

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			c. ID Number	
FRIENDS OF ALAN NORMAN			-QBC115--	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
568 OAK GROVE CLOVER HILL CH ROAD LAWNDALE, NC 28090				
			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	07/01/2025	12/31/2025	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				
1				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
COMMERCIAL BANK/ALLIANCE BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FINANCES	01			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 52,590.78		\$	
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 Norman Miller</u> Signature of Appointed Treasurer		<u>1-20-26</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>1-29-26</u>	Employee:	☒ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
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 END OF YEAR		-QBC115--	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 52,590.78		\$ 31,600.78	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 40.00	
6) Contributions from Individuals (CRO-1210)		\$ 41,838.02		\$ 66,038.02	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 600.00		\$ 600.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 500.00		\$ 500.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 42938.02		\$ 67,178.02	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5826.83		\$ 6026.83	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 1,150.00		\$ 4,250.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 2,738.02		\$ 2,738.02	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9714.85		\$ 13014.85	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 85,813.95		\$ 85,763.95	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

CRO-1100

NC State Board of Elections

August 2008

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:38

Contributions from Individuals

Pg 1 of 17

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	
KRISTI VANTINE 19701 BETHEL CHURCH RD. STE 103-300 CORNELIUS, NC 28031			HOUSEWIFE			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$ 6,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		07/08/2025	\$ 6,400.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TIM POTEAT 1517 BARBEE ROAD SHELBY, NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					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		07/16/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DENNIS R. MCCracken 1530 MCCracken DR. SHELBY, NC 28150			FARMER			
			c. Employer's Name/Specific Field			
			SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		07/17/2025	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 7,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 41,838.02	

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BO
JAN 29 '26 AM 11:38

Contributions from Individuals

Pg 2 of 17

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	
JOSEPH W KING II PO BOX 944 KINGS MTN NC 28086			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		07/24/2025	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICK JOLLEY 2440 JENKINS RD SHELBY NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		07/30/2025	\$ 2,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK CHRISTOPHER CUMMINGS 107 THREE OAKS LANE KINGS MTN NC 28086			BUSINESS OWNER			
			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		07/26/25	\$ 200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 3,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 41,838.02	

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:38

Contributions from Individuals

Pg 3 of 17

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	
ROY M JAYNES 106 SILVERADO DRIVE GROVER NC 28073			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELD EMPLOYED			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		07/23/35	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRAD MOFFITT 145 W DIXON BLVD SHELBY, NC 28152			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED CAROLINA CHIROPRACTIC GROUP			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		07/28/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARIE BRINKLEY 413 COUNTRY CLUB ACRES KINGS MOUNTAIN, NC 28086			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		08/05/2025	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 41,838.02	

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:38

Contributions from Individuals

Pg 4 of 17

Amendment	☐ Yes	☒ No
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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	
PAUL LEDFORD 137 OLD HOME PL KINGS MOUNTAIN, NC 28086			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					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		08/07/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BENJAMIN F. CABANISS 1919 THREE LAKES RD SHELBY, NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		8/15/25	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL CHENG 188 NORTH SHORE DR CHERRYVILLE NC 28021			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		8/16/25	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 41,838.02	

CRO-1210

NC State Board of Elections

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:40

Contributions from Individuals

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Amendment	☐ Yes	☒ No
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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	
JOSHUA R VALENTINE PO BOX 428 SHELBY NC 28151			ATTORNEY			
			c. Employer's Name/Specific Field			
					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		08/22/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEONARD G. FLETCHER 529 WILSON CORNWELL RD SHELBY NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		08/27/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN BORDERS 1538 STONY POINT ROAD SHELBY NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					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		08/23/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 41,838.02	

CRO-1210

NC State Board of Elections

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:40

Contributions from Individuals

Pg 6 of 17

Amendment	☐ Yes	☒ No
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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	
FRED G. MILLS SR PO BOX 6171 RALEIGH NC 27628			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			MILLS CONSTRUCTION			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		08/28/2025	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID CLARY 606 CROW ROAD SHELBY NC 28152			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			CLARY CONSTRUCTION			
					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		08/30/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEFFREY R. CROTTS 102 JOHN DEERE LANE LAWNDALE NC 28090			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			KNOB CREEK FARMS			
					e. Election Sum to Date	
					\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/02/2025	\$ 2,500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 3,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,750.00	

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BO
JAN 23 '26 AM 11:40

Contributions from Individuals

Pg 7 of 17

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	
GREG MCINTYRE 233 E. GRAHAM STREET SHELBY NC 28150			ATTORNEY			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/03/2025	\$ 1,500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS HAMRICK 825 ED HAMRICK RD SHELBY NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		08/22/2025	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES GRANGER 1717 SNEED ROAD SHELBY NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					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		08/18/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,650.00	

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE
JAN 29 26 AM 1:40

Contributions from Individuals

Pg 8 of 17

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	
WALTER HUDSON PO BOX 88 WARE SHOALS, SC 29692			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SOUTHERN HEALTH PARTNERS			
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		08/02/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MITZI RAMSEY 610 WEST ZION CHURCH ROAD SHELBY NC 28150			BUSINESS OWNER		e. Election Sum to Date	
			c. Employer's Name/Specific Field			
					\$ 920.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/12/2025	\$ 920.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BARRY BEAVER 2614 FLAGSTONE COURT SHELBY NC 28152			BUSINESS OWNER		e. Election Sum to Date	
			c. Employer's Name/Specific Field			
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/03/2025	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,420.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

CRO-1210

NC State Board of Elections

CLEVELAND COUNTY BO
JAN 29 '26 AM 11:40
April 2007

Contributions from Individuals

Pg 9 of 17

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	
DARIN BROWN 119 FAMILY FARM ROAD KINGS MTN NC 28086			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/12/2025	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MIKE BRIDGES 1514 FARMVILLE ROAD SHELBY NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/04/2025	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DERRICK DELLINGER 1211 DOUBLE SPRINGS CHURCH ROAD SHELBY NC			GOLF PRO			
			c. Employer's Name/Specific Field			
			KINGS MTN COUNTRY CLUB			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/07/2025	\$ 300.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE
JAN 29 2007 11:40

Contributions from Individuals

Pg 10 of 17

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	
MITCHELL HINSON PO BOX 621 KINGS MTN NC 28086			POLICE			
			c. Employer's Name/Specific Field			
			CLEVELAND COUNTY			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/10/2025	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
R MICHAEL HINSON PO BOX 621 KINGS MTN 28086						
			c. Employer's Name/Specific Field			
			CLEVELAND COUNTY			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/10/2025	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CLIFFORD RAMSEY 125 DEER BROOK DRIVE SHELBY NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 4,720.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/12/2025	\$ 4,720.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 5,320.00	
5. Total of ALL CRO-1210 Pages					\$ 4,838.02	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY
 JAN 29 2026 AM 11:40

Contributions from Individuals

Pg 11 of 17

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	
PAULA KUNKA 1443 SOUTH DEKALB STREET SHELBY NC 28152					
		c. Employer's Name/Specific Field			
		NIA			
				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		09/12/2025	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
WILLIAM MABRY 2202 PENINSULA AVE SHELBY NC 28150		RETIRED			
		c. Employer's Name/Specific Field			
				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		09/12/2025	\$ 100.00
☐					\$
☐					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
MICHAEL BARRELLA 208 ELLINGTON HEIGHTS SPINDALE NC 28160		SALES REP			
		c. Employer's Name/Specific Field			
		NIGHT FORCE			
				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		09/12/2025	\$ 200.00
☐					\$
☐					\$
4. Total only this Page				\$ 400.00	
5. Total of ALL CRO-1210 Pages				\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BO
JAN 24 11:40

Contributions from Individuals

Pg 12 of 17

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
RICHARD GOLD 1965 BARBEE ROAD SHELBY NC 28150				RETIRE		
				c. Employer's Name/Specific Field		
				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		09/12/2025	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHNNY HUTCHINS 1436 PHIFER ROAD KINGS MTN, NC 28086				RETIRE		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/13/2025	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JUSTIN ETTERS 513 COMAN LANE KINGS MTN NC 28086				COUNTY EMPLOYEE		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/15/2025	\$ 300.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages					\$ 41,838.02	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

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NC State Board of Elections

CLEVELAND COUNTY BO
JAN 29 2007 11:40

Contributions from Individuals

Pg 13 of 17

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	
BIRGIN FORTENBERRY 610 WILSON CORNWELL ROAD SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/15/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DARRELL GRIFFIN 215 PUTNAM LAKE ROAD KINGS MTN, NC 28086			RETIRED			
			c. Employer's Name/Specific Field			
					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		09/17/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TOMMY GALES 610 WEST ZION CHURCH ROAD SHELBY NC 28150			MANAGER			
			c. Employer's Name/Specific Field			
			DEER BROOK			
					e. Election Sum to Date	
					\$ 389.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		IN KIND	FOOD ITEMS	09/19/2015	\$ 389.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 41,838.02	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 41,838.02	

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NC State Board of Elections

April 2007

CLEVELAND COUNTY BO
JAN 29 '26 AM 11:40

Contributions from Individuals

Pg 14 of 17

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	
DERRICK DELLINGER 1211 DOUBLE SPRINGS CHURCH RD SHELBY NC 28086			GOLD PRO			
			c. Employer's Name/Specific Field			
			KINGS MTN COUNTRY CLUB			
					e. Election Sum to Date	
					\$ 480.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		IN KIND	TOWELS	09/19/2025	\$ 480.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRENNAN DORSETT 104 PRESTON TRAIL KINGS MTN NC 28086			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			CHICK FIL A			
					e. Election Sum to Date	
					\$ 1,559.02	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		IN KIND	FOOD	09/19/2025	\$ 1,559.02	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN P WORTMAN JR PO BOX 1283 SHELBY NC 28151			RETIRED			
			c. Employer's Name/Specific Field			
					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		09/27/25	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,139.02	
5. Total of ALL CRO-1210 Pages					\$ 41,838.02	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

CRO-1210

NC State Board of Elections

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:41

Contributions from Individuals

Pg 15 of 17

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	
HARVEY WEBB 3803 WILD CHERRY LANE SHELBY NC 28150			FARMER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYEED			
			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		10/06/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DREW BEAM PO BOX 1514 SHELBY NC 28151			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
			e. Election Sum to Date			
			\$		5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		10/15/2025	\$ 5,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BETSEY HARNAGE 118 EAGLES TER. SHELBY, NC 28150			REGISTER OF DEEDS			
			c. Employer's Name/Specific Field			
			CLEVELAND COUNTY			
			e. Election Sum to Date			
			\$		50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		11/14/2025	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 5,150.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BO
JAN 29 '26 11:41

Contributions from Individuals

Pg 16 of 17

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	
STANLEY CROWDER 1208 NEW CREST LANE SHELBY, NC 28150			SECURITY OFFICER			
			c. Employer's Name/Specific Field			
			ATRIUM HEALTH			
					e. Election Sum to Date	
					\$ 1,210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		12/17/2025	\$ 1,210.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TIMOTHY RIDENHOUR 244 BROOKRIDGE DR FOREST CITY, NC 28043			MANAGER			
			c. Employer's Name/Specific Field			
			LEGENDARY FORD			
					e. Election Sum to Date	
					\$ 310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐		IN KIND	INSURANCE	08/18/2025	\$ 310.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BENNY WALDROP 3239 POLKVILLE RD SHELBY, NC 28150			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		08/08/2025	\$ 300.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,820.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					CLEVELAND COUNTY BOE JAN 29 '25 AM 11:41	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 17 of 17

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
GEORGE MILLIGAN 500 JOHNSFIELD RD SHELBY NC 28150				BUSINESS OWNER		
				c. Employer's Name/Specific Field		
				SELF EMPLOYED		
				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		08/18/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TRACY WALKER 1109 LONG BRANCH RD GROVER NC 28073				BUSINESS OWNER		
				c. Employer's Name/Specific Field		
				SELF EMPLOYED		
				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		09/23/2025	\$ 100.00	
☐					\$	
☐					\$	
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	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

CLEVELAND COUNTY BO
JAN 24 11:41

Contributions from Other Political Committees

Pg 1 of 1

Amendment	☐ Yes	☒ No
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Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS OF ALAN NORMAN				-QBC115--	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
FRIENDS OF KELLY HASTINGS PO BOX 488 CHERRYVILLE NC 28021		☒ Candidate ☐ PAC			
		☐ Referendum			
		c. Level Registered (Specify)			
		☐ Federal ☐ County:		e. Election Sum to Date	
		☒ State ☐ Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	CHECK		09/16/2025	\$ 100.00	
				\$	
				\$	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
FRIENDS OF TIM MOORE 305 E KING ST KINGS MOUNTAIN NC 28086		☒ Candidate ☐ PAC			
		☐ Referendum			
		c. Level Registered (Specify)			
		☐ Federal ☐ County:		e. Election Sum to Date	
		☒ State ☐ Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	CHECK		09/12/2025	\$ 500.00	
				\$	
				\$	
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		☐ Candidate ☐ PAC			
		☐ Referendum			
		c. Level Registered (Specify)			
		☐ Federal ☐ County:		e. Election Sum to Date	
		☐ State ☐ Municipality:		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 600.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 600.00	

CRO-1230

NC State Board of Elections

April 2007

Other Receipt Sources

Pg 1 of 1

Amendment	☐ Yes	☒ No
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Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS OF ALAN NORMAN				-QBC115--	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
☐ Interest ☒ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income					
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
VETERANS OF FOREIGN WARS GEORGE LORIS DOVER POST 4066 855 W SUMTER STREET SHELBY NC 28150					
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$ 500.00		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	CHECK		09/12/2025	\$ 500.00	
				\$	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 500.00	
6. Total of ALL CRO-1250 Pages				\$ 500.00	
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)					

CRO-1250

NC State Board of Elections

CLEVELAND COUNTY BOE
JAN 29 '26 AM 11:41
December 2007

Disbursements

Pg 1 of 4

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) FRIENDS OF ALAN NORMAN					2. ID Number -QBC115--
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
PAM NORMAN 568 OAKGROVE CLOVERHILL CH RD LAWNDALE NC 28090		c. Level Registered (Specify)		e. Election Sum to Date \$ 62.40	
		☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	I	07/23/2025	\$62.40	POSTAL STAMP REIMBURSEMENT
				\$	
4. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
VOID		c. Level Registered (Specify)		e. Election Sum to Date \$	
		☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
CUSTOM MADE ENTERPRISES 845-918-1125		c. Level Registered (Specify)		e. Election Sum to Date \$ 500.00	
		☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DIGITAL INVO	C	07/25/2025	\$500.00	FUNDRAISER EXPENSES
				\$	
5. Total only this Page					\$ 562.40
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 5,826.83
7. Purpose Codes (List detailed expenditure code in (h) above)					
A* - Media	B* - Printing	C* - Fundraising		D - To Another Candidate	
E - Salaries	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses	
I - Postage	J - Penalties	K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 4

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF ALAN NORMAN					-QBC115--	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
COMMUNITY FIRST MEDIA 503 N LAFAYETTE ST SHELBY NC 28150						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$ 768.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	A	09/02/2025	\$768.00	AD IN PAPER	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
GO BIG PRINT 834 SOUTH POST ROAD SHELBY NC 28152						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$ 1,222.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	B	10/03/2025	\$1,222.29	CARDS/MAGNETS	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CLEVELAND CO. CATTLEMEN ASSOC. 130 SOUTH POST ROAD SHELBY NC 28152						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	O	10/08/2025	\$200.00	CALF FOR KIDS	
				\$		
5. Total only this Page					\$ 2,190.29	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 5826.83	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

JAN 29 '26 AM 11:41

Disbursements

Pg 3 of 4

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF ALAN NORMAN					-QBC115--	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
AT&T 1625 E DIXON BLVD SHELBY NC 28152			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$ 31.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	DEBIT CARD	O	10/26/2025	\$31.87	CAMPAIGN CELL PHONE	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
UNITED STATES POSTAL SERVICE 4418 POLKVILLE RD SHELBY NC 28150			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$ 46.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	I	11/12/2025	\$46.80		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CLEVELAND COUNTY BOARD OF ELECTIONS PO BOX 1299 SHELBY NC 28150			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$ 1,207.73	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	H	12/01/2025	\$1,207.73	FILING FEE	
				\$		
5. Total only this Page					\$ 1,285.59	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 5,826.83	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 4 of 4

Amendment	☐ Yes	☒ No
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
FRIENDS OF ALAN NORMAN					-QBC115--
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
DEERBROOK					
		c. Level Registered (Specify)			
		☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date	
				\$ 1,750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	O	12/16/2025	\$1,750.00	FOOD FOR VOLUNTEERS
				\$	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
AT&T 1625 E DIXON BLVD SHELBY NC 28152					
		c. Level Registered (Specify)			
		☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date	
				\$ 37.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT	O	12/08/2025	\$37.74	CAMPAIGN CELL PHONE
				\$	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 1,787.74
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 5826.83
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

* Codes require detailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

CLEVELAND COUNTY BOE
JAN 23 2025 1:41
December 2009

Disbursements

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF ALAN NORMAN					-QBC115--	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
RE-ELECT KELLY HASTINGS PO BOX 488 CHERRYVILLE NC 28021			RE-ELECT KELLY HASTINGS			
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☒ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	D	10/09/2025	\$100.00		
				\$		
4. Payee Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CLEVELAND CO. GOP						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	G	10/20/2025	\$50.00		
				\$		
4. Payee Information ☐ Add ☒ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CLEVELAND CO. GOP						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	G	07/23/2025	\$1,000.00		
				\$		
5. Total only this Page					\$ 1,150.00	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 1,150.00	
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. Type of Contributor	c. Comments
TIMOTHY J RIDENHOUR 244 BROOKRIDGE DR FOREST CITY NC 28043		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
			d. Election Sum to Date
			\$ 310.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
INSURANCE FOR FUNDRAISER		08/18/2025	\$ 310.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
TOMMY GALES 610 WEST ZION CHURCH ROAD SHELBY NC 28150		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
			d. Election Sum to Date
			\$ 389.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD ITEMS		09/19/2025	\$ 389.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
DERRICK DELLINGER 1211 DOUBLE SPRINGS CHURCH ROAD SHELBY NC 28150		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
			d. Election Sum to Date
			\$ 480.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TOWELS		09/19/2025	\$ 480.00
			\$
			\$
4. Total only this Page		\$ 1,179.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 2,738.02	

CRO-1510

NC State Board of Elections

CLEVELAND COUNTY BOARD OF ELECTIONS
JAN 23 2007 11:42

In-Kind Contributions

Pg 2 of 2

Amendment		
☐	Yes	☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. Type of Contributor	
BRENNAN DORSETT 104 PRESTON TRAIL KINGS MTN NC 28086		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,559.02	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD		09/19/2025	\$ 1,559.02
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 1,559.02	
5. Total of ALL CRO-1510 Pages (This line must be on the 1 st of Detailed Summary Page CRO-1100)		\$ 2,738.02	

CRO-1510

NC State Board of Elections

CLEVELAND COUNTY BO
JAN 20 2007 11:42