Use his 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 a. Full Name C. ID Number C. I	Disclosure Report Co	over		Amendment		
Committee Information Comm	Use this form for general report	and committee information,	must be signed and submitted ale	Yes No		
Full Name	Do not use this form to update in	nformation.				
Mailing Address (include City, State and Zip Code) A. Date Filed O7 13 2 C. Phone Number 33 C. Phone Number 34 C. Pho						
B. Mailing Address (include City, State and Zip Code) Code C	a. Full Name			c. ID Number		
Cartification Cartify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chagger 163 of the NC General Statutes and that no funds are commingled with probibited 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 Bott of Flores Canned: Cartific Use Note: This form cannot be used to amend committee information such as the committee address, treasurer,						
Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name				d. Date Filed		
Second S				1.01		
Second S	Kernersville,	NC 2770	21 (
6. Type of Committee (Check One) Candidate Campaign Party Party Party Municipal State/County Referendum Organizational Organizational Organizational Pre-referendum Organizational Pre-referendum Pre-	,	2101		376 413 3450		
Candidate Campaign	2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period I	End Date (mm/dd/yy) 5. Treasur	er Full Name		
Candidate Campaign						
Candidate Campaign	6. Type of Committee (Check C	ne) 9. Type of Rer	port (check only one type of ren	ort from one category)		
PAC						
Independent Expenditure		The state of the s				
Legal Expense Fund	☐ Independent Expenditure ☐ Join					
7. Type of Fund (if applicable, check one)						
7. Type of Fund (if applicable, check one) Pre-runoff Prounoff Pourth Semi-annual Special Spec		Pre-election	Second	Supplemental Final		
Booster Fund	7. Type of Fund (if applicable,	check one) Pre-runoff	Third	the state of the s		
Compose Comp			Fourth			
Other: 8. Number of Fundraisers this Report Special Final Fina	Building Fund	Mid Yea	semi-annual	_		
Cher:		Year End	d Mid Year	10. Special Report Name		
Special Special	Other:	Final	Year End	z or openio zopatez iamo		
Special Special	8. Number of Fundraisers this	Report Special	Final			
11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance 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 Electrons. Michael			Special			
a. Financial Institution Full Name c. Account Code d. Period Begin Balance d.	11. Account Information					
b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance s O O State Board 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 Electrons. Michael Schle Schle State Board of Electrons State Board			The state of the s	2		
b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance s O O State Board 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 Electrons. Michael Schle Schle State Board of Electrons State Board	T+			53		
Delivery Method Date Postmarked: Employee: Deliverd Mail Registered Mail Date Postmarked: Employee: Date Scanned: Employee: Date Signer has not received mandatory training Delavery tra			1. D			
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. Michael County Separature of Appointed Treasurer Delivery Method	b. Purpose	- 0 - 1	b. Purpose	c. Account Code		
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 Flexions.		2321		F P2		
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 Electrons. Michael		d. Period Begin Balance		d. Period Begin Balance		
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 Brard of Electrons. McClee 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 Brard of Electrons. McClee 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 Brard of Electrons. Printed Name of Signer Gelivery Method Normal Mail Registered Mail Hand Delivered Hand Delivered Electronically Filed Electronically Filed Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,		\$ 1010		\$ ====		
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 Brard of Electrons. McClee 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 Brard of Electrons. McClee 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 Brard of Electrons. Printed Name of Signer Gelivery Method Normal Mail Registered Mail Hand Delivered Hand Delivered Electronically Filed Electronically Filed Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	CERTIFICATION					
Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Date Employee: Date Date Entered: Employee: Date Date Date Entered: Date Date Scanned: Date Date Entered: Employee: Date Date Entered: Date Date Entered: Date Date Employee: Date Date Employee: Date Date Entered: Date Date Date Entered: Date Date Date Entered: Date Date Date Entered: Date Date Date Date Date Date Date	I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct the Complete of the Committee of Fur of Fur of the Committee of Fur of Fur of the Committee of Fur of	at no funds are commingled with t and that I have been trained by	prohibited or other non-disclosed to the NC State Board of Elegions.	funds. I further certify that this 9/34/3/		
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Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Date Scanned:	Employ	yee:	Electronically Filed		
	Date Data Entered:	Employ	yee:			

Detailed Summary Use this form to summarize all disclosure reporting forms and	l to total mon	etary information	Amendment Yes No
	2. Type of l		ID Number
Lischke for Alderman	35	Day	2c QV88
Start of Election Cycle: January 1, 2021	_	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	_	\$	\$
RECEIPTS			-
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 3000,-	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	ngin nakinggapan na ang sahabi (di ngrib) nak ng ar	APENIN PENE	OF CONTRACTOR
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	, Ild and Ile)	\$ 3000	\$
EXPENDITURES			
13) Disbursements	And an agency of the Company of the		
13a) Operating Expenditures	(CRO-1310)	\$ 2946.74	\$
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$	\$
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, 16 and 17	\$ 2946.74	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then s			\$
ADDITIONAL INFORMATION	Language Agents		Tassa - Alexandra
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	14 F (#34) (12 - 12 18 Aug
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	THE PERSON NAMED AND DESCRIPTION OF THE PERSON NAMED AND PARTY AND
22) Debts and Obligations owed by the Committee	(CRO-1610	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	4,14,74,4
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)		\$ August 20

Contributions from Individuals				Pg	of		Yes No
		ndividual contributio		ontributions und	er \$50 if form CF	RO 12	205 is not used
	,	e (and Fund if appl	icable)) Number
L	ischke	For Ald	erman		_		2001 88
	ributor Informa				nove		
	ame, Mailing Addre		schke	b. Job Title/Profes	,	d. Co	omments ,
				Candid	ate		
ч.	22 Weste	y Pork D	6	c. Employer's Nan	ne/Specific Field	1	
Ke	emersvill	ie, NC 2	77 RU	ł		- 53	and a section of
		,	1201			_	ection Sum to Date
ļ 						\$	2570
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	'y)	k. Amount
	2321	Cash			08/4/20	21	\$ 1,800
		. <u>-</u>					\$
							\$
3. Cont	ributor Informa	tion .	12	Add Ren	nove		
a. Full Na	nne, Mailing Addre	ss & Phone	ſ,	b. Job Title/Profes	sion	d. Co	mments
		Richard 50	ricelli	RexPre	\sim		
3	10 Crum	Creek Rd		c. Employer's Nan	ne/Specific Field		
V	Medra F	A (C					
	, .	19063				e. Ele	ction Sum to Date
						\$	1,000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j: Date (mm/dd/yyy	y)	k. Amount
	2321	Cash			08/06/20	2/	\$ 1,000
	·- ·						\$
	_						\$
3. Cont	ributor Informa	tion		Add Rer	nove		
	ame, Mailing Addre		, ,/	b. Job Title/Profes	ssion	d. Co	mments
(includ	e city, state, & zip)	Donna L	ambeth	Retire			
1:	DYY Ado	or Road B	208	c. Employer's Nan	ne/Specific Field		
U	-notenia	Salem, NC	•		·	e. Ele	ection Sum to Date
27104			\$ 5		500-		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	/y)	k. Amount
	2321	Cash			.09/10/20	<u>}/</u>	\$ 500 -
							\$
							\$
4. Total only this Page					\$	3,000	
5. Tot	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						
CRO-12		oj Deianca Summary Ft		ard of Elections	<u> </u>	1	April 2007

Amendment

Disb	ursements
	ar ochicito

		Amenoment		
Pg	 of		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 l	Full Name (and Fu	nd if applicable)				2. ID Number	
	schke Fo	< Alder				20018	8
3. Type of Dish		se use separate CI	RO-1310	forms for e	each type of Dis	bursement.)	
Operating Exp		ontributions to Candida	ates/Politi	cal Committee:	s 🔲 Cor	ordinated Party Expenditures	
4. Payee Inform	And the second s		- D	Add	Remove		
	lailing Address & F	hone		b. Coordinat	ed Committee Nam	d. Comments	
(include city, state		100					
_	on Promoti		:15	c. Level Regi	stered (Specify)		
	Thomas			Federal	County		
1200	iston Saler	n ν C		State	Municip	ahty: e. Election Sum to Date	
	J 104 7 3 4 10	2710	/			\$ 2364.2	4
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2321	Check	(b)	08/	16/202/	\$ 2364.24	signs, buttons, me	2gnets
					\$		
4. Payee Inform	nation		2	Add	Remove		1
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Nam	e d. Comments	
(include city, sta			_				
Kernersv	ille Chamb	per of Comm	nerce	7 . 10 .	stered (Specify)		
i i	Mountain			Federal	County:		
				State	Municipa	ality: e. Election Sum to Date	
Kemer	sville, NC	27284					
						\$ /75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Required Remarks	,
232/	Credit Card		27/	a/al	\$ 145-	Folly Booth rem	
	Credit card		08/	اد/ 🎉	\$ 30 -	Electricity for	60044
4. Payee Inforn	nation			Add	Remove		
1	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments	- 1
(include city, stat							
Shorha	ed's Center	-		c Level Regis	stered (Specify)		- 1
On R	2044				County:		
				State		ality: e. Election Sum to Date	
Ferner	sville, NO	27284				\$ 100 —	
f. Account Code	g. Form of Payment \	h. Purpose Code	i. Date (r	nm/dd/yyyy)	i. Amount	k. Required Remarks	-
	\		l	Ī	\$ 100 -	Golf hade Spore	راحس
232	Credit Con	<u>, </u>	08/1	8/2021	9 700	GOLL MORE SPORE)CC-5/1
					3	1 22	
5. Total only th	is Page				West Trans	\$ 2639.2	4
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)					a		
(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)							
	B* - Print			andraising	D - To	Another Candidate	
A* - Media E - Salaries	F* - Equi			itical Party		olding Public Office Exp	enses
I - Postage	J - Penal			ffice Expen		onation to Legal Expense	
O* Other							
	e detailed explana	tion in required r	emarks	field (k)	CAMPINE VILLE		

Amendment Disbursements ☐ Yes ☐ No __ of 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 derman ischla (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information ✓ Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Vista Prints c. Level Registered (Specify) 275 Wyman St Federal County: Waltham, MA ozus State Municipality: e. Election Sum to Date 307,50 i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment h. Purpose Code k. Required Remarks Credit Card \$ 307,50 2321 08/28/2021 flyers 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: ☐ State Municipality. e. Election Sum to Date h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment \$ 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date g. Form of Payment k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) | j. Amount f. Account Code

2		
\$		
5. Total only this Page	\$	307.50
6. Total of ALL CRO-1310 Pages		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	\$	00111 711
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	Ť	2946.74
(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
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)