly fee	
			- 1					
					\$			
4. Payee Inform	 	П	Α.	dd 🗆	Remove	200		
	ing Address & Phone	_	1	Coordinated Committee Na		d. Con	nments	
(include city, state,			B. Coordinated Committee Name			4.00.		
Canva]		
	Chavez Street		c.	c. Level Registered (Specify)				
Building 1, Su Austin, TX 787								
				☐ Federal ☐ County:				
				State X	Municipality:	e. Elect	tion Sum to Date	
						s	15.00	
f. Account Code	g. Form of Payment	h. Purpose Code	Н	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	uired Remarks	
	Debit Card			8/6/2025	\$ 15.00			
	Debit Card		+	6/0/2025	\$ 15.00	Ca	anva Subscription	
					\$			
5. Total only th	is Page				\$468.			
6 Total of AT I	CRO-1310 Pages				energia Marchado en energia do de	57		
A STATE OF THE PARTY OF THE PAR	line 13a of Detailed Sur	\$914.						
	line 13b of Detailed Sur	36						
	line 13c of Detailed Sun							
7. Purpose Cod	les (List detailed ex	penditure code in	(h.)	above)				
A* - Media	B* - Printing	C* - Fund			D - To Anothe			
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic K* - Offic		27 () 			Office Expenses al Expense Fund	
O* - Other	o I charties	K - Offic		rp-moto	V - Dollation	Leg	Zapense i unu	
this contact to the property of the contact of the	e detailed explanat	ion in required re	ema	rks field (k)				

Pg 2 of 4

Amendment

X 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 Full Name (and Fund if applicable)						2. ID Number		
Committee to Elect Steve Exum						39-3063870		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
X Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Inform				\dd □	-	Remove	1	
a. Full Name, Mail (include city, state,	ling Address & Phone		ᆙ	. Coordinated Committee	Nan	16	d. Cor	nments
(include tity, state,	, oc 21p)		-					
48 Hour D	rint, 6410 Eastland l	Dd E Brook				1		
Park, OH 44142	•	ica E, Diook	C.	Level Registered (Specify)	y)			
			☐ Federal ☐ County:					
			L	State X		Municipality:	c. Elec	ction Sum to Date
							\$ 1	10.20
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)	yyyy) j. Amount k. Required Remarks		wired Remarks	
I. Account Code		22.1 41 posso dodo				1		
	DEBIT CARD			8/6/2025		\$ 110.20	<u> </u>	Stickers
						\$		
		L						
4. Payee Inform	nation ing Address & Phone		7	∆dd □		Remove	1,0	
(include city, state,			D.	. Coordinated Committee !	Nam	ie	a. Con	oments
GOOGLE			1					
000022			c.	Level Registered (Specify)	·)		1	
200 Morris St, I	Ourham, NC 27701		Ī	Federal		County:	T	
				State X		Municipality:	e. Elec	tion Sum to Date
j							\$	33.33
	1		L,	I			· · · · · · · · · · · · · · · · · · ·	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	- 1	. Amount	+	uired Remarks
i								il and Google Drive unt monthly fee
	Debit Card			9/2/2025	- [:	\$ 33.33		
	•					\$		
4 Dames Tefano	4	<u> </u>		dd 🗆	Щ,	Remove	l	
4. Payee Inform a. Full Name. Mail	nation ing Address & Phone	· <u>. L.</u> .	Add ☐ Remove b. Coordinated Committee Name		d. Con	nmente		
(include city, state,	-		۳	Coordinated Committee 1	144114	-	u. con	initiati
	···		1					
48 Hour Pr	int, 6410 Eastland R	d E, Brook Park,					7	
OH 44142				T 150 14 140 151				
			c. Level Registered (Specify)					
			L				<u> </u>	
] Federal 🗌		County:		
			L] State X		Municipality:	e. Elec	tion Sum to Date
							\$	243.93
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	1	. Amount	k. Reg	uired Remarks
recount couc		•			1	······		
	Debit Card			8/20/2025	9	3 133.73	Ca	ampaign literature
					9			
						,		
5. Total only this Page							\$277.	
6. Total of ALL CRO-1310 Pages								
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$914.								
(This line goes in	Contrib to Candidates/Politi	tical	Comm)	36				
(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*-Fundraising D-To Another Candidate							late	
E Salaries	F* - Equipment	G - Politic		•				Office Expenses
I - Postage	I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other							
a contract of the contract of	* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 3 of 4 Amendment

X 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 Full Name (and Fund if applicable) 2. ID Number							
Committe	39-3063870						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
X Operating E	xpenses	Contributions to Car	ndidates/Political Committees	☐ Co	ordinated Party Expenditures		
4. Payee Inform			Add 🗆	Remove			
The state of the s	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
CHECK ADVA Pere, WI 54115	NTAGE, 1801 Lawr	ence Dr, De	c. Level Registered (Specify)		1		
			Federal	County:			
			☐ State X	Municipality:	e. Election Sum to Date		
					\$ 41.15		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	DEBIT		7/18/2025	\$ 41.15	CAMPAIGN CHECKS		
				\$			
4. Payee Inforn			Add □	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
	ICE CO DEMECRA A, Burlington, NC 27						
	-,		c. Level Registered (Specify)		1		
			☐ Federal ☐	County:	1		
			☐ State X	Municipality:	e. Election Sum to Date		
					\$ 40.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Debit Card		9/8/2025	\$ 40.00	Democratic Fundraiser		
				\$			
4. Payee Inform	nation		Add 🗆	Remove			
	ng Address & Phone	_	b. Coordinated Committee Na		d. Comments		
(include city, state,	& zip)						
Mediterranean D NC 27244	Deli, 116 N. Williams	son Ave, Elon,	c. Level Registered (Specify)				
1,02,211			☐ Federal ☐	County:	1		
			☐ State x	Municipality:	e. Election Sum to Date		
					\$ 31.20		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Debit Card		9/15/25	\$31.20	Meal with campaign consultant		
				s			
5. Total only thi	s Page				\$ 112.35		
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
			o .		er Candidate Public Office Expenses n to Legal Expense Fund		
O* - Other * Codes require	e detailed explanati	on in required re	marks field (k)				

Disbursements

Pg 4 of 4

Amendment

Yes
ies

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 applicable) 2. ID Number						
Committ	39-3063870					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
X Operating I			indidates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform			Add	Remove		
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments	
(include city, state	, & zip)		-			
Mediterranean l NC 27244	Deli, 116 N. William	son Ave, Elon,	c. Level Registered (Specify)			
			State X	County: Municipality:	e. Election Sum to Date	
				unicipanty.		
					\$ 87.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	DEBIT		9/20/25	\$56.18	Neighborhood mixer food contribution - Campaigning	
				s		
A Dama Infam			Add 🗆	Remove		
4. Payee Inform	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,			b. Coordinated Committee N	ame	u. comments	
			c. Level Registered (Specify) Federal State	County: 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	
	Debit Card		\$		Democratic Fundraiser	
				s		
4. Payee Inform	nation		Add 🗆	Remove		
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	AT THE TAX A STATE OF THE PARTY		-			
			c. Level Registered (Specify)		7	
			Federal	County:	1	
			State	Municipality:	e. Election Sum to Date	
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
i. Account Code	g. Form of Fayment	•	I. Date (intil da yyyy)	J. Tamoum	and the second s	
				\$		
5. Total only th	is Page			_	\$ 56.18	
6. Total of ALL (This line goes in (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun	nmary Page CRO-110 nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politi 0 if Coordinated Party Expenditi		\$ 914.36	
	es (List detailed ex			:		
A* - MediaB* - PrintingC* - FundraisingD - To Another CandidateE - SalariesF* - EquipmentG - Political PartyH* - Holding Public Office ExpensesI - PostageJ - PenaltiesK* - Office ExpensesQ* - Donation to Legal Expense Fund						