

Disclosure Report Cover

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 information

1. Committee Information			
a. Full Name FRIENDS OF ALAN NORMAN			c. ID Number -QBC115--
b. Mailing Address (include City, State and Zip Code) 568 OAK GROVE CLOVER HILL CH ROAD LAWNDALE, NC 28090			d. Date Filed 07/24/2025
			e. Phone Number 704-472-6480
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	01/01/2025	06/30/2025	BREANNE NORMAN MILLER
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☒ Mid Year ☐ Year End ☐ Final ☐ Special State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☒ Mid Year ☐ Year End ☐ Final ☐ Special Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ "Booster Fund" ☐ Building Fund ☐ Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name COMMERCIAL BANK/ALLIANCE BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCES	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 51,790.78		d. Period Begin Balance \$
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.			
<u>Breanne Norman Miller</u> Printed Name of Signer		<u>Breanne N. Miller</u> Signature of Appointed Treasurer	
		Date 07/24/2025	
FOR OFFICE USE ONLY			
Date Received:	7-21-25	Employee:	WMPB
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ 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, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
FRIENDS OF ALAN NORMAN		2025 MID YEAR		-QBC115--	
Start of Election Cycle:		January 1,		2023	
		Total this Reporting Period		Total this Election Cycle	
		\$ 51,790.78		\$ 31,600.78	
4) Cash on Hand at Start					
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$ 0.00	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 800.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$ 0.00	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$ 0.00	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$ 0.00	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$ 0.00	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$ 0.00	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$ 0.00	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$ 0.00	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$ 0.00	
12) TOTAL RECEIPTS		<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 800.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 0.00	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$ 0.00	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$ 0.00	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$ 0.00	
15) Loan Repayments		<i>(CRO-1420)</i>		\$ 0.00	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$ 0.00	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ 0.00	
18) TOTAL EXPENDITURES		<i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 0.00	
19) Cash on Hand at End		<i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 52,590.78	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$ 0.00	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$ 0.00	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$ 0.00	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$ 0.00	
25) Administrative Support		<i>(CRO-1710)</i>		\$ 0.00	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$ 0.00	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>		\$ 0.00	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$ 0.00	

CRO-1100

NC State Board of Elections

CLEVELAND COUNTY BO August 2008
JUL 21 '25 AM 10:20

Contributions from Individuals

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Amendment
☐ 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	
FRIENDS OF ALAN NORMAN					-QBC115--	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROGER DALE DIXON			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	CHECK		3/27/2025		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RADHIKA M. PATEL 230 PINNACLE XING SHELBY, NC 28152			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	CHECK		05/01/2025		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
VRAJKUMAR R. PATEL			BUSINESS OWNER		CLEVELAND COUNTY BO JUL 21 '25 AM 10:20	
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	CHECK		05/01/2025		\$ 200.00
☐						\$
☐						\$
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 800.00	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 2 of 2

Amendment
☐ 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	
FRIENDS OF ALAN NORMAN					-OBC115--	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SANKET G. PATEL 310 ANISTON LN. SHELBY NC 28152			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	CHECK		05/01/2025		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐						\$
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
					CLEVELAND COUNTY BOARD OF ELECTIONS JUL 21 '25 AM 10:20	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐						\$
☐						\$
☐						\$
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 800.00	

CRO-1210

NC State Board of Elections

April 2007