Disclose Report Cover

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

b. Mailing Address (include City, State and Zip Code)
568 OAK GROVE CLOVER HILL CH ROAD
LAWNDALE, NC 28090

c. ID Number
-QBC115--

d. Date Filed
07/20/2023

e. Phone Number
(704) 472-6480

2. Report Year
2023

3. Period Start Date (mm/dd/yy)
01/01/2023

4. Period End Date (mm/dd/yy)
06/30/2023

5. Treasurer Full Name
BREANNE NORMAN MILLER

6. Type of Committee (Check One)

- Candidate Campaign
- PAC
- Independent
- Expenditure
- Legal Expense Fund

7. Type of Fund (if applicable, check one)

- "Booster Fund"
- Building Fund
- Other:

8. Number of Fundraisers this Report
0

9. Type of Report (check only one type of report from one category)

- Municipal
- State/County
- Referendum

- Organizational
- Thirty-five day
- Quarterly
- Pre-referendum

- Pre-primary
- Pre-election
- First
- Supplemental Final

- Pre-runoff
- Third
- Annual
- Special

- Semi-annual
- Mid Year
- Semi-annual
- Mid Year

- Year End
- Final
- Year End
- Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
ALLIANCE BANK

b. Purpose
CAMPAIGN FINANCES

e. Account Code
01

12. Period Begin Balance
$ 31,650.78

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.

BREANNE N. MILLER
Printed Name of Signer

BREANNE N. MILLER
Signature of Appointed Treasurer

7-20-23
Date

FOR OFFICE USE ONLY

Date Received: 7/17/2023
Employee:

Date Postmarked: __________
Employee: __________

Date Scanned: __________
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.

CRO-1000
NC State Board of Elections
August 2008
## Detailed Summary

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

<table>
<thead>
<tr>
<th>Start of Election Cycle: January 1, 2023</th>
<th>Total this Reporting Period</th>
<th>Total this Election Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>4) Cash on Hand at Start</td>
<td>$31,650.78</td>
<td>$31,600.78</td>
</tr>
</tbody>
</table>

### RECEIPTS

<table>
<thead>
<tr>
<th>5) Aggregated Contributions from Individuals (CRO-1205)</th>
<th>$0.00</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>6) Contributions from Individuals (CRO-1210)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7) Contributions from Political Party Committees (CRO-1220)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8) Contributions from Other Political Committees (CRO-1230)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9) Loan Proceeds (CRO-1410)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10) Refunds/Reimbursements To the Committee (CRO-1240)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11) Other Receipt Sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a) Interest on Bank Accounts (CRO-1250)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11b) Contributions from Not-for-Profit Organizations (CRO-1250)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11c) Outside Sources of Income (CRO-1250)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11d) Legal Expense Fund – Other Sources (CRO-1270)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11 e) Exempt Purchase Price Sales (CRO-1265)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### EXPENDITURES

| 13) Disbursements                                      |       |       |
| 13a) Operating Expenditures (CRO-1310)                 | $200.00 | $200.00 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | $2,100.00 | $2,100.00 |
| 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)                   | $0.00  | $0.00  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | $2,300.00 | $2,300.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | $29,350.78 | $29,300.78 |

### 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 |
| 26) Forgiven Loans (CRO-1440) | $0.00 |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | $0.00 |
| 28) Contributions to be Refunded (CRO-1215) | $0.00 |
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
   Operating Expenses
   Contributions to Candidate/Political Committees
   Coordinated Party Expenditures

4. Payee Information
   a. Full Name, Mailing Address & Phone
      BREANNE NORMAN
      217 EASTRIDGE DRIVE
      LAWNDALE, NC 28090
      704-466-9988
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      Federal
      County:
      State
      Municipality:
   d. Comments

   i. Date (mm/dd/yyyy)
      02/16/2023
   j. Amount
      $200.00
   k. Required Remarks
      BOOKKEEPER

   f. Account Code
      01
   g. Form of Payment
      CHECK
   h. Purpose Code
      E/O

5. Total only this Page
   $ 200.00

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)
   $ 2,300.00

7. Purpose Codes
   (List detailed expenditure code in (h) above)
   A* - Media
   F* - Salaries
   I* - Postage
   Q* - Other
   B* - Printing
   F* - Equipment
   J - Penalties
   R - To Another Candidate
   C* - Fundraising
   G - Political Party
   K - Office Expenses
   H* - Holding Public Office Expenses
   Q* - Donation to Legal Expense Fund

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

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  
☐ Operating Expenses  
☒ Contributions to Candidates/Political Committees  
☐ Coordinated Party Expenditures

4. Payee Information  
Add  
Remove

   a. Full Name, Mailing Address & Phone  
   HAWKINS FOR SHERIFF  
   CHAD HAWKINS  
   192 CAROLINA DRIVE  
   CHERYVILLE, NC 28021

   b. Coordinated Committee Name  

   c. Level Registered (Specify)  
   Federal ☒  County: 
   State ☒  Municipality: 
   e. Election Sum to Date  
   $ 100.00

   i. Account Code  
   01

   j. Form of Payment  
   CHECK

   k. Purpose Code  
   D

   l. Date (mm/dd/yyyy)  
   05/10/2023

   m. Amount  
   $100.00

4. Payee Information  
Add  
Remove

   a. Full Name, Mailing Address & Phone  
   ELECT SALLY TURNER JUDGE  
   SALLY TURNER  
   3048 RIVER ROAD  
   SHELBY NC 28152  
   704-477-9040

   b. Coordinated Committee Name  

   c. Level Registered (Specify)  
   Federal ☒  County: 
   State ☒  Municipality: 
   e. Election Sum to Date  
   $ 2,000.00

   i. Account Code  
   01

   j. Form of Payment  
   CHECK

   k. Purpose Code  
   D

   l. Date (mm/dd/yyyy)  
   06/08/2023

   m. Amount  
   $2,000.00

4. Payee Information  
Add  
Remove

   a. Full Name, Mailing Address & Phone  

   b. Coordinated Committee Name  

   c. Level Registered (Specify)  

   d. Comments

   i. Account Code  

   j. Form of Payment  

   k. Purpose Code  

   l. Date (mm/dd/yyyy)  

   m. Amount  

   n. Required Remarks

5. Total only this page  
$ 2,100.00

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)  
$ 2,300.00

7. Purpose Codes (List detailed expenditure code in (b.) 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  
Q* - Other

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