| Do not use this form to update information   | •  | nust be signed and su   | bmitted along wit   | h other detailed forms.   |
|--|--|---|---|---|
| 1. Committee Information   |  |   |   |   |
| a. Full Name   | <i>c</i> f <i>c</i>  |   | c. ID   | Number  |
| D) Adams tor   | Minson   | Salem   |   |   |
| b. Mailing Address (include City, State and Zip (  | Code)  |   | d. Dat  | te Filed  |
| 300) MARIONE AUE   | 10   | 49/2024   |   |   |
| WS, NC 27106   |  |   | e. Pho  | one Number  |
|  |  |   | 33  | 6-345-2153  |
| 2. Report Year 3. Period Start Date (mr  | n/dd/yy) 4. Period I   | nd Date (mm/dd/yy)  | 5. Treasurer Ful  |   |
| 14COC/10/70 14COE  | 10/19/   | 2024  | DENSED  | was Adams   |
| 6. Type of Committee (Check One)   | 9. Type of Rep   | ort (check only one   | type of report from   | n one category)   |
| Candidate Campaign Party   | Municipal  | State/County  |   | endum   |
| PAC Referendum   | Organizationa  | ļ — ·   |   | Organizational  |
| ☐ Independent Expenditure ☐ Joint Fundraise ☐ Legal Expense Fund   | Thirty-five day  | Quarterly First   |   | re-referendum<br>inal   |
| Legar Expense rund   | Pre-election   | Seco  |   | upplemental Final   |
| 7. Type of Fund (if applicable, check one)   |  | Third   |   | nnual   |
| Booster Fund   | Semi-annual  | Fourt   | h 🗖 S   | pecial  |
| Building Fund  | Mid Yea  | Semi-annu   | al  |   |
|  | Year End   |   |   | pecial Report Name  |
| Other:  8. Number of Fundraisers this Report   | Final Special  | Year Final  | End   |   |
| o, Number of Fundraisers has keport  | Special  | Special   | 1   |   |
| 11. Account Information  |  | -   |   | N -   |
|  |  | 11 Amount Informs   | adiani.   |   |
| a. Financial Institution Full Name   |  | 11. Account Inform a. Financial Institution   |   |   |
| a. Financial Institution Full Name   |  | 11. Account Inform  a. Financial Institution  |   | <u> </u>  |
|  | t Code   |   | Full Name   | ount Code   |
| a. Financial Institution Full Name    Ruk  | t Code   | a. Financial Institution  | Full Name   | ount Code   |
| a. Financial Institution Full Name    Ruk  | tcc  | a. Financial Institution  | Full Name   | ount Code 6   |
| a. Financial Institution Full Name  I RUIST BAN  b. Purpose  CAMPAIGN  COMMITTEE  d. Period  | Begin Balance  | a. Financial Institution  | c. Aco  | ount Code iod Begin Balance   |
| a. Financial Institution Full Name    Ruks   Back   b. Purpose   c. Account   Campuign   DD   d. Period   \$511  | Begin Balance  | a. Financial Institution  | Full Name   | ount Code 6   |
| a. Financial Institution Full Name  Ruist Back b. Purpose  Campaign Campaign d. Period \$ 51   | Begin Balance  | a. Financial Institution  | c. Acc  | ount Code iod Begin Balance   |
| a. Financial Institution Full Name  Ruks Bak  b. Purpose  Campaign  d. Period  \$ 519  CERTIFICATION  I certify that the Committee or Fund is in con   | Begin Balance  5.94  mpliance with all appli   | a. Financial Institution  b. Purpose  cable provisions of Art   | c. Acc d. Per \$ icle 22A, 22B & 22   | iod Begin Balance D-22M of Chapter 163  |
| a. Financial Institution Full Name  Ruks Back b. Purpose  C. Account  d. Period  \$ 519  CERTIFICATION  I certify that the Committee or Fund is in cord of the NC General Statutes and that no funds   | Begin Balance  5.94  mpliance with all appliance are commingled with   | a. Financial Institution  b. Purpose  cable provisions of Art prohibited or other nor   | c. Acc d. Per \$ icle 22A, 22B & 22   | iod Begin Balance D-22M of Chapter 163  |
| a. Financial Institution Full Name  Ruks Bak  b. Purpose  Campaign  d. Period  \$ 519  CERTIFICATION  I certify that the Committee or Fund is in con   | Begin Balance  5.94  mpliance with all appliance are commingled with   | a. Financial Institution  b. Purpose  cable provisions of Art prohibited or other nor   | c. Acc d. Per \$ icle 22A, 22B & 22   | iod Begin Balance D-22M of Chapter 163  |
| a. Financial Institution Full Name  Ruks Back b. Purpose  C. Account  d. Period  \$ 519  CERTIFICATION  I certify that the Committee or Fund is in cord of the NC General Statutes and that no funds   | Begin Balance  5.94  mpliance with all appliance are commingled with   | a. Financial Institution  b. Purpose  cable provisions of Art prohibited or other nor   | c. Acc d. Per \$ icle 22A, 22B & 22   | iod Begin Balance D-22M of Chapter 163  |
| a. Financial Institution Full Name  RUKS BACOUN  b. Purpose  CAMPAIGN  CERTIFICATION  I certify that the Committee or Fund is in cord of the NC General Statutes and that no funds report is complete, true and correct and that I Device Day Adams  Printed Name of Signer  | Begin Balance  The property of | a. Financial Institution  b. Purpose  cable provisions of Art prohibited or other nor   | c. Acc d. Per \$ icle 22A, 22B & 22 i-disclosed funds. I Elections.   | iod Begin Balance D-22M of Chapter 163  |
| a. Financial Institution Full Name  RUKS BACOUN  b. Purpose  CAMPAIGN  COMMITTEE  CERTIFICATION  I certify that the Committee or Fund is in cord of the NC General Statutes and that no funds report is complete, true and correct and that in the Committee of Fund is in cord of the NC General Statutes and that no funds report is complete, true and correct and that in the Committee of Fund is in cord of the NC General Statutes and that no funds report is complete, true and correct and that it is considered.  | Begin Balance  The property of | a. Financial Institution b. Purpose  cable provisions of Art prohibited or other nor the NC State Board of                                      | c. Acc d. Per \$ icle 22A, 22B & 22 i-disclosed funds. I Elections.   | ount Code  iod Begin Balance  D-22M of Chapter 163 further certify that this  |
| a. Financial Institution Full Name  RUKS BACOUN  b. Purpose  CAMPAIGN  CERTIFICATION  I certify that the Committee or Fund is in cord of the NC General Statutes and that no funds report is complete, true and correct and that I Device Day Adams  Printed Name of Signer  | Begin Balance  The property of | a. Financial Institution b. Purpose  cable provisions of Art prohibited or other nor the NC State Board of                                      | c. Ace d. Per \$ icle 22A, 22B & 22 i-disclosed funds. I Elections.   | D-22M of Chapter 163 further certify that this  |
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| a. Financial Institution Full Name  RUKS BA  b. Purpose  CAMPAIGN  CERTIFICATION  I certify that the Committee or Fund is in corof the NC General Statutes and that no funds report is complete, true and correct and that Denice Date Postmarked:  Date Postmarked:   | Begin Balance  The policy of the state of th | b. Purpose  cable provisions of Art prohibited or other nor the NC State Board of Claure of Appointed Treas                                     | c. Acc d. Per s icle 22A, 22B & 22 l-disclosed funds. I Elections.  Delivery Norm Regis Hand  | D-22M of Chapter 163 further certify that this  Method al Mail tered Mail Delivered   |
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| a. Financial Institution Full Name  RUKS BACOUNT  B. Purpose  C. Account  C. Account  A. Period  \$ 51!  CERTIFICATION  I certify that the Committee or Fund is in cort of the NC General Statutes and that no funds report is complete, true and correct and that I Device D. Adams  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:   | Begin Balance  The policy of t | a. Financial Institution  b. Purpose  cable provisions of Art prohibited or other nor the NC State Board of  Auture of Appointed Treas  ee: ee: | c. Acc d. Per \$ icle 22A, 22B & 22 i-disclosed funds. I Elections.  Delivery Norm Regis Hand Elect Signe mand                      | D-22M of Chapter 163 further certify that this  Method hal Mail hetered Mail Delivered ronically Filed or has not received atory training |
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**Disclosure Report Cover** 

Amendment

☐ Yes ☐ No

| <b>Detailed Summary</b>        |  |
|--------------------------------|--|
| Use this form to summarize all | disclosure reporting forms and to total monetary information |

Amendment ☐ Yes ☐ No

| Total this      |                           |
|-----------------|---------------------------|
| Total thic      |                           |
| eporting Period | Total this Election Cycle |
| 515.94          | \$ 0                      |
|                 |                           |
|                 | \$                        |
| 150,00          | \$15281.97                |
|                 | \$                        |
| 1000,00         | \$ 1950,00                |
| 3               | \$ 3500,55                |
|                 | \$ 83,42                  |
|                 |                           |
|                 | \$                        |
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|                 | \$                        |
| 150,00          | \$20,815,84               |
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| 528-ot          | \$ 16,132,20              |
|                 | \$                        |
|                 | \$                        |
|                 | \$                        |
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| 200,00          | \$ 3//97                  |
|                 | \$ 4000,00                |
| 128.01          | \$ 23,944,17              |
| 537,93          | \$                        |
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|                 | o7. 93                    |

590,30 CRO-1100

|           |   | rom Individua                      |  | Pş                  | of                 |         | Amendment  Yes No   |
|-----------|---|------------------------------------|--|---------------------|--------------------|---------|---|
|           |   | individual contribution            |  | contributions und   | der \$50 if form C | 77      | THE RESERVE AND ADDRESS OF THE PARTY OF THE |
| 1. Con    | part of the second                          | ne (and Fund if app                | WATER SALES  |                     |                    | 2.      | ID Number   |
|           |   | 15 for Wir                         | 500 - S1   | JEM.                |                    |         |   |
|           | tributor Inform                             |                                    | nggraf to gwallenin 🗖  | Add Re              | move               | W. L    |   |
|           | ame, Mailing Addr                           |                                    |  | b. Job Title/Profe  | ession             | d. C    | Comments  |
|           | de city, state, & zip)                      |                                    | t attack   | Insura              | ~~&                |         |   |
| 1)E       | pasal M                                     | when for -N                        | CIVEN  |                     | me/Specific Field  | 1       |   |
| 1990      | ) Longites                                  | en De.                             |  | BCBSA               | · C.               | L       |   |
| Ker       | nersille                                    | , NC272E                           | 34   |                     | ~                  | e, E    | lection Sum to Date   |
|           |   | 11110012                           | - 1  |                     |                    | \$      | 60,60   |
| f. Prior  | g. Account Code                             | h. Form of Payment                 | i. In-Kind Descrip   | ption               | j. Date (mm/dd/yy  | yy)     | k. Amount   |
|           | DDHEC                                       | TROSSES                            |  |                     | 07/26/200          | K       | \$ 100,00   |
|           |   |                                    |  |                     | /                  | ·       | \$  |
|           |   |                                    |  |                     |                    |         | \$  |
|           | ributor Inform                              |                                    | AND SERVICE OF THE SE | Add Re              | move               | ez ivos | manistration of the property  |
|           | ame, Mailing Addre                          | ess & Phone                        |  | b. Job Title/Profe  | ssion              | d. C    | omments   |
| (IIICIUO  | le city, state, & zip)                      | 0                                  |  | Oraginati           | on Dostera         | 1>      |   |
| ton       | azla 11/66                                  | SES-SNIpec                         | <i>-</i>   | c. Employer's Na    | - Coron            | 1       |   |
| 251       | 45 Willia                                   | un Joseph                          | JANE   | 7 Nicosal           | Solow              |         |   |
| Nic       | L Paint                                     | ses-Shiper<br>MJoseph<br>, NIC 272 | 65   | Whaston             | DEL                | e. El   | lection Sum to Date   |
|           |   |                                    |  | 100                 |                    | \$      | 60,00   |
|           | g. Account Code                             | h. Form of Payment                 | i. In-Kind Descrip   | tion                | j. Date (mm/dd/yyy | /y)     | k. Amount   |
|           | DOHEC                                       | 12000                              |  |                     | 08/27/20           | 24      | \$ 50,00  |
|           |   |                                    |  |                     |                    |         | \$  |
|           |   |                                    |  |                     |                    |         | \$  |
|           | ributor Informa                             |                                    |  |                     | nove               |         |   |
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| f. Prior  | g. Account Code                             | h. Form of Payment                 | i. In-Kind Descrip   | tion                | j. Date (mm/dd/yyy | y)      | k. Amount   |
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|           |   |                                    |  |                     |                    |         | \$  |
| 4. Tota   | al only this Pa                             | age                                |  |                     |                    | \$      | 150,00  |
|           |   | O-1210 Pages                       |  |                     |                    | \$      | 150,00  |
| (This lis | ne must be on line 6                        | of Detailed Summary Pa             | ee CRO-1100)   |                     |                    | 4       | 120-00  |

| Use this form to report contributions from other candidate, referendum or PAC committees    Committee Full Name (and Fund if applicable)   2. ID Number  | Contribut       | Amendment  Yes No      |                        |  |  |                         |                    |
|--|-----------------|------------------------|------------------------|--|--|-------------------------|--------------------|
| 3. Contributor Information   Add   Remove  |                 |                        |                        |  | C committees   |                         | 163 170            |
| 3. Contributor Information   Add   Remove  | 1. Committee    | Full Name (and Fund if | applicable)            |  |  | 2.1                     | ID Number          |
| a. Full Name, Mailing Address & Phone (include city, state, & zip)    Candidate   PAC   PA | DO              | Adams for              | Windon-8               | Solem  |  |                         |                    |
| Generation   Country   C   |                 |                        |                        | Add Re   | emove  |                         |                    |
| Referendum   C. Level Registered (Specify)   County:   State   |                 |                        |                        | The same of the sa |  | d. C                    | Comments           |
| Federal   County:  |                 |                        | 1                      | -  | PAC  |                         |                    |
| State   Stat   | DO B            | esos es                | Accor                  |  | ed (Specify)   | 1                       |                    |
| F. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) J. Amount    Add   Remove   | 10 Dex          | OPOPP                  |                        |  |  | - T7                    | 3-42 C A Th 4      |
| F. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) J. Amount  S. Contributor Information   Add   Remove    S. S. Touributor Information   Add   Remove    C. Level Registered (Specify)   Federal   County:    State   Municipality: e. Election Sum to Date    S. Contributor Information   Add   Remove    S. Contrib | Robergh         | 7,14(2)624             | <u>.</u>               | - State  | winding panty.   |                         |                    |
| Social Contributor Information   |                 |                        | _                      | 1  | la Barta Con City  |                         |                    |
| S. Contributor Information   Add   Remove    a. Full Name, Mailing Address & Phone (include city, state, & zip)   B. Type of Committee   Candidate   PAC   Referendum    c. Level Registered (Specify)   Foderal   County:    State   Municipality: e. Election Sum to Date    s SOO. OO    Account Code   Form of Payment   Inc. Kind Description   Inc. Type of Committee    (Include city, state, & zip)   Add   Remove    a. Full Name, Mailing Address & Phone    (Include city, state, & zip)   Foderal   County:    Candidate   PAC   Referendum    a. Full Name, Mailing Address & Phone    (Include city, state, & zip)   Foderal   County:    Candidate   PAC   Referendum    a. Full Name, Mailing Address & Phone    (Include city, state, & zip)   Foderal   County:    State   Municipality    S Soc. OO    Account Code   Referendum    S Soc. OO    Account Code   J. Amount    S Soc. OO    S Soc. OO    Account Code   J. Amount    S Soc. OO    S Soc. OO    Account Code   J. Amount    S Soc. OO    S Soc. OO    Account Code   J. Amount    S Soc. OO    S Soc. OO    Account Code   J. Amount    S Soc. OO    Account Code   J. Amount    S Soc. OO    S Soc. OO    Account Code   J. Amount    S Soc. OO    A County    A County   | Trans           |                        | m. m-king bescription  |  | L Date (mm/dd/yy   | yy)                     |                    |
| 3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Add Refreedum  c. Level Registered (Specify)  Federal County:  State Municipality:  Account Code Refreedum  c. Level Registered (Specify)  Federal County:  State Municipality:  Account Code Refreedum  C. Level Registered (Specify)  Federal County:  State Municipality:  Account Code Refreedum  C. Level Registered (Specify)  Federal County:  State Municipality:  Account Code Refreedum  C. Level Registered (Specify)  Federal County:  State Municipality:  Refreedum  C. Level Registered (Specify)  State Municipality:  Refreedum  | ROSE            | CK-191/8               |                        |  | 08/09/200  | 42                      | \$ 500,00          |
| 3. Contributor Information  Add Remove  1. Full Name, Malling Address & Phone (include city, state, & zip)  1. Account Code Referendum  1. Date (mm/dd/yyyy)  1. And Remove  1. Date (mm/dd/yyyy)  1. And Referendum  2. Level Registered (Specify)  3. Contributor Information  4. Lin-Kind Description  5. Type of Committee  6. Comments  6. Comments  6. Comments  6. Comments  6. County:  6. Election Sum to Date  7. Account Code Referendum  6. Level Registered (Specify)  7. And Remove  8. Soo. Oo  8. Comments  8. Contributor Information  8. Type of Committee  9. Comments  9. Comments  1. Date (mm/dd/yyyy)  9. Amount  1. Date (mm/dd/yyyy)  9. Amount  9. County:  9. County:  9. County:  9. County:  9. Comments  1. Date (mm/dd/yyyy)  9. Amount  9. County:  9. Cou | BBI             |                        |                        |  |  |                         | \$                 |
| State   State   Add   Remove   State   Add   Remove   State   Add   Referendum   C. Level Registered (Specify)   State   Committe   C. Level Registered (Specify)   J. Amount   Referendum   C. Level Registered (Specify)   J. Amount   S. State   Municipality:   C. Election Sum to Date   S.  |                 |                        |                        |  |  |                         | \$                 |
| (include city, state, & zip)    Candidate   PAC   Referendum   |                 |                        |                        |  |  |                         |                    |
| Referendum   C. Level Registered (Specify)   Federal   County:   State   Sta   |                 | _                      |                        |  |  | d. C                    | omments            |
| H51 Waybridge Lane   Gounty:   County:   County:   County:   State   S | NC D            | CALLORG PAC            |                        |  | Z IAC  |                         |                    |
| Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount    RCIEST   STOC. DO   |                 | 1/2 hard 1             | 4 - 6                  | Maria de la companya del la companya de la companya |  |                         |                    |
| Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount    RCIEST   STOC. DO   | 4011 M          | TRYDICIDE 2            | ANE                    |  | = '  | e. Election Sum to Date |                    |
| ROKE   STOC. 80   S   S   S   S   S   S   S   S   S  | Ottens          | sposo 'MCG!            | 40.1                   |  |  |                         | 500.00             |
| \$  \$  \$  Contributor Information  Add Remove    Foll Name, Mailing Address & Phone (include city, state, & zip)    Candidate PAC Referendum   PAC Referendum | f. Account Code | g. Form of Payment     | h. In-Kind Description |  | i. Date (mm/dd/yyy   | y)                      | j. Amount          |
| \$  \$. Contributor Information    Add   | 1 Rosst         | CK*3765                |                        |  | 9/19/202   | f                       | \$ 500,00          |
| Account Code g. Form of Payment h. In-Kind Description Add Remove    Add Remove  |                 |                        |                        |  | / /  |                         | \$                 |
| b. Type of Committee   d. Comments   |                 |                        |                        |  |  |                         | \$                 |
| (include city, state, & zip)  Candidate PAC Referendum  C. Level Registered (Specify) Federal County: State Municipality:  e. Election Sum to Date  \$  Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy)  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  |                 |                        |                        |  |  |                         |                    |
| Referendum  c. Level Registered (Specify)  Federal  State  Municipality:  e. Election Sum to Date  \$  Account Code  g. Form of Payment  h. In-Kind Description  i. Date (mm/dd/yyyy)  j. Amount  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$   |                 |                        |                        |  |  | d. Co                   | mments             |
| Federal   County:  |                 | -                      |                        | Referendum   |  |                         |                    |
| Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |                 |                        |                        | * *  | The second secon |                         |                    |
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| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | . Account Code  | g. Form of Payment     | h. In-Kind Description |  | i. Date (mm/dd/vvv)  | r) (                    | Amount             |
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| \$   |                 |                        |                        |  |  | $\dashv$                | Ψ                  |
|  |                 |                        |                        |  |  |                         | \$                 |
| Total of ALL CRO-1230 Pages  (This line must be on line 8 of Detailed Summary Page CRO-(100)   |                 |                        |                        |  |  |                         |                    |
| . Total of ALL CRO-1230 Pages  (This line must be on line 8 of Detailed Summary Page CRO-(100)   |                 |                        |                        |  |  | \$ j                    | 000,00             |
|  |                 |                        | ry Page CRO-1100       |  |  | \$ 14                   | $\sim$             |

| Disburser                               | nents                     |                          |             |                                   | Pg   | of I Yes I No   |     |
|---|---------------------------|--------------------------|-------------|-----------------------------------|--|---|-----|
| Use this form t                         | to report expenditure     | s from the comm          | ittee for o | operating ex                      |  | utions to candidate/political                               |     |
| committees and                          | d coordinated party       | expenditures             |             |                                   |  |   |     |
| 1. Commutee                             | Full Name (and Fu         | nd if applicable)        |             |                                   |  | 2. ID Number  |     |
| DO-4                                    | dams to                   | Misso                    | 5-8         | NEN                               |  |   | - 1 |
| 3. Type of Dis                          | bursement (Plea           | se use separate C        | RO-131      | forms for                         | each type of Di  | isbursement,)   |     |
| Operating Ex                            | penses C                  | ontributions to Candi    |             |                                   | and the second s | Coordinated Party Expenditures                              |     |
| 4. Payee Infor                          |                           |                          |             | Add                               | Remove   |   |     |
| a. Full Name, N<br>(include city, state | Mailing Address & F       | 'hone                    |             | b. Coordina                       | ted Committee Na   | me d. Comments  |     |
| menude eny, state                       | е, ас 21р)                |                          |             | 1                                 |  |   |     |
| DENKS                                   | EU. Ad                    | AMS                      |             | c. Level Reg                      | ristered (Specify)   |   | - 1 |
| 3661                                    | 3cuolse)                  | DUE -                    |             | Federal                           | County   |   |     |
| IX/C A                                  | JOISED)                   | -                        |             | State                             | Munici   | ipality: e. Election Sum to Date                            |     |
| uus, n                                  | ( C SCIOK                 | 3                        |             |                                   |  | \$ 2000   | - 1 |
| . Account Code                          | g. Form of Payment        | h. Purpose Code          | i. Date (   | mm/dd/yyyy)                       | j. Amount  | k. Required Remarks   |     |
| MYKK                                    | CK*002                    |                          | 10/0        | 15/2020                           | \$ 500,00  |   |     |
|   | 1., 502                   | $\top$                   | 1-/         | of axy                            | \$   | - Transaction   | -   |
| . Payee Inform                          | mation                    |                          |             | Add                               | Domesta  |   | _   |
|   | lling Address & Phone     | WI TO THE REAL PROPERTY. |             |                                   | Remove<br>ted Committee Nar  | me d. Comments  |     |
| (include city, sta                      |                           |                          |             | J. Joor ania                      | Commence 1491  | u. Comments   |     |
| Ant RI                                  | (a Charlie                | 3 In.                    |             |                                   |  |   | - 1 |
| 301                                     |                           | 3 746                    |             | -                                 | istered (Specify)  |   | - 1 |
| 300 D                                   | ommer St                  | •                        |             | Federal State                     | County:  | pality: e. Election Sum to Date                             | _   |
| BIRMOC                                  | xial = M                  | A OSUL                   |             | State                             | Ividifici  | panty. e. Election Sum to Date                              |     |
|   | wer(0) " 4                | 400                      | T           |                                   |  | \$ 140,57   | - 1 |
| Account Code                            | g. Form of Payment        | h. Purpose Code          | i. Date (r  | nm/dd/yyyy)                       | j. Amount  | k. Required Remarks   |     |
| DISACC                                  | Debit                     |                          | 00/2        | 30/2024                           | \$3,93   | Platform FEEC   |     |
| DOYEC                                   | Jahr                      | 0                        | 08/2        | 9/3034                            | \$2.00   | Philom Force  |     |
| . Payee Inform                          | nation                    |                          |             | Add 🗆                             | Remove   | I LIVER SILVIER   | -   |
| Full Name, Mail                         | ling Address & Phone      |                          |             |                                   | ed Committee Nan   | ne d. Comments  | -   |
| (include city, sta                      | te, & zip)                | 77-                      |             |                                   |  |   | _   |
|   |                           |                          |             |                                   |  |   | - 1 |
|   |                           |                          |             | c. Level Regi                     | stered (Specify)  County:  |   | -   |
|   |                           |                          |             | State                             | = '  | e. Election Sum to Date                                     |     |
|   |                           |                          | - 1         |                                   |  |   | -   |
| 4.0.1                                   |                           | T. 5                     |             |                                   |  | \$  |     |
| Account Code                            | g. Form of Payment        | h. Purpose Code          | i. Date (n  | nm/dd/yyyy)                       | j. Amount  | k. Required Remarks   |     |
|   |                           | -                        |             |                                   | \$   |   |     |
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| . Total only th                         | is Page                   |                          |             |                                   |  | \$ CONTROL S  | de  |
|   | CRO-1310 Pages            |                          |             |                                   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                     | ٦   |
| (This line goes in                      | line 13a of Detailed Sur  | nmary Page CRO-11        | 00 if Opera | ating Expense                     | rs)  | \$100 m   | -   |
| (This line goes in                      | line 13b of Detailed Sur  | nmary Page CRO-11        | 00 if Contr | rib to Candida                    | tes/Political Comm   | 1)  |     |
|   | line 13c of Detailed Sun  |                          |             |                                   | Expenditures)  |   |     |
| * - Media                               | odes (List detailed       |                          |             |                                   |  |   |     |
| - Salaries                              | B* - Printi<br>F* - Equip | •                        |             | ndraising<br>tical Party          |  | Another Candidate   |     |
| - Postage                               | J - Penalti               |                          |             | ucai Party<br><b>fice Expen</b> s |  | olding Public Office Expenses onation to Legal Expense Fun- |     |
| * Other                                 |                           |                          |             | -                                 | - Q - D  | omenou w regai rapense fun                                  | " [ |
| Codes require                           | e detailed explanat       | ion in required r        | emarks f    | field (k)                         |  |   |     |

**Disbursements** 

Amendment

| Disbursen            | nents  |  |                  |                    | Pg  | of   | Yes No  |
|----------------------|--|--|------------------|--------------------|---|--|---|
| Use this form to     | o report expenditures                                | from the commi   | ttee for o       | operating ex       | penses, contril   | butions  | to candidate/political  |
| committees and       | coordinated party ex                                 | penditures   |                  | I I and the second |   |  |   |
| 1. Committee I       | Full Name (and Fun                                   | d if applicable)   |                  |                    |   | Elyny  | 2. ID Number  |
| DD4                  | tams for   | Minsola  | -5               | NED                |   |  | L   |
| 3. Type of Dist      |  | use separate C   |                  |                    | the same with the same of the | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | the last state is the same of the same  |
| Operating Exp        |  | tributions to Candid   | lates/Politi     | 1                  | the same of the same of the same of   | Coordina                                       | ated Party Expenditures   |
| 4. Payee Inform      | <b>mauon</b><br>Iailing Address & Ph                 |  |                  | Add 🔲              | Remove  |  |   |
| (include city, state |  | one  |                  | b. Coordinat       | ted Committee N   | ame  | d. Comments   |
| C state              | , & 2p)  | t armed variety de the til fil could till begivn velksam spekaret strollasstandskels |                  |                    |   |  |   |
| Densra               | SORCE  |  |                  | c. Level Regi      | istered (Specify)   | -  | 1   |
| 8 Clas               | Kso St.  |  |                  | ☐ Federal          | Coun  | ty:  |   |
| 11                   | ( ) ( )  | ſ  |                  | State              | Muni  | cipality:                                      | e. Election Sum to Date   |
| NEW YO               | sk'MX100   | >(4-   |                  |                    |   |  | \$  |
| f. Account Code      | g. Form of Payment                                   | h. Purpose Code  | i. Date (        | mm/dd/yyyy)        | j. Amount   | k. R   | lequired Remarks  |
| DOHEC                | DEBA   |  | 07/0             | P/2024             | \$33,00   |  |   |
| DVACC                | Delit  | 0  | 086              | 16/2024            | \$XX 00   |  |   |
| 4. Payee Inform      | nation   |  |                  | Add                | Remove  |  | received the Carticol   |
|                      | ling Address & Phone                                 |  |                  |                    | ed Committee Na   | ame  | d. Comments   |
| (include city, sta   |  |  |                  |                    | ou Committee 14   |  | d. Comments   |
| Comple               | Sance  |  | magan maganitisa |                    |   |  |   |
|                      | There  |  |                  | c. Level Regi      | stered (Specify)  |  |   |
| PS CINY              | (SO) (ST)  |  |                  | Federal            | Count   | •  |   |
| 16 6                 | 6 1111 100   | e d  |                  | State              | Munic   | ipality:                                       | e. Election Sum to Date   |
| New you              | or the   | 014  |                  |                    |   |  | \$  |
| f. Account Code      | g. Form of Payment                                   | h. Purpose Code  | i. Date (        | nm/dd/yyyy)        | j. Amount   | k. R   | equired Remarks   |
| DOHEC                | Debot  | 0  | 09/              | 28/2014            | \$33,00   | 5  |   |
| NOTEC                | Debit  | 0  | 10/6             | 7/2024             | \$3300  |  |   |
| 4. Payee Inform      | nation   |  | 乜                | Add                | Remove  |  |   |
| a. Full Name, Maili  | ing Address & Phone                                  |  |                  | b. Coordinate      | ed Committee Na   | me   | d. Comments   |
| (include city, stat  | te, & zip)   | /  |                  |                    |   |  | Control and the second of the second |
| Consta               | of Contac  | -  |                  |                    |   |  |   |
| 1605 15              | of Contact   | _  |                  |                    | stered (Specify)  |  |   |
| 1901 11              | rapella Por  | <i>&gt;</i> G  |                  | Federal State      | County Munic  | ·  | e. Election Sum to Date   |
| Walthau              | ~,MAO2   | 451  |                  |                    |   | ipairty.                                       |   |
|                      | ,  |  |                  |                    |   |  | \$  |
| f. Account Code      | g. Form of Payment                                   | h. Purpose Code  | i. Date (r       | nm/dd/yyyy)        | j. Amount   | k. Re  | equired Remarks   |
| NHEC                 | Debot  | 0  | 07/0             | 1/2024             | \$110,00  |  |   |
| Myor                 | Dari   | 0  | ORG              | 1                  | -   | ,  |   |
| 5. Total only th     | is Dogo  |  | MyC              | YEVEY              | \$140,00  |  | 0.253   |
|                      |  |  |                  |                    |   |  | \$352,00  |
|                      | CRO-1310 Pages                                       |  | T PAN            | miz iden           |   |  |   |
|                      | line 13a of Detailed Sum                             |  |                  |                    |   | Ţ. II  | \$1028.01   |
|                      | line 13b of Detailed Sum<br>line 13c of Detailed Sum |  |                  |                    |   | m)   |   |
|                      |  | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN                                       |                  |                    | Expenditures)   |  | PENNIN TERRORISMENT   |
| A* - Media           | Dides (List detailed of B* - Printin                 |  |                  |                    | 70  |  | L. O. Mar   |
| E - Salaries         | F* - Equipn  | -  |                  | indraising         |   |  | her Candidate   |
| - Postage            | J - Penaltie   |  |                  | fice Expens        |   |  | g Public Office Expenses<br>on to Legal Expense Fund  |
| O* Other             |  | _  |                  | angelie            | ~ ·   | Julgti   | on to riegar revhense Land  |
| Mel c t t c          | e detailed explanation                               | n in required  | emarke           | field (b)          | W HILL I  | 25.5   | SANDERS TANKS   |

**Disbursements** 

Amendment

| D:-b   | 4  |  |                    |  |                          |               | Amendment                             | anta and system of                                       |
|--|--|--|--------------------|--|--------------------------|---------------|---------------------------------------|--|
| Disbursem  |  |  |                    |  | Pg of                    |               | _                                     | □ No   |
|  | report expenditures<br>coordinated party ex  |  | tee for o          | operating exp  | penses, contributi       | ions to       | candidate/poli                        | ical   |
|  | ull Name (and Fun  |  | , 88 g/E           |  |                          | 12            | . ID Number                           | Alles III  |
| 75 1   | ( ( )  | Y /  | 0                  | (  |                          | -             | i no rumber                           |  |
| DDA  | daystor  | Aliaston-  | SA                 | tem  |                          |               |                                       |  |
| 3. Type of Disb  | ursement (Please   | use separate Ci  | RO-1316            | forms for e  | ach type of Disb         | WISE II       | ent.)                                 |  |
| Operating Exp  | Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Ow | tributions to Candid   | ates/Politi        | cal Committees   | Coo                      | rdinated      | Party Expenditure                     | s  |
| 4. Payee Inform  |  |  |                    | Add 🔲  | Remove                   | No.           |                                       |  |
|  | lailing Address & Ph   | one  |                    | b. Coordinate  | ed Committee Name        | d.            | Comments                              |  |
| (include city, state,  | & zip)   |  |                    |  |                          |               |                                       |  |
| Constor  | ontart   | _  |                    | c. Level Regi  | stered (Specify)         | $\overline{}$ |                                       |  |
| 160111   | 300 ( D  | Ţ  |                    | Federal  | County:                  |               |                                       |  |
| Lat ere  | COLETA ROAD  | Q  |                    | State  | Municipa                 | lity: e.      | Election Sum to                       | Date   |
| Walth  | an, MAC  | 22/15/   |                    | William Co. J. Addings Sp. and |                          |               | \$                                    | and the second second second                             |
| f. Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (          | mm/dd/yyyy)  | j. Amount                | k. Req        | uired Remarks                         |  |
| MHEC   | DEKIL  |  | 09/0               | 9/2024   | \$110,00                 |               |                                       |  |
|  |  |  | 1 "                | 1  | \$                       |               |                                       |  |
| 4. Payee Inform  | nation   | ALCO DE LA CONTRACTOR D |                    | Add 🔲  | Remove                   |               |                                       | ENERGY WINE  |
|  | ing Address & Phone  |  |                    |  | ed Committee Name        | · la          | Comments                              |  |
| (include city, stat  |  |  |                    |  | or Committee Plants      |               | Comments                              |  |
| ROS  | Bank   | _  |                    | c. Level Regis   | stered (Specify)         | -             |                                       |  |
| 2815   | Dandán   | Rand   |                    | Federal  | County:                  |               |                                       |  |
| 156-16   | growa  | Joseph   |                    | State  | Municipa                 | lity: e.      | Election Sum to I                     | Date   |
| WS.N   | (27106   |  |                    |  |                          | 5             | 6                                     |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code  | 2 Data 6           |  | E A                      | l. Dam        | uired Remarks                         |  |
| N 1/00   | g. Portit of Payment   | ii. I di pose code   | - /                | and the second s | j. Amount                | n. nequ       | in eu Reman as                        |  |
| DIAKE  | Debat  | 0  | 07/2               | 2/2004   | \$ 20,00                 |               |                                       |  |
| DOHEC  | Debat  | 0  | 08/                | Ar 12024   | \$ 20,00                 |               |                                       |  |
| 4. Payee Inform  | nation   |  | D                  | Add  | Remove                   |               |                                       |  |
| a. Full Name, Maili  | ing Address & Phone  | ***************************************  |                    | b. Coordinate  | d Committee Name         | d.            | Comments                              |  |
| (include city, stat  | e, & zip)  |  |                    |  |                          |               |                                       |  |
| Ross   | Bank<br>Egnobla R<br>CARIOG  | 4  |                    | 7 17 1   | 7.465                    | _             |                                       |  |
| 2815 F   | REMOHAR  | 200  |                    | Federal  | tered (Specify)  County: |               |                                       |  |
| 2 1 6 1 1 1  | 7.100  | 0  |                    | State  | Municipal                | lity: e.      | Election Sum to I                     | ate  |
| WSJU   | CA(106   |  |                    |  |                          |               |                                       |  |
|  |  |  |                    |  |                          | 1             | · · · · · · · · · · · · · · · · · · · |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (          | mm/dd/yyyy)  | j. Amount                | k. Requ       | ired Remarks                          | miker, therefore, No. do pay "Methods, storm or high - A |
| DO4CC  | Debot  | 0  | 09/5               | 13/2024  | \$ 20,00                 |               |                                       |  |
|  |  |  | /                  | /  | S                        |               |                                       |  |
| 5. Total only th   | ie Pono  |  |                    |  |                          | \$            | 1700                                  |  |
|  |  |  |                    |  |                          | 1             | 170.0                                 |  |
| Control of the Contro | CRO-1310 Pages   |  | 00.15.0            |  |                          | 192           |                                       | 1  |
|  | line 13a of Detailed Sum<br>line 13b of Detailed Sum   | -  |                    |  | ,                        | .   \$        | 1828,0                                | )(   |
|  | line 13c of Detailed Sum   |  | -                  |  |                          |               |                                       |  |
|  | odes (List detailed  | THE RESERVE OF THE PERSON  | THE PARTY NAMED IN | THE RESERVE AND PARTY.   |                          |               | a systems                             |  |
| A* - Media   | B* - Printir   |  |                    | undraising   | D-To                     | nothe         | r Candidate                           | (1914 J. 1975)   |
| E - Salaries   | F* - Equip   |  |                    | itical Party   |                          |               | Public Office l                       | Expenses   |
| I - Postage  | J - Penaltic   |  |                    | ffice Expens   |                          |               | to Legal Expe                         |  |
| O* Other   |  |  | ,                  | the saw maken  |                          |               |                                       |  |
| * Codec requir   | e detailed evaluati  | on in required r   | emarke             | field (Ir)   |                          |               |                                       | Mary Charles   |

| <b>Loan Repayments</b>   |                 |                    | Pg of                                  | Yes No                  |
|--|-----------------|--------------------|--|-------------------------|
| Use this form to report paym   |                 |                    | -                                      |                         |
| 1. Committee Full Name (a  | nd Fund if app  | licable)           |  | 2. ID Number            |
| DDAdwas  | Jos Who         | Son Salem          |  |                         |
| 3. Lender Information  |                 | ☐ Add              | Remove                                 |                         |
| a. Full Name, Mailing Address &  | Phone           |                    |  | b. Comments             |
| (include city, state, & zip)   | 1.46            |                    |  | _                       |
| Devise D. A<br>3601 Marlow<br>WS, NC 2210  | Sam >           |                    |  | c. Original Loan Date   |
| 360) 1X/88100  | 36436           |                    |  | 01/09/24                |
| 165, NC 2214   | )6              |                    |  | d. Original Loan Amount |
|  |                 |                    |  | \$ 500.55               |
| e. Remaining Loan Balance  | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy)                   | i. Repayment Amount     |
| \$ 0.55  | 1 November 1    | - 1                | 1 1 1                                  |                         |
| 0.55   | DOTTEC          | CK+00Z             | 10/01/2024                             | \$ 500,00               |
| \$   |                 |                    |  | \$                      |
| 3. Lender Information  |                 | ☐ Add              | Remove                                 |                         |
| a. Full Name, Mailing Address &  | Phone           |                    |  | b. Comments             |
| (include city, state, & zip)   |                 |                    |  |                         |
|  |                 |                    |  | c. Original Loan Date   |
|  |                 |                    |  |                         |
|  |                 |                    |  | d. Original Loan Amount |
|  |                 |                    |  | The Section             |
|  |                 |                    | ************************************** | \$                      |
| The state of the s | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy)                   | i. Repayment Amount     |
| \$   |                 |                    |  | \$                      |
| \$   |                 |                    |  | \$                      |
| 3. Lender Information  |                 | ☐ Add              | Remove                                 |                         |
| a. Full Name, Mailing Address &  | Phone           |                    |  | b. Comments             |
| (include city, state, & zip)   |                 |                    |  | -                       |
|  |                 |                    |  | c. Original Loan Date   |
|  |                 |                    |  |                         |
|  |                 |                    |  | d. Original Loan Amount |
|  |                 |                    |  | \$                      |
| e. Remaining Loan Balance  | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy)                   | i. Repayment Amount     |
| \$   | 1, 110,000      | g. I va an va a my | He rate (mineral 1111)                 |                         |
| <b>3</b>   |                 |                    |  | \$                      |
| \$   |                 |                    |  | \$                      |
| 4. Total only this Page  |                 |                    |  | \$ 500,00               |
| 5. Total of ALL CRO-   | 1420 Pages      |                    |  | \$ 500,00               |

Amendment