Disclosure Repor	t Cover				Amendment Yes	No
Use this form for general	report and committee infor	mation, must be	signed and sub	ا omitted along with o		<u>ZZ</u> 110
Do not use this form to up						
1. Committee Information	n e e e e e e e e e e e e e e e e e e e			RECEI		
a. Full Name FRIENDS OF ALAN NO	DMANI			BOARD OF E		15
FRIENDS OF ALAN NO	KWAN	•			COUNTY -QBC1	1,5
b. Mailing Address (include Ci				2022 JAN 27	J. Prite Filed	
568 OAK GROVE CLOV						22
LAWNDALE, NC 28090					1-28-	22
					e. Phone Number	
			•		(704) 472	2-6480
		4. Period	Fnd Date	Control of Section 1		
2. Report Year 3. Pe	eriod Start Date (mm/dd/yy	(mm/dd/yy)	Dhu Dac	5. Treasurer Ful		
2021	07/01/2021	12/3	31/2021	BREANNE NOT	RMAN MILLER	
6. Type of Committee (C	heck One) 9.	Type of Report	· (check of	] alv one type of repor	t from one category)	
Candidate Campaign		inicipal	State/0		Referendum	
PAC PAC	Referendum	Organizationa	1.	Organizational	Organizational	1
Independent Expenditure	☐ Joint Fundraiser ☐	Thirty-five day	y .	Quarterly	Pre-referendur	m
Legal Expense Fund						
7. Type of Fund (if a)  "Booster Fund"	pplicable, check one)	Pre-primary Pre-election		First Second	Final Supplemental	Final
Building Fund		Pre-runoff		Third	Annual	Tillat
	-	Semi-annual		Fourth	Special	
		Mid Year	l —	Semi-annual		
Other:	-	Year End		Mid Year	10. Special Repo	rt Name
8. Number of Fundraise	cs this Report	Final Special		Year End Final		
0				Special		
11. Account Information	A CONTRACTOR OF THE STATE OF TH	No.	11. Account	Information		
a. Financial Institution Full Na	ıme		a. Financial Ins	titution Full Name		
ALLIANCE BANK b. Purpose	c. Account Code	. 0	b. Purpose		c. Account Code	
CAMPAIGN		and the control of th	b. 1 at pose	and duty that the second and second	c. Account Code	The American State of the Communication of the Comm
	01					
FINANCES	d. Period Begin Balance				d. Period Begin Ba	lance
	\$ 25,449.28				\$	
CERTIFICATION	A CONTRACTOR OF THE STATE OF TH					
I certify that the Committee	ee or Fund is in compliance	with all applica	able provisions	of Article 22A, 22B	3, & 22D-22M of Cha	apter 163 of
	nd that no funds are commect and that I have been train				s. I further certify tha	t this report
Breanne	. N. Miller		A 1	. Mill	1-28-22	
	nted Name of Signer		ignature of Appoir	1000	Date	
FOR OFFICE USE ONLY			Ć			
Date Received:	1-27-2022	Employee:	RB		Delivery Method Normal Mail	
Date Postmarked:		T1			Registered M	
Date Fostillarked.		Employee:			Hand Deliver	
Date Scanned:		Employee:			Electronically Signer has no	
	and the second of the second o				mandatory tra	
Date Data Entered:		Employee:			. 11. juli 13. juli 13. juli 13. juli 13	
Please Note: This form	m cannot be used to amend custodian o	committee info			ress, treasurer, assista	ant treasurer,

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)			ID Number	
FRIENDS OF ALAN NORMAN 2021 Year End Semi- RECEI/OBO 115				
·	Annual	1 BOARD OF ELECTIONS		
Start of Election Cycle: January 1,	2019	CLotal this ACC Reporting Period	TOTAL YTotal this Election Cycle	
4) Cash on Hand at Start			<b>P\$[2: 0 2</b> 9,519.65	
RECEIPTS	7	Tope One C		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00	
6) Contributions from Individuals	(CRO-1210)	\$ 8,050.00	\$ 8,550.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00	
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 Organizatio	ns (CRO-1250)	\$ 0.00	\$ 0.00	
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)	\$ 8,050.00	\$ 8,550.00	
EXPENDITURES	10 m		Partie and Control of the Control of	
13) Disbursements		The was the second	L. Landelle Act of the second	
13a) Operating Expenditures	(CRO-1310)	\$ 1,945.00	\$ 4,515.37	
13b) Contributions to Candidates/Political Committ	tees (CRO-1310)	\$ 0.00	\$ 2,000.00	
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		\$ 1,945.00	\$ 6,515.37	
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 31,604.28	\$ 31,554.28	
ADDITIONAL INFORMATION	Maria de la compansión de			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	\$ 0.00	All Philippins and the Principles	
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	

	dment Yes No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used	10 🔼 110	
1. Committee Full Name (and Fund if applicable)		
FRIENDS OF ALAN NORMAN CLEVELAND COUNTY	15-	
3. Contributor Information Add Remove		
a. Full Name, Mailing Address & Phone b. Job Title/Profession 2022 JANd2Columberts 2: U2		
(include city, state, & zip) VP		
PATRICK J O'LEARY 6711 E CAMELBACK RD. c. Employer's Name/Specific Field		
UNIT 12 CSX RAILWAY		
SCOTTSDALE, AZ. 85251  e. Election Sum to De	Sum to Date	
\$ 5,200	0.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	ount	
□ 01 CHECK 11/15/21 \$	5,200.00	
	1.00	
	· · · · · · · · · · · · · · · · · · ·	
3. Contributor Information Add Remove		
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments		
(include city, state, & zip) BUSINESS OWNER		
CHARLES JONES  2702 PAH FY POAP		
2702 BAILEY ROAD  C. Employer's Name/Specific Field  CHARLES JONES PRODUCE &		
FARMING e. Election Sum to Da	ate	
\$ 1,000	0.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	ount	
□ 01 CHECK 11/15/21 \$	1,000.00	
3. Contributor Information Add Remove	101	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments		
(include city, state, & zip)  J VANCE SUTTLE  RETIRED		
1232 BROOKWOOD RD.  c. Employer's Name/Specific Field	-	
SHELBY, NC. 28150 RETIRED BANKER		
e. Election Sum to Da	ıte	
\$ 250.0	00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	ount	
U 01 CHECK 11/15/21 \$	250.00	
\$		
4. Total only this Page \$	6,450.00	

Use this f	form to report indi	vidual contributions of	over \$50	or contributions unde	r \$50 if form CR	O 1205 is not	used	
1. Committee Full Name (and Fund if applicable)				RNA	\$16QH	iler CTIMUS		
FRIEND	S OF ALAN NOR	MAN				VELAND C	RECIVE-	
3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  ROY M JAYNES			Add Rem b. Job Title/Profession BUSINESS OWNE	10/1	JA!\CZmments	<del>) 12: 02</del>		
106 SILV	ERADO DR.	•		c. Employer's Name/Specific Field				
GROVER, NC. 28073			DEERBROOK GOLF COURSE		e. Election Sum to Date			
e mile	l e sa suidante.	In p	1 : 1 : 12		T D 4 % C 1414	\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	1. IN-K	Cind Description	j. Date (mm/dd/yy		k. Amount	200.00
	01	CHECK			11/15/2	21 	\$	300.00
Ш						-	\$	
							\$	
3. Contri	butor Informatio	on and		Add Rem	nove			
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)	& KATLYN O. MAU	NFY	NURSE				
	PLE SPRINGS C		1121	c. Employer's Name/Spe	ecific Field			
SHELBY, NC. 28152			ATRIUM HEALTH		3.1 m 3.4.1. o			
						e. Election Sum to Date		
		1			T	\$	800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
1 1 1	1 0 4	CHECK	•					
	01	J.12011			12/6/2	1	\$	800.00
	01				12/6/2	.1	\$	800.00
					12/6/2	1		800.00
	butor Informatio			Add Rem		1	\$	800.00
a. Full Nan	butor Informatione, Mailing Address &	01		b. Job Title/Profession	love	d. Comments	\$	800.00
a. Full Nan (include	butor Informatione, Mailing Address & city, state, & zip)	DII & Phone		I	love		\$	800.00
a. Full Nan (include DAVID &	butor Informatione, Mailing Address &	On & Phone		b. Job Title/Profession	sove SOR		\$	800.00
a. Full Nan (include DAVID & 413 COU	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK	On & Phone		b. Job Title/Profession FINANCAL ADVIS	SOR seific Field	d. Comments	\$	800.00
a. Full Nan (include DAVID & 413 COU	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK	On & Phone		b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe	SOR seific Field		\$ \$ m to Date	800.00
a. Full Nan (include DAVID & 413 COU	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK	Dn & Phone LLEY CRES		b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe SELF EMPLOYEE	SOR seific Field	d. Comments	\$	800.00
a. Full Nan (include DAVID & 413 COU	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK NTRY CLUB ACMIN, NC 28086	DII & Phone LLEY CRES  h. Form of Payment	i. In-K	b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe	SOR ecific Field D	d. Comments  e. Election Su  \$	\$  m to Date  500.00 k. Amount	800.00
a. Full Nan (include DAVID & 413 COU KINGS M	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK INTRY CLUB ACMIN, NC 28086	Dn & Phone LLEY CRES	i. In-K	b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe SELF EMPLOYEE	SOR seific Field D	d. Comments  e. Election Su  \$	s s m to Date 500.00 k. Amount	500.00
a. Full Nan (include DAVID & 413 COU KINGS M	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK NTRY CLUB ACMIN, NC 28086	DII & Phone LLEY CRES  h. Form of Payment	i. In-K	b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe SELF EMPLOYEE	SOR ecific Field D	d. Comments  e. Election Su  \$	\$  m to Date  500.00 k. Amount	
a. Full Nan (include DAVID & 413 COU KINGS M	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK NTRY CLUB ACMIN, NC 28086	DII & Phone LLEY CRES  h. Form of Payment	i. In-K	b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe SELF EMPLOYEE	SOR ecific Field D	d. Comments  e. Election Su  \$	\$ \$ m to Date 500.00 k. Amount \$	
a. Full Nam (include DAVID & 413 COU KINGS M	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK NTRY CLUB ACMIN, NC 28086	h. Form of Payment CHECK	i. In-K	b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe SELF EMPLOYEE	SOR ecific Field D	d. Comments  e. Election Su  \$	\$  m to Date  500.00 k. Amount \$ \$	
a. Full Nam (include DAVID & 413 COU KINGS M  f. Prior	butor Informatione, Mailing Address & city, state, & zip) & MARIE BRINK NTRY CLUB ACMIN, NC 28086  g. Account Code  01	h. Form of Payment CHECK	i. In-K	b. Job Title/Profession FINANCAL ADVIS c. Employer's Name/Spe SELF EMPLOYEE	SOR ecific Field D	e. Election Su \$ yy)	\$  m to Date  500.00 k. Amount \$  \$  1,	500.00

**Contributions from Individuals** 

Amendment

Disbursements	
<del></del>	

Pg

of  $\underline{1}$ 

Amendment		
Yes	$\boxtimes$	No

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

FRIENDS OF A	ull Name (and Fun ALAN NORMAN			89	2.1D.Number
3. Type of Disb		se use separate C	RO-1310 forms for each ty		
Operating E	xpenses	Contributions to Can	didates/Political Committees	Cod	rdinated Party Expenditures
4. Payee Inform	nation		Add	Remove	2022 LAN 27 F2 12: 02
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
CAMPAIGN C	ONNECTIONS	, , , , , , , , , , , , , , , , , , ,			
3801 LAKE BC			c. Level Registered (Specify)		
SUITE 255		÷ .	Federal	County:	
RALIEGH, NC	27607	•	State	Municipality:	e. Election Sum to Date
14 1212 011, 110	. 2, 00,				
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					POLITICAL
01	CHECK	0	11/15/21	\$1,000.00	CONSULTING
					CONSCERNIC
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
	FIRST MEDIA INC	*			•
503 N. LAFAY		•	c. Level Registered (Specify)		
SHELBY, NC 2			Federal	County:	
DITLLD 1, IVC 2	20130		State	Municipality:	e. Election Sum to Date
				Widinerpanty.	e. Election Sum to Date
					\$ 945.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	A	12/8/21	\$945.00	PAPER ADS
				\$	
4 D . T .					
4. Payee Inform	ng Address & Phone		Add	Remove	
(include city, state,	- 5. m = 1. m =		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& Zip)	<u> 1897 - Johan B. M. (1848), j. 1881</u>			·
	V.				
			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 thi		44.0			\$ 1,945.00
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	CRO-1310 Pages				
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ 1,945.00	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)				Ψ 1,272.00	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
	es (List detailed exp				
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					
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Ų* - Donatioi	1 to Legal Expense Fund
* Codes require detailed explanation in required remarks field (k)					
Codes require detailed explanation in required remarks held (k)					