
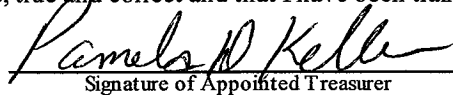



Disclosure Report Cover

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																									
CAMPAIGN TO ELECT BETSY S HARNAGE			-LCBR90--																									
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																									
1501 LACKEY ST SHELBY, NC 28152			01/07/2025																									
			e. Phone Number																									
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																									
2024	10/20/2024	12/31/2024	PAMELA D KELLER																									
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																										
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Municipal</td> <td style="width:50%;">State/County</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> </tr> </table>			Municipal	State/County	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<input type="checkbox"/> Special	<input type="checkbox"/> Final		<input type="checkbox"/> Special
Municipal	State/County																											
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<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																											
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																											
<input type="checkbox"/> Special	<input type="checkbox"/> Final																											
	<input type="checkbox"/> Special																											
7. Type of Fund (if applicable, check one)		10. Special Report Name																										
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																												
8. Number of Fundraisers this Report																												
0																												
3. Account Information		3. Account Information																										
a. Financial Institution Full Name		a. Financial Institution Full Name																										
HOME TRUST BANK		CLEVELAND COUNTY BO JAN 14 '25 PM 12:57																										
b. Purpose	c. Account Code	b. Purpose	c. Account Code																									
CAMPAIGN	01																											
	d. Period Begin Balance		d. Period Begin Balance																									
	\$ 1,014.40		\$																									
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																												
				01/07/2025																								
Printed Name of Signer		Signature of Appointed Treasurer		Date																								
FOR OFFICE USE ONLY																												
Date Received:	<u>1-14-25</u>	Employee:																										
Date Postmarked:	_____	Employee:	_____																									
Date Scanned:	_____	Employee:	_____																									
Date Data Entered:	_____	Employee:	_____																									
		Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training																										
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																												

Detailed Summary

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
CAMPAIGN TO ELECT BETSY S HARNAGE		2024 Fourth Quarter		-LCBR90--	
Start of Election Cycle: January 1, 2021				Total this Reporting Period	
4) Cash on Hand at Start				\$ 1,014.40	
				\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 1,050.00	
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 Organizations (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	
11e) 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)		\$ 0.00		\$ 1,050.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 118.28		\$ 1,309.12	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 458.11	
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)		\$ 118.28		\$ 1,767.23	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 896.12		\$ (717.23)	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,000.00			
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	

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	
CAMPAIGN TO ELECT BETSY S HARNAGE						-LCBR90--	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
AN INITIAL IMPRESSION 1035 JOHNNIE DODDS BLVD STE C3 MOUNT PLEASANT, SC 29464							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 63.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	10/22/2024	\$ 63.28	T-SHIRTS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WOMEN REPUBLICANS OF CLEVELAND COUNTY 107 COUNTRY CLUB ROAD KINGS MOUNTAIN, NC 28086							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	G	12/06/2024	\$ 55.00			
				\$			
5. Total only this Page						\$ 118.28	
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)						\$ 118.28	
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

CLEVELAND COUNTY BOE
JAN 14 '25 PM 12:58

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
CAMPAIGN TO ELECT BETSY S HARNAGE			-LCBR90--
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
BETSY HARNAGE 1501 LACKEY ST SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BADCOCK	12/15/2015
			f. End Date (mm/dd/yyyy)
	12/31/2023		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 700.00	\$ 700.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
BETSY HARNAGE 1501 LACKEY ST SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BADCOCK	01/03/2016
			f. End Date (mm/dd/yyyy)
	12/31/2023		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
BETSY HARNAGE 1501 LACKEY ST SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BADCOCK	11/03/2019
			f. End Date (mm/dd/yyyy)
	12/31/2023		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2,000.00

CLEVELAND COUNTY BOE
JAN 14 '25 PM 12:58