Disclosure Report Co					Amendment  Yes No	
Use this form for general report and committee information, must be signed and submitted along with other detailed forms						
Do not use this form to update in 1. Committee Information	nformation.					
a. Full Name						
	h (	0-1 1	-10 6	•	. ID Number	
b. Mailing Address (include City, Sta		6 CO 74W				
Of a did not be as seems open or analysis a section of the section	T T T T T T T T T T T T T T T T T T T	- very annual production of	1989 to 1984 t	d	l. Date Filed	
3335 Anderso					7.10, 2024	
Winston-Sale		. Phone Number 336 - 788 - 546				
2. Report Year 3. Period Start	Date (mm/dd/	yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer		
2024 2,28,20			2024	Carolin	n A. Highsman	
6. Type of Committee (Check (			ort (check only one t	arony	- 11 fransmyr	
Candidate Campaign Part		Municipal	State/County		eferendum	
PAC Ref	erendum	Organization		The second of the second second	and the same of th	
Independent Expenditure I Joir	nt Fundraiser	Thirty-five da		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Organizational	
Legal Expense Fund	a i unurunon	Pre-primary	·   _ ` ′		Pre-referendum	
			First	.	Final	
7 Temp of Frank Co. P. 11	3 4 3	Pre-election	Second	d L	Supplemental Final	
7. Type of Fund (if applicable.	check one)	Pre-runoff	Third	[	Annual	
Booster Fund		Semi-annual	Fourth	·   ir	Special	
Building Fund	- 1	Mid Yea	r Semi-annua			
	- 1	Year En			A C 1 D N	
Other:		Final	in in in it	cai	0. Special Report Name	
8. Number of Fundraisers this	Donout		Year B	and		
o. Ivaniber of Pulluransers this	vehore	Special	Final			
	- 1		Special Special			
			- Opeciai			
11. Account Information	,					
11. Account Information a. Financial Institution Full Name			11. Account Informa			
a. Financial Institution Full Name	1 Credit	Union				
a. Financial Institution Full Name	Credit		11. Account Informa a. Financial Institution F	ull Name	Aggovert Code	
a. Financial Institution Full Name  Trubent Federa b. Purpose	c. Account Cod	le	11. Account Informa	ull Name	Account Code	
a. Financial Institution Full Name  Trubent Federa b. Purpose		le	11. Account Informa a. Financial Institution F	ull Name	Account Code	
a. Financial Institution Full Name Trulicut Federa	c. Account Cod	1024	11. Account Informa a. Financial Institution Formation b. Purpose	c.	Account Code Period Begin Balance	
a. Financial Institution Full Name Trubiant Federa b. Purpose Campuegn Christing account	c. Account Cod	1024	11. Account Informa a. Financial Institution F	c.	Period Begin Balance	
a. Financial Institution Full Name  Trubent Federa b. Purpose	c. Account Cod	1024	11. Account Informa a. Financial Institution Formation b. Purpose	ull Name	Period Begin Balance	
a. Financial Institution Full Name Trubust Federa b. Purpose Campuegn Checking account CERTIFICATION	c. Account Cod CAH & d. Period Begin	LO24  Balance	11. Account Informa a. Financial Institution For the second secon	c.	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Campuegn  Checking  account  CERTIFICATION  I certify that the Committee or Fur	c. Account Cod  CAH  d. Period Begin  statement is in complia	DOLY  Balance  ance with all appl	11. Account Informa a. Financial Institution For the provisions of Articles  Cable provisions of Articles	c. d. 9	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Campuegn  Charleing  Caccount  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and tha	c. Account Cod  CAH  d. Period Begin  state of the compliant of the compli	DOLY  Balance  Ince with all applicommingled with	11. Account Informa a. Financial Institution Fi b. Purpose  4503, 2  cable provisions of Artic prohibited or other non-	c. d. gle 22A, 22B & disclosed fund	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Campuegn  Checking  account  CERTIFICATION  I certify that the Committee or Fur	c. Account Cod  CAH  d. Period Begin  state of the compliant of the compli	DOLY  Balance  Ince with all applicommingled with	11. Account Informa a. Financial Institution Fi b. Purpose  4503, 2  cable provisions of Artic prohibited or other non-	c. d. gle 22A, 22B & disclosed fund	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Campuegn  Charleing  Caccount  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and tha	c. Account Cod  CAH  d. Period Begin  state of the compliant of the compli	DOLY  Balance  Ince with all apple	11. Account Informa a. Financial Institution Fi b. Purpose  4503, 2  cable provisions of Artic prohibited or other non-	c. d. gle 22A, 22B & disclosed fund	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Campuegn  Charleing  Caccount  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and tha	c. Account Cod  CAH  d. Period Begin  state of the compliant of the compli	DOLY  Balance  Ince with all apple	11. Account Informa a. Financial Institution Fi b. Purpose  4503, 2  cable provisions of Artic prohibited or other non-	c. d. gle 22A, 22B & disclosed fund	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Campuegn  Charleing  Caccount  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and tha	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with	a. Financial Institution Formation a. Financial Institution Formation English and the Purpose cable provisions of Artic prohibited or other non-the NC State Board of E. C. H. M.	c. d. g. cle 22A, 22B & disclosed fund elections.	Period Begin Balance  2 22D-22M of Chapter 163  3. I further certify that this  July 10, 2024	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Carrpuegr  Checking  account  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and that report is complete, true and correct  Cardy A Harman Committee of Signal  Printed Name of Signal	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with	11. Account Informa a. Financial Institution Fi b. Purpose  4503, 2  cable provisions of Artic prohibited or other non-	c. d. g. cle 22A, 22B & disclosed fund elections.	Period Begin Balance	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Carrifue S  Charles S  C	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with	a. Financial Institution Formation a. Financial Institution Formation English and the Purpose cable provisions of Artic prohibited or other non-the NC State Board of E. C. H. M.	c. d. gle 22A, 22B & disclosed fund elections.	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Carrpuegr  Checking  account  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and that report is complete, true and correct  Cardy A Harman Committee of Signal  Printed Name of Signal	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with the been trained by	a. Financial Institution Formation a. Financial Institution Formation English and the Purpose b. Purpose cable provisions of Article prohibited or other non-the NC State Board of English acture of Appointed Treasurature of App	c. d. gle 22A, 22B & disclosed fund elections. Delive	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date  Date	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Carrifue S  Charles S  C	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with	a. Financial Institution Formation a. Financial Institution Formation English and the Purpose b. Purpose cable provisions of Article prohibited or other non-the NC State Board of English acture of Appointed Treasurature of App	c. d. gle 22A, 22B & disclosed fund elections. Delive	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date	
a. Financial Institution Full Name  Trubust Federa b. Purpose  Carrpuegr  Checking  account  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Cardy A How  Printed Name of Signation  FOR OFFICE USE ONLY  Date Received:	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	Balance  Ince with all applicommingled with the been trained by  Sign	a. Financial Institution Financial Instituti	c. d. gle 22A, 22B & disclosed fund elections.  Delive	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date  Pry Method  Dormal Mail	
a. Financial Institution Full Name  Trubust Federa  b. Purpose  Carrifue S  Charles S  C	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with the been trained by	a. Financial Institution Financial Instituti	c. d. d. gle 22A, 22B & disclosed fund elections.  Delive	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date  Pry Method  Dormal Mail  Egistered Mail	
a. Financial Institution Full Name  Trubust Federa b. Purpose  Carrpuegr  Checking  account  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Cardy A How  Printed Name of Signation  FOR OFFICE USE ONLY  Date Received:	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	nce with all applicommingled with the been trained by  Employ	a. Financial Institution Financial Instituti	c. d. d. gle 22A, 22B & disclosed fund elections.  Delive Re Re	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date  Pry Method  Dormal Mail	
a. Financial Institution Full Name  Trubust Federa b. Purpose  Carrpuegr  Checking  account  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Cardy A How  Printed Name of Signation  FOR OFFICE USE ONLY  Date Postmarked:	c. Account Cod  CAtt a  d. Period Begin  state of the compliant of the com	Balance  Ince with all applicommingled with the been trained by  Sign	a. Financial Institution Financial Instituti	c. d. d. gle 22A, 22B & disclosed fund lections.  Delive Re Re Ele Signature	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date  Pry Method  Date	
b. Purpose Carrification CERTIFICATION I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct  CARRIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct  CARRIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correct  CARRIFICATION  Date Postmarked:  Date Postmarked:  Date Data Entered:	d. Period Begin  dis in compliant no funds are of and that I have	n Balance  Ince with all applicammingled with a been trained by  Employ  Employ  Employ	11. Account Informa a. Financial Institution F b. Purpose  cable provisions of Artic prohibited or other non- the NC State Board of E  nature of Appointed Treasur  cee:  cee: cee:	c. d. d. gle 22A, 22B & disclosed fund elections.  Delive  No. Re Ha	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  Date  Pry Method Date	
a. Financial Institution Full Name  Trubust Federa b. Purpose  Carrier augr  Checking	d. Period Beging  the distribution of the following states of the following st	Balance Ince with all applicommingled with the been trained by  Employ Employ Employ o amend comm	a. Financial Institution Financial Instituti	c. d. d. g. cle 22A, 22B & disclosed fund elections.  Delive  Re Ha Ele Sigma	Period Begin Balance  2 22D-22M of Chapter 163 s. I further certify that this  July 2024  Date  Pary Method  Date	
a. Financial Institution Full Name  Trubust Federa b. Purpose  Carrier and Correct  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Cardy A How Printed Name of Signs  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form car assistant	d. Period Beging  the distribution of the following the fo	Employ Employ amend committodian of books	11. Account Informa a. Financial Institution F b. Purpose  cable provisions of Artic prohibited or other non- the NC State Board of E  nature of Appointed Treasur  cee:  cee: cee:	c. d. d. g. cle 22A, 22B & disclosed fund elections.  Delive Re Ha Ele Sigma as the comminution information	Period Begin Balance  2 22D-22M of Chapter 163 2 1 further certify that this  The Date  Pery Method  Date  P	

Detailed Summary			Amendment	
Use this form to summarize all disclosure reporting forms a  1. Committee Full Name (and Fund if applicable)	and to total m	nonetary information	Yes No	
Card in the shanith for City Council to	and and	of Report	6 CO 74 W	7
Start of Election Cycle: January 1, 262	f	Total this	Total this	$\dashv$
4) Cash on Hand at Start		Reporting Period \$ 503, 27	Election Cycle	4
RECEIPTS		\$ 503, 27	\$ 113,27	_
5) Aggregated Contributions from Individuals	(CRO-1205	5) \$ 120.00	\$ 2/5,00	-
6) Contributions from Individuals	(CRO-1210	120.00	\$ 265,00	
7) Contributions from Political Party Committees	(CRO-1220	361700	\$ 2,316,86	-
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)	<b>S</b>	c c	
11b) Contributions from Not-For-Profit Organization			\$	-
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			\$ 2,586.86	_
EXPENDITURES	o, i i a and i i e	1 4 601.60	\$ 2,581.86	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 550.00	\$ 790,00	4
13b) Contributions to Candidates/Political Committees	s (CRO-1310)	\$	\$ 790,00	-
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)		\$	1
17) In-Kind Contributions	(CRO-1510)	\$ 467.60	\$ 1 444.86	-
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1. 017.60	\$ 1 1 1 1 1 1 1	2,231.86
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 13.27	\$ 463, 27	2,2100
ADDITIONAL INFORMATION			163121	1
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)	\$	\$	
8) Contributions to be Refunded	(CRO-1215)	\$	\$	

NC State Board of Elections

August 2008

			butions from ]		of	Amendment Yes No	
	Optional form used to report NC Contributions From Individuals of \$50 or less  1. Committee Full Name (and Fund if applicable)  2. ID Number						
ı.	A	te run Name (a	пи тини и аррисац	ne)	(1)	2. ID Number	
	Caro	lyn High	smith tor	City Council-So	up Ward	6CQ 14W	
3.	Contribu	itor Information		U			
a. /	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	yy) f. Amount	
	Add Remove	CAH 2029	H Check	Contribution	2,27.20	24 \$ 20,00	
	Add Remove	CAH 2024	Check	Contribution	2.28.202	4 \$ 50,00	
	Add Remove	(Att 2024	Check	Confribution	3,6-2020		
	Add Remove	CAH2024	Chick	contribution	3,7-202		
E	Add	C/IN	0,000,00	Challenger	011.40=		
	Remove					\$	
	Add Remove					\$	
	Add					Φ.	
	Remove					\$	
	Add Remove					\$	
	Add					\$	
느	Remove					Ψ	
ᆸ	Add Remove					\$	
	Add Remove			F		\$	
	Add Remove					\$	
	Add						
	Remove					\$	
	Add Remove					\$	
	Add					\$	
	Remove Add					\$	
Н	Remove Add						
	Remove Add					\$	
H	Remove					\$	
	Add					•	
P	Remove Add					\$	
	Remove					\$	
Н	Add Remove					\$	
	Add Remove					\$	
P	Add Remove					\$	
<u>-</u>		nly this Page				\$ 120,60	
_		f ALL CRO-1	1205 Pages				
			1205 Fages etailed Summary Page C	PO-1100)		\$ 265,00	

Contributions from Individuals					of		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		
Carolym Highsmith for City Cou				inal - Sonth	Word	6 C4	6 CP 74W	
3. Contributor Information				Add Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	d. Comments	
	city, state, & zip)	/		Physician t	Boutant			
	Merine H			c. Employer's Name/Spe	ecific Field			
	15. Mai			Viteran's Ad	nines Nation	e. Election Sum to Date		
Wi	4 stm-Su	dem, NC 271.	27	745		\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount	
	CA# 2024	Check			3,2.20	24	\$ 100,00	
							\$	
							\$	
	ibutor Informatio			Add Rem	ove			
	ne, Mailing Address &	z Phone		b. Job Title/Profession		d. Comments	S	
	city, state, & zip)	· h		Retired RN,	ANP			
Car	olyn High	r Smilh		c. Employer's Name/Spe	cific Field			
322	C Ander	son Drive		11 (/)				
1000	3 // (	Marie	7	Healthca	V	e. Election St		
		in, NC2713		· ·		/	304.26	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy)	yy)	k. Amount	
		In-Kind	CI	eur bags	2,29.20	124	\$ 45,98	
		In-Kind	3	upplies 2,28,20		024	\$ 23.01	
	CHH2024	In-Kinch	Elc	ction Handont	3 3,1, 20	524	\$ 131,61	
	butor Informatio			Add Rem	ove			
	ne, Mailing Address & city state & zin)	z Phone		b. Job Title/Profession	~	d. Comments		
(include city, state, & zip)			Retired RN/ANP					
Ciri	orth the	nohuth		c. Employer's Name/Spe	cific Field			
Carolyn Highsmith 3335 Anderson Drive			11.000		e. Election Sum to Date			
			HealthCore		\$ 1,504,86			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy)	yy)	k. Amount	
	CAH 2024	In-Kind	CallH	hub - Tecting	3.4, 202	4	\$ 200,00	
	CHH 2124	In-Kind	Call	Hub - Texting	3,5,202	4	\$ 25,00	
	CAT 2024	In-Kind	Camp	rigning - Vehicle	- 3,5,202	24	\$ 42,00	
4. Total only this Page \$ 567.60								
5. Total of ALL CRO-1210 Pages								
Min line	a mount be on the contract	Desired Comments of Comments o	0 1700			\$ 2	316-26	

Use CRO-1215 if In-Kind Contributions were or will be refunded				e com	nittee or fund.
1. Committee Full Name (and Fund if applicable)	WILIIII	1 / Ua	ys.	2 ID	Number
	hu	( -	South Wa	4	6 CQ 74W
3. Contributor Information Add	Remov	re	TENEDER ST		A TOTAL PROPERTY.
a. Full Name, Mailing Address & Phone			Contributor	c. Cor	nments
(include city, state, & zip)			vidual		
~ /2		Can	didate		
Carolin Hohsneth	ΙΠ	Part	.v		
3335 Anderson Drive	١Ħ	PAC	•		
3333 machine mice	١Ħ	Refe	erendum	d. Ele	ction Sum to Date
Winston-Salem, NC 27127	١Ħ	Oth	er Receipt Source		
			6 D. 4. (/11/	\$	804,26
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
Clearbags - Door Knob Hangers			2.29.20	24	\$ 45,98
Campain Supplies			2.28.20	124	\$ 23.01
Campuign Handonts / Photo Copyin	Γ		3,1,202	4	\$ 131.41
3. Contributor Information	Remov	e			
a. Full Name, Mailing Address & Phone	b. Ty	pe of C	Contributor	c. Con	nments
(include city, state, & zip)		Indi	vidual		
0 1 11 10 1		Can	didate		
Carolin Highsneth		Part	-		
		PAC			
3335 Andreson Drive			erendum	d. Elec	ction Sum to Date
Whiteh- Salen, MC 27127	Ш	Othe	er Receipt Source	\$	1,004.86
Vaccount					7
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
Call Hub - Mass Voter Texting			3,4,202	4	\$ 200,00
Call Hub - Campaign Vater Tex	hing		3,5,20	24	\$ 25.00
Campaigning/Vehicle Gar			3,5,20	24	\$ 42.00
	Remov				
a. Full Name, Mailing Address & Phone	b. Ty		Contributor	c. Con	nments
(include city, state, & zip)			vidual		
	닏		didate		
	님	Party			
		PAC	1		
	H		erendum	d. Elec	tion Sum to Date
		Otne	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
					\$
					\$
					\$
4. Total only this Page	4 7 4			\$	467.60
5. Total of ALL CRO-1510 Pages				ф <i>i</i>	-1) (1
(This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	1211/86

**In-Kind Contributions** 

Amendment

□ No

Disbursem			Pg	of	Yes No
			ee for; operating expenses,	contributions to	candidate/political
	coordinated party ex	office the second secon			a ID N
	ull Name (and Fun Highsmith		1101 - Co. 6 1	e ved	2. ID Number
3. Type of Disb			RO-1310 forms for each t	EVA	6CQ74W
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	The state of the s
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Δ1 -1	Λ /:	((			
Charle	ene Cundi	tt	c. Level Registered (Specify)		
2721	Griffith	0-1	Federal	County:	
2121	OVITTIIN	ku.	State 🛃	Municipality:	e. Election Sum to Date
Wint	ton-Salza	NC27103			\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Ä	E		IIIs	Campain poll/ ztection
CAH 2024	Cash	t	3.5,2024	\$ 100,	worker
				\$	
				Ф	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
1 4/00	Howard				
Kulu	11010002	1	c. Level Registered (Specify)	0 .	-
924	New Hope	apre	Federal	County:	That Government
6 15	New Hope	Aut D	☐ State	Municipality:	e. Election Sum to Date
Winsta	n-Sclen, NC	·			\$ 0,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Mitarile	0.40	15	3,5,2024	\$ 100	Campuign Poll/
CALL 2014	Carh		31312014	· 100'	election worker
				\$	
4 D T.C			Add $\square$	Remove	
4. Payee Inform			b. Coordinated Committee Name		d. Comments
(include city, state,	ng Address & Phone		b. Cool amated Committee Na	шс	u. Comments
	4.51.4				
lvia	ed City B	eal	c. Level Registered (Specify)		
Monace	MITHE	Tuesday	Federal	County:	
TAKING	14219151	m-Engere	State	Municipality:	e. Election Sum to Date
Creen	sbovo, MC 2	DI/OI			s 0.00
		1406		1	\$ 0.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CAH 2024	Check	A	2.28.2024/	\$ 350,00	Distal Campaign
OI ( W + so )	Ovecon		11-11-1001		nas
				\$	
5. Total only th	is Page				\$ 550.00
	CRO-1310 Pages	1			
	line 13a of Detailed Sum				\$ 7Gh (1)
			) if Contrib to Candidates/Politic	,	\$ 190.00
(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)					
				D To 4-04	on Condidata
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic	_ 0	D - To Anothe	Public Office Expenses
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund
O* - Other					-
* Codes marrie	e detailed explanati	on in required re	marks field (k)		

Amendment