Disclosure Report C	over				Amendment  Yes No
Use this form for general report	rt and committee	e information,	must be signed and su	bmitted along wit	h other detailed forms.
Do not use this form to update	information.				
1. Committee Information					
a. Full Name	c, ID	Number			
David Long Jr. For Mayor					CQ364
b. Mailing Address (include City, So	d. Dat	te Filed			
2969 Avalee	1	15/24			
walker four,		one Number			
2. Report Year 3. Period Sta	rt Date (mm/dd/)	y) 4. Period I	End Date (mm/dd/yy)	5. Treasurer Ful	
2023 10/24/	1	1	Connie And	- (	
6. Type of Committee (Check	2023		ort (check only one	type of report from	m and agtagami)
		Municipal	State/County		endum
	eferendum	Organizationa			Organizational
Independent Expenditure  Jo	int Fundraiser	Thirty-five da	<b>—</b>		re-referendum
Legal Expense Fund		Pre-primary	First	1=	inal
	li	Pre-election	Secon		upplemental Final
7. Type of Fund (if applicable	e, check one)	Pre-runoff	Third	1==	nnual
Booster Fund		Semi-annual	Fourth		pecial
Building Fund	lr.	Mid Yea	r Semi-annu		2
	li li	Year End	i 🔲 Mid Y	ear 10. S	pecial Report Name
Other:		Final	Year I		<u></u>
8. Number of Fundraisers thi	s Report	Special	Final		
0			Special		1
11. Account Information	William Town			ation	DIVINE I
11. Account Information a. Financial Institution Full Name			11. Account Inform a. Financial Institution F		
a. Financial Institution Full Name			11. Account Inform		
	c. Account Code		11. Account Inform	ull Name	ount Code 🝛
a. Financial Institution Full Name Truist b. Purpose	c. Account Code	ر غ	11. Account Inform a. Financial Institution F	ull Name	
a. Financial Institution Full Name Truist	c. Account Code  535 d. Period Begin	<u>ن</u>	11. Account Inform a. Financial Institution F	c. Acco	ount Code 🗆
a. Financial Institution Full Name Truist b. Purpose	535	Salance	11. Account Inform a. Financial Institution F	c. Acco	ount Code 😀
a. Financial Institution Full Name Truist b. Purpose	535 d. Period Begin	Salance	11. Account Inform a. Financial Institution F	c. Acco	ount Code 😀
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION	535 d. Period Begin \$ 18.9	Balance	11. Account Inform a. Financial Institution F b. Purpose	c. Acco	ount Code  od Begin Balance
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fof the NC General Statutes and the second s	535 d. Period Begin \$ 18.9 and is in compliant to funds are compliant.	Balance  Co  Co  Co  Co  Co  Co  Co  Co  Co  C	11. Account Inform a. Financial Institution F b. Purpose  cable provisions of Arti prohibited or other non-	d. Peri \$ cle 22A, 22B & 22l	od Begin Balance  D-22M of Chapter 163
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or F	535 d. Period Begin \$ 18.9 and is in compliant to funds are compliant.	Balance  Co  Co  Co  Co  Co  Co  Co  Co  Co  C	11. Account Inform a. Financial Institution F b. Purpose  cable provisions of Arti prohibited or other non-	d. Peri \$ cle 22A, 22B & 22l	od Begin Balance  D-22M of Chapter 163
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fof the NC General Statutes and treport is complete, true and corrections.	535 d. Period Begin \$ 18.9 and is in compliant to funds are compliant.	Balance  Co  Co  Co  Co  Co  Co  Co  Co  Co  C	11. Account Inform a. Financial Institution F b. Purpose  cable provisions of Arti prohibited or other non-	d. Peri \$ cle 22A, 22B & 22l	od Begin Balance  D-22M of Chapter 163
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or F of the NC General Statutes and t report is complete, true and corre  Consie Cha	d. Period Begin \$ 18.9 and is in compliar that no funds are contained that I have	Balance  Commingled with been trained by	a. Financial Institution F  b. Purpose  cable provisions of Arti prohibited or other non- the NC State Board of F	c. Accord. Peri \$ cle 22A, 22B & 22l disclosed funds. I Elections.	od Begin Balance  D-22M of Chapter 163 further certify that this
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fof the NC General Statutes and to report is complete, true and correct Connie Chapter	d. Period Begin \$ 18.9 and is in compliar that no funds are contained that I have	Balance  Commingled with been trained by	11. Account Inform a. Financial Institution F b. Purpose  cable provisions of Arti prohibited or other non-	c. Accord. Peri \$ cle 22A, 22B & 22l disclosed funds. I Elections.	od Begin Balance  D-22M of Chapter 163
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or F of the NC General Statutes and t report is complete, true and corre  Consie Cha  Printed Name of Sig  FOR OFFICE USE ONLY	d. Period Begin \$ 18.9 and is in compliar that no funds are contained that I have	Balance  Commingled with been trained by  Sign	a. Financial Institution F  b. Purpose  cable provisions of Arti prohibited or other non- the NC State Board of F  Charles  nature of Appointed Treasu	d. Peri \$ cle 22A, 22B & 22l disclosed funds. I Elections.	od Begin Balance  D-22M of Chapter 163 further certify that this  Date
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fof the NC General Statutes and to report is complete, true and correct Connie Chapter	d. Period Begin \$ 18.9 and is in compliar that no funds are contained that I have	Balance  Commingled with been trained by	a. Financial Institution F  b. Purpose  cable provisions of Arti prohibited or other non- the NC State Board of F  Charles  nature of Appointed Treasu	c. According to the control of the c	od Begin Balance  D-22M of Chapter 163 further certify that this  1/5/24  Date
a. Financial Institution Full Name  Truist b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or F of the NC General Statutes and t report is complete, true and corre  Consie Cha  Printed Name of Sig  FOR OFFICE USE ONLY  Date Received:	d. Period Begin \$ 18.9 and is in compliar that no funds are contained that I have	Balance  Conce with all applommingled with been trained by  Sign	a. Financial Institution F b. Purpose  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F  Chandle nature of Appointed Treasure	c. Accordance  d. Peri \$ cle 22A, 22B & 22l-disclosed funds. I Elections.  Delivery I Norma	od Begin Balance  D-22M of Chapter 163 further certify that this  1/5/24  Date  Method al Mail
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Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) 2. Type		Report	3. ID Number	
David Long Jr. For Mayor	Fin		8CR564	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 18-96	\$ 333.50	
<u>RECEIPTS</u>				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
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)	\$ 0	\$ 0	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 18.96	\$ 333.50	
13b) Contributions to Candidates/Political Committees	(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)	\$ 18.96	\$ 33,3.50	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18	\$ 0	\$ 0	
ADDITIONAL INFORMATION	The says -			
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)	\$	\$	
•	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	CRO-1215)	\$	\$	

Diannizei			Pg	o.i	f Yes	
Use this form	to report expenditure	es from the commi	ttee for; operating expense	es, contributions t	f Yes 1 to candidate/political	
committees an	id coordinated party	expenditures.			F 0	
	Full Name (and Fu				2. ID Number	
Davi	a Long or	For May	or		8CQ364	
3. Type of Dis	Expenses Pla	ease use separate	CRO-1310 forms for each	type of Disburse	ement.)	
4. Payee Infor		Contributions to C	andidates/Political Committees	Remove	Coordinated Party Expenditures	
	iling Address & Phone		Add	All registrations and the second		
(include city, stat			b. Coordinated Committee	Name	d. Comments	
Truis					2 2 3	
237 E. Mountain St.			c. Level Registered (Specify			
			Federal	e. Election Sum to Date		
Kerners	ville, NC =	7284		Municipality:	\$ 53.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i Amount	20.01	
			1. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
5352	Debit	0	10/25/23	\$ 11.81	Bank Fees	
				\$		
4. Payee Infor			Add	Remove		
	iling Address & Phone		b. Coordinated Committee N	Name	d. Comments	
(include city, state						
David	Long Jr.		Y 173 14 140 183			
701 G d	Long Jr. Avalee St.		c. Level Registered (Specify)			
			Federal State	Federal County:		
Walker	18WN, NZ7	051	State	Municipality:	s 9001-9	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i Amount	SC 14, W/	
- 2-2				j. Amount	k. Required Remarks	
5352	Check	$\cup$	11/20/23	\$7.15	milease	
				\$	1711000	
I. Payee Inform	nation		Add	Remove		
. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments	
include city, state,	& zip)					
			c. Level Registered (Specify)			
			Federal	County:		
			State Municipality:		e. Election Sum to Date	
					\$	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/www)	i Amount		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	\$ k. Required Remarks	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)			
. Total only th	is Page	h. Purpose Code	i. Date (mm/dd/yyyy)	\$	k. Required Remarks	
. Total only thi	is Page CRO-1310 Pages			\$	k. Required Remarks	
Total only thi Total of ALL (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sum	nmary Page CRO-1100	if Operating Expenses)	\$	k. Required Remarks  \$ 18.96	
Total only thi Total of ALL (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-1100 mary Page CRO-1100	if Operating Expenses) if Contrib to Candidates/Politic	\$ \$	k. Required Remarks  \$ 18.96	
Total only thi Total of ALL (This line goes in (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	nmary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	if Operating Expenses) if Contrib to Candidates/Politice if Coordinated Party Expenditu	\$ \$	k. Required Remarks  \$ 18.96	
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. Total only thi . Total of ALL (This line goes in (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum es (List detailed exp B* - Printing	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in ( C* - Fund	if Operating Expenses) if Contrib to Candidates/Politic. if Coordinated Party Expenditu. h.) above) raising	\$ al Comm) res)  D - To Anoth	s 18.96 \$ 18,96 er Candidate	
. Total only thi . Total of ALL (This line goes in (This line goes in (This line goes in . Purpose Code * - Media	is Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum es (List detailed exp	umary Page CRO-1100 umary Page CRO-1100 umary Page CRO-1100 penditure code in ( C* - Fundi	if Operating Expenses) if Contrib to Candidates/Politic, if Coordinated Party Expenditu. h.) above) raising ll Party	\$ sal Comm) res)  D - To Anoth H* - Holding	\$ 18.96 \$ 18,96	

**Disbursements** 

Amendment