

Disclosure 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.

Amendment

☒ Yes

☐ No

1. Committee Information

a. Full Name

Friends and Family of Billy Scruggs

c. ID Number

b. Mailing Address (include City, State and Zip Code)

P.O. Box 382

Grover NC 28073

d. Date Filed

01/05/2025

e. Phone Number

704-487-1475

2. Report Year

2024

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

09/09/2025

4. Period End Date (mm/dd/yy)

12/31/2025

5. Treasurer Full Name

Shelley Jones

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (If applicable check one)

- ☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

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

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

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

HomeTrust Bank

b. Purpose

Campaign

c. Account Code

1

d. Period Begin Balance

\$ 1231.16

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Shelley Jones

Printed Name of Signer

Shelley Jones

Signature of Appointed Treasurer

01-05-2026

Date

FOR OFFICE USE ONLY

Date Received:

1.5.2026

Employee:

WPP

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.

CRO-1000

NC State Board of Elections

CLEVELAND COUNTY BOE
JAN 15 2026 12:04

Detailed Summary

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

Amendment

☒ Yes

☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Friends and Family of Billy Scruggs		Year End	
Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1231.16	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 405.00	\$
6) Contributions from Individuals (CRO-1210)		\$ 8330.00	\$
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
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)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
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, 11d and 11e)		\$ 8735.00	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 4500.20	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 410.78	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 121.29	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5032.27	\$
19) Cash on Hand at End (Add lines 4 and 12 together; then subtract line 18)		\$ 4933.89	\$
ADDITIONAL INFORMATION			
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)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

Page

of

1

Amendment

☐ Yes

☐ No

1. Committee Full Name (and Fund if applicable)

Friends and Family of Billy Scruggs

2. ID Number

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add	1	Cash		9/14/2025	\$ 20.00
☐ Remove	1	Cash		9/18/2025	\$ 45.00
☐ Add	1	Cash		9/22/2025	\$ 50.00
☐ Remove	1	Cash		10/01/2025	\$ 50.00
☐ Add	1	Cash		10/06/2025	\$ 50.00
☐ Remove	1	Cash		10/08/2025	\$ 50.00
☐ Add	1	Cash		10/15/2025	\$ 50.00
☐ Remove	1	Cash		10/20/2025	\$ 50.00
☐ Add	1	Cash		10/23/2025	\$ 40.00
☐ Remove					\$
☐ Add					\$
☐ Remove					\$
☐ Add					\$
☐ Remove					\$
☐ Add					\$
☐ Remove					\$
☐ Add					\$
☐ Remove					\$
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☐ Remove					\$
☐ Add					\$
☐ Remove					\$
☐ Add					\$
☐ Remove					\$

CLEVELAND COUNTY BOE
JAN 5 2026 PM 2:04

4. Total only this Page

\$ 405.00

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 405.00

Contributions from Individuals

Pg 1 of 10

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 and Family of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Sandy Russ 1512 N Piedmont Ave KM NC 28086				Retired		
				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	
☐	1	check		09/20/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Orem Wyatt 100 Victoria Park Dr. Shelby NC 28150				Retired		
				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	
☐	1	check		10/4/2025	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Gary Hastings 2135 Brookfield Dr. Grover NC 28073				Retired		
				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	
☐	1	check		10/05/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8330.00	

CLEVELAND COUNTY BOE
JAN 5 '26 PM 2:04

Contributions from Individuals

Pg 2 of 10

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	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Dave Cardwell 130 Victoria Park Dr. Shelby NC 28150				Retired		
				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	
☐	1	Check		10/05/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Peggy Goforth 100 Hogan Dr Shelby NC 28150				Retired		
				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	
☐	1	Check		10/06/2025	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Doug Dixon 701 Phillips St. Shelby NC 28150				Realtor		
				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	
☐	1	Check		10/06/2025	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages					\$ 8330.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

CLEVELAND COUNTY BOE
JAN 5 '26 PM2:04

Contributions from Individuals

Pg 3 of 10

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 and Family Of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Tom McCoy 1516 Cherryville Rd Cherryville NC 28021				Retired		
				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	
☐	1	Check		10/09/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Kimberly White 329 Sunrise circle Shelby NC 28150				Retired		
				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	
☐	1	check		10/12/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Steve Borders 1538 Stoney Pointe Rd Shelby NC 28150				Retired		
				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	
☐	1	Check		10/11/2025	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages					\$ 8330.00	
(This line must be on the 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 4 of 10

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 and Family of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Linda Yarbrough 622 Oak Grove Rd Kings Mtn Nc 28086				Retired		
				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	
☐	1	Check		10/13/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Hugh Graham 724 Wilson Cornwell Rd Shelby Nc 28150				Retired		
				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	
☐	1	Check		10/15/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Brandy Curtis 1538 Stoney Point Rd #1 Shelby Nc 28150				Principal		
				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	
☐	1	Check		10/15/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 8330.00	
(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 5 '26 PM2:04

Contributions from Individuals

Pg 5 of 10

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 and Family of Billy Scrugas						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Gerald Binion 2920 Laura Rd Shelby NC 28150				Retired		
				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	
☐	1	Check		10/16/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
George Adams 224 Fairmont Dr Shelby NC 28150				Retired		
				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	
☐	1	Check		10/16/2025	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Derek Allen 318 Wintergreen Ct Kings Mtn. NC 28086				Teacher		
				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	
☐	1	Check		10/17/2025	\$ 40.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 190.00	
5. Total of ALL CRO-1210 Pages					\$ 8330.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 6 of 10

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 and Family of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Roland Allen 2224 S. Lafayette St Shelby NC 28152				Retired		
				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	
☐	1	Check		10/18/2025	\$ 40.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Everett Wright P.O. Box 142 Fallston NC 28042				Retired		
				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	
☐	1	Check		10/20/2025	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jerry McPherson 103 Lake Field Court Cherryville NC 28021				Retired		
				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	
☐	1	Check		10/20/2025	\$ 300.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 540.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8330.00	

CLEVELAND COUNTY BOE
JAN 5 26 PM2:04

Contributions from Individuals

Pg 7 of 10

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 and Family of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Doug Brown 1402 Stone Gate Dr Shelby NC 28150				Retired		
				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	
☐	1	Check		10/20/2025	\$ 5000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Troy Dover 214 Longbranch Rd Kings Mtn. NC 28086				Retired		
				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	
☐	1	Check		10/21/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Elaine Biggers 2128 Brookfield Dr. Grover NC 28073				Retired		
				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	
☐	1	Check		10/23/2025	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 5150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8330.00	

CLEVELAND COUNTY BOE
 JAN 5 '26 PM 2:06

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 and Family of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Paul Lancaster 3415 McKinney Rd Mooresboro NC 28114			Retired			
			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	
☐	1	Check		10/23/2025	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Matthew Borders 2908 Hollis Rd Shelby NC 28150			Dentist			
			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	
☐	1	Check		10/23/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michael Spake 1230 Spake Circle Shelby NC 28150			Retired		CLEVELAND COUNTY BOE JAN 5 '26 PM2:06	
			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	
☐	1	Check		10/25/2025	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages					\$ 8330.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 9 of 10

Amendment
☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1210 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends and Family of Billy Scruggs						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Angie Smith 103 Northshore Ct. -c11 Cherryville NC 28021			Retired			
			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	
☐	1	Check		10/25/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Barbarah Monroe 116 Prestwick Ct. Shelby NC 28152			Retired			
			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	
☐	1	Check		10/26/2025	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Allen Harp 1737 Troy Rd Shelby NC 28150			Retired		CLEVELAND COUNTY BOE JAN 5 '26 PM2:06	
			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	
☐	1	Check		11/03/2025	\$ 50.00	
☐					\$	
☐					\$	
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)					\$ 8330.00	

Contributions from Individuals

Pg 10 of 10

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	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Donna Stallings 121 Harbortown Dr Kings Mtn NC 28086				Retired			
				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		
☐	1	check		11-12-2025	\$ 25.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tony Berry 115 Donlynn Dr Shelby NC 28150				Business Owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Berry Business Sys.		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	1	check		12/31/2025	\$ 500.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
						CLEVELAND COUNTY BOE	
				c. Employer's Name/Specific Field		JAN 5 '26 PM 2:06	
						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						\$ 525.00	
5. Total of ALL CRO-1210 Pages						\$ 8330.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

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

Page 1 of 5 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

Friends and Family of Billy Scruggs

2. ID Number

3. Type of Disbursement

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

4. Payee Information

a. Full Name, Mailing Address & Phone
(Include city, state, & zip)

HomeTrust Bank for Business
P.O. Box 10
Asheville NC 28802

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

1

Debit/Draft

K

9/03/2025

\$ 18.93

Checks

4. Payee Information

a. Full Name, Mailing Address & Phone
(Include city, state, & zip)

Carolina Printing Signs & Lighting
1243 E. Dixon Blvd Site 1
Shelby NC 28152

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal ☒ County
☐ State ☐ Municipality

Campaign
Shirts and
hats

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

1

Debit

B

09/15/2025

\$ 640.50

Shirts/hats

4. Payee Information

a. Full Name, Mailing Address & Phone
(Include city, state, & zip)

Bradley's Screen Printing
2622 W. Dixon Blvd
Shelby NC 28152

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

☐ Federal ☒ County
☐ State ☐ Municipality

Business Cards

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

1

Debit

B

09/15/2025

\$ 90.74

Business Cards

5. Total only this Page

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)

\$ 750.17

\$ 4,500.20

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)

CRO-1310

NC State Board of Elections

December 2009

WELAND COUNTY BOE
JAN 5 '26 PM 2:06

Disbursements

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

Pg 2 of 5 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends and Family of Billy Scruggs	

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
United States Postal Service 102 Mulberry Rd Grover NC 28073			
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)
1	Debit	K	09/16/2025
		j. Amount	k. Required Remarks
		\$ 78.00	Stamps.

4. Payee Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Carolina Printing Signs & Lighting 1243 E. Dixon Blvd Site 1 Shelby NC 28152			
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)
1	Debit	B	09/30/2025
		j. Amount	k. Required Remarks
		\$ 517.20	Campaign Shirts

4. Payee Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Coordinated Committee Name	d. Comments
DCS Dirt Cheap Signs 6706 Lottman Fd Rd Lago Vista Tx 78645			
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)
1	Debit	F	10/03/2025
		j. Amount	k. Required Remarks
		\$ 116.42	Yard Stakes

5. Total only this Page	
6. Total of ALL CRO-1310 Pages	\$ 711.62
(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)	\$ 4500.20
(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	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			

Disbursements

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

Page 3 of 5 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends and Family of Billy Scruggs	

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
United States Postal Service 102 Mulberry Rd Grover NC 28073		
c. Level Registered (Specify)	e. Election Sum to Date	
☐ Federal ☒ County ☐ State ☐ Municipality		
f. Account Code	g. Form of Payment	h. Purpose Code
1	Debit	I
i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
10/16/2025	\$ 78.00	Stamps

4. Payee Information		☐ Add ☐ Remove
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments
GO Big Print P.O. Box 248 834 S. Post Rd Shelby NC 28151		
c. Level Registered (Specify)	e. Election Sum to Date	
☐ Federal ☒ County ☐ State ☐ Municipality		
f. Account Code	g. Form of Payment	h. Purpose Code
1	Debit	B
i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
10/28/2025	\$ 1,200.94	Signs

4. Payee Information		☐ Add ☐ Remove
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Pilot 2768 East Cherokee St Blacksburg SC 29702		
c. Level Registered (Specify)	e. Election Sum to Date	
☐ Federal ☒ County ☐ State ☐ Municipality		
f. Account Code	g. Form of Payment	h. Purpose Code
1	Debit	F
i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11/03/2025	\$ 53.00	Gas

5. Total only this Page	
6. Total of ALL CRO-1310 Pages	\$ 1,331.94
(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)	\$ 4,500.20
(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	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			

Disbursements

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

Pg 4 of 5 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

2. ID Number

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

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Go Big Print
P.O Box 248
834 S. Post Rd
Shelby NC 28151

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

1

Debit

B

11/10/2025

\$ 149.45

Signs

4. Payee Information

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Go Big Print
P.O Box 248
834 S. Post Rd
Shelby NC 28151

☐ Add ☐ Remove

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

1

Debit

B

11/17/2025

\$ 85.40

Magnets Campaign

4. Payee Information

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Go Big Print
P.O Box 248
834 S. Post Rd
Shelby NC 28151

☐ Add ☐ Remove

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

1

Debit

B

11/17/2025

\$ 400.31

Campaign Banners

5. Total only this Page

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)

\$ 1635.16

\$ 4,500.20

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)

CRO-1310

NC State Board of Elections

December 2009

LEVELAND COUNTY BOE
JAN 5 '26 P 12:06

Disbursements

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

Page 5 of 5 Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) Friends and Family of Billy Scruggs		2. ID Number
---	--	--------------

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) Go Big Print P.O. Box 248 834. S. Post Rd Shelby NC 28151		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) ☐ Federal ☒ County ☐ State ☐ Municipality	e. Election Sum to Date \$
f. Account Code 1	g. Form of Payment Debit	h. Purpose Code B	i. Date (mm/dd/yyyy) 11/19/2025
		j. Amount \$ 485.71	k. Required Remarks Signs

4. Payee Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip) DCS Dirt Cheap Signs 6706 Lottman FD Rd Lago Vista Tx 78645		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) ☐ Federal ☒ County ☐ State ☐ Municipality	e. Election Sum to Date \$
f. Account Code 1	g. Form of Payment Debit	h. Purpose Code B	i. Date (mm/dd/yyyy) 11/24/2025
		j. Amount \$ 463.16	k. Required Remarks Signs

4. Payee Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Cleveland County Board of Elections P.O. Box 1299 Shelby NC 28150		b. Coordinated Committee Name	d. Comments CLEVELAND COUNTY BOE JAN 5 '26 PM 2:06
		c. Level Registered (Specify) ☐ Federal ☒ County ☐ State ☐ Municipality	e. Election Sum to Date \$
f. Account Code 1	g. Form of Payment Check	h. Purpose Code H	i. Date (mm/dd/yyyy) 12/04/2025
		j. Amount \$ 122.44	k. Required Remarks Filing Fee

5. Total only this Page	\$ 1,071.31
-------------------------	--------------------

6. Total of ALL CRO-1310 Pages	\$ 4,500.20
--------------------------------	--------------------

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

CRO-1310
NC State Board of Elections

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Page 1 of 1

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

Friends and Family of Billy Scruggs

2. ID Number

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add						
☐ Remove	1	Debit	K	9-16-2025	\$ 7.09	Thank you Cards
☐ Add	1	debit	K	9-30-2025	\$ 7.50	Paper Statement Fee ^{from Bank}
☐ Remove	1	debit	K	10-08-2025	\$ 7.60	ENVELOPES
☐ Add	1	debit	K	10-15-2025	\$ 7.50	Paper Statement Fee ^{from Bank}
☐ Remove	1	debit	F	10-23-2025	\$ 32.30	drill bits / Zip ties
☐ Add	1	debit	K	11-14-2025	\$ 7.50	Hometrust Statement Fee
☐ Remove	1	debit	F	11-17-2025	\$ 11.21	Christmas Parade ^{Decorations for Car}
☐ Add	1	debit	F	11-22-2025	\$ 47.03	gas for campaigning
☐ Remove	1	debit flash	F	11-24-2025	\$ 21.26	Zip ties
☐ Add	1	debit	F	11-24-2025	\$ 26.58	Zip ties
☐ Remove	1	debit	F	12-3-2025	\$ 37.01	gas for campaigning
☐ Add	1	debit	F	12-4-2025	\$ 33.00	gas for campaigning
☐ Remove	1	debit	F	12-6-2025	\$ 10.41	Christmas Parade Decorations ^{for Car}
☐ Add	1	debit	F	12-9-2025	\$ 35.01	gas for campaigning
☐ Remove	1	debit	F	12-12-2025	\$ 37.00	gas for campaigning
☐ Add	1	debit	F	12-17-2025	\$ 26.58	Zip ties
☐ Remove	1	debit	F	12-21-2025	\$ 18.20	Zip ties
☐ Add	1	debit	F	12/30-2025	\$ 38.00	gas for campaigning
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	

CLEVELAND COUNTY BOE
JAN 5 '26 PM2:06

4. Total only this Page

\$ 410.78

5. Total of ALL CRO-1315 Pages

(This line must be on line 14 of Detailed Summary Page CRO-1100)

\$

6. Purpose Codes (List detailed expenditure code in (d) above)

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* - Donations to Legal Expense Fund
 O* - Other

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

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Friends and Family of Billy Scruggs				
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Billy Scruggs P.O. Box 382 Grover NC 28073		☐ Candidate ☒ PAC ☐ Referendum ☐ Party		11/03/2025
		e. Level Registered		i. Original Receipt Amount
		☐ Federal ☒ County: ☐ State ☐ Municipality:		\$ 53.00
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Retired				1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check	Used Personal Gas Card	11-04-2025	\$ 53.00	
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Billy Scruggs P.O. Box 382 Grover NC		☐ Candidate ☐ PAC ☐ Referendum ☐ Party		11/22/2025
		e. Level Registered		i. Original Receipt Amount
		☐ Federal ☒ County: ☐ State ☐ Municipality:		\$ 47.03
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Retired				1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check	Used Personal Gas Card	11/23/2025	\$ 47.03	
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Billy Scruggs P.O. Box 382 Grover NC 28073		☐ Candidate ☐ PAC ☐ Referendum ☐ Party		11/24/2025
		e. Level Registered		i. Original Receipt Amount
		☐ Federal ☒ County: ☐ State ☐ Municipality:		\$ 21.26
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Retired				1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check	Pd Cash for Zip ties	11/25/2025	\$ 21.26	
4. Total only this Page				\$ 121.29
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				