

JAN 30 2026

Amendment

 Yes No**Disclosure Report Cover**

Use this form for general report and committee information. **AMEND** is signed and submitted along with other detailed forms.
Do not use this form to update information.

ALAMANCE
BOARD OF ELECTIONS**1. Committee Information**

a. Full Name	c. ID Number
<i>Dana Byrd Pasour for Alamance County Sheriff</i>	

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
<i>3192 Carriage Creek Ct. Maw River, NC 27258</i>	<i>Jan. 30, 2026</i>
e. Phone Number	
	<i>(336)639-2809</i>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<i>2025</i>	<i>Dec. 18, 2025</i>	<i>Dec. 31, 2025</i>	<i>Dana Byrd Pasour</i>

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum					
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7. Type of Fund (if applicable, check one)							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
<i>—0—</i>							

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
<i>Fidelity Bank</i>	
b. Purpose	c. Account Code
<i>Campaign checking</i>	
d. Period Begin Balance	
<i>\$4769</i>	
b. Purpose	c. Account Code
d. Period Begin Balance	
	<i>\$</i>

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 is complete, true and correct and that I have been trained by the NC State Board of Elections.

Dana Byrd Pasour

Printed Name of Signer

Dana Byrd Pasour

Signature of Appointed Treasurer

Jan 30, 2026

Date

FOR OFFICE USE ONLY

Date Received:	<u>1/30/26</u>	Employee:	<u>WLB</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:	<u>2/14/26</u>	Employee:	<u>W</u>	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received 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.

Detailed Summary

Amendment
 Yes 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
Dana Byrd Pasour for Alancnee County Sheriff	Start/Annual Year End	
Start of Election Cycle: January 1,	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 147.69	\$ 147.69
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1500 ⁰⁰	\$ 1500 ⁰⁰
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1500 ⁰⁰	\$ 1500 ⁰⁰ DBP
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 8.00	\$ 8.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 1305 ^{.94}	\$ 1305 ^{.94}
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, 16 and 17)	\$ 1313 ^{.94}	\$ 1313 ^{.94} DBP
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 333.15	\$ 333.15
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts 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)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Pg 1 of 1 Yes No

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																			
<i>DanaByrd Pasour for Alamance County Sheriff</i>																							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33%; padding: 5px;">b. Job Title/Profession</td> <td style="width: 33%; padding: 5px;">d. Comments</td> </tr> <tr> <td><i>DanaByrd Pasour 3192 Carriage Creek Ct. Haw River, NC 27258 (336) 639-2809</i></td> <td><i>unemployed</i></td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td><i>n/a</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td><i>\$1500.00</i></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	<i>DanaByrd Pasour 3192 Carriage Creek Ct. Haw River, NC 27258 (336) 639-2809</i>	<i>unemployed</i>			c. Employer's Name/Specific Field			<i>n/a</i>				e. Election Sum to Date			<i>\$1500.00</i>
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		<i>\$1500.00</i>																					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>		<i>Cash</i>		<i>12/18/25</i>	<i>\$1500.00</i>																		
<input type="checkbox"/>					\$																		
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<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
4. Total only this Page \$1500.00																							
5. Total of ALL CRO-1210 Pages \$1500.00 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>																							

Disbursements

Pg 1 of 1 Amendment Yes No

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)

DaneByrd Pasour for Alamance County Sheriff

2. ID Number

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

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Alamance County Board of Elections
1128 South Main St.
Graham, NC 27253
(336) 570-6755

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:

State Municipality:

e. Election Sum to Date

\$ 1305.44

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

Check (Cashier)

O

12/18/2025

\$ 1305.44

Filing Fee

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

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

\$

\$

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

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

\$

\$

5. Total only this Page

\$ 1305.44

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)

\$ 1305.44

7. Purpose Codes (List detailed expenditure code in (h.) above)

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)