					Amendment	No.
Disclosure Report Cov	er			Linhanitted als	Yes U	forms.
Disclosure Report Cov	nd committee	information, mi	ist be signed and	1 200 Hitter are		
Do not use this form to arome an	ormation.					
l. Committee Information				1	c. 1D Number	
i. Full Name	1 5	1.10.	102.00	Harry		
Committee	70 6	ILU VI	leman	10000	d. Date Filed	
101 COUNT	ry (~)	recic	NY.		e. Phone Number	
1.1		54.0	116		e. Phone Aumoer	
101 Count Kings Mtn	o, NC	780	80			
2. Report Year 3. Period Star	t Date (mm/dd/	yy) 4. Period l	End Date (mm/do	1/yy) 5. Treas	urer Full Name	·
					eman Hun	<u>†</u>
6. Type of Committee (Check (One')	9. Type of Rep	ort (check onl	y one type of r	eport from one catego	ry)
Candidate Campaign Par	ty	Municipal	State/Co	ounty	Referendum	
	erendum	Organization:	į.	junizational	Organizational Pre-referendum	
	nt Fundraiser	Thirty-five d. Pre-primary	رن. ایم	arterly First	Final	
Legal Expense Fund		Pre-election	lH .	Second	Supplemental Fin	al
7. Type of Fund (if applicable	check one)	Pre-runoff		Third	Annual	· 1
Booster Fund		Semi-annual	1	Fourth	Special	
Building Fund		Mid Yes	·	ni-annual	10 Constal Deser	4 Norma
Other:		Year En	" 	Mid Year Year End	10. Special Repor	t Name
8. Number of Fundraisers this	Report	Special	Fin			'
THE PROPERTY OF THE PROPERTY O	-x-op-//-	- obeara.	☐ Spe			
11. Account Information			11. Account Ir			
a, Financial Institution Full Name	······································		a. Financial Instit			
Fidelity BA	NK					CLEVELA
b. Purpose	c. Account Cod	le	b. Purpose		c. Account Code	E MAG
	d. Period Begin	Balance			d. Period Begin Balan	ce
	\$				\$	
CERTIFICATION			•			İ
I certify that the Committee or Fur	nd is in complia	nce with all appli	cable provisions	of Article 22A. I	22B & 22D-22M of Chap	pter 163
of the NC General Statutes and the report is complete, true and correct	t and that I have	ommingica wim e heen trained is v	the NC State Boa	er non-disclosed ad of Flections	runds. Truffner certify	that this
O(1)	1	CV	The state Bill	11 0		İ
Coleman H	nnt	CN D	man	burg	\	
Printed Name of Sign	er	Sign	uture of Appointed	Treasurer	Date	
FOR OFFICE USE ONLY	222				National Marks and	j
Date Received:	1.95	Employ	æ: <u> </u>	<u> </u>	Delivery Method Normal Mail	į
Date Postmarked:		Γ1		ָ ֓֞֞֝֞֝֞֝֞֝֓֡֡֡֡֡֝	Registered Mail	
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Planca Note: This form our					mandatory training	
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assistant treasurer, custodian of books information, or account information.

Detailed Summary	tailed Summar	٠v
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Amendment

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	Yes	

Use this form to summarize all disabative constants of the		☐ Yes ☐ No	
Use this form to summarize all disclosure reporting forms and to to 1. Committee Full Name (and Fund if applicable) [2, 1]	otal monetary information ype of Report	3. ID Number	
Committee to Eled Colemna	ype or keport	3. 1D Number	
Start of Election Cycle: January 1, 1022	Total this	Total this	7
4) Cash on Hand at Start	Reporting Perio		_
RECEIPTS	15/1028.3	3	
5) Aggregated Contributions from Individuals (CRC	0-12051 \$ 49.25	\$ (6)	-
6) Contributions from I-diata.	11/23	\$	-
To Chambrill at the Park Am			
Or Contacting Contacting Contacting	0-1220) \$ 6	\$	_
O. Lean Donner	-1410. \$	\$	_
the Defends/Defends and the contract of the co	-1240) \$ (1 A 2)	\$	
11) Other Receipt Sources	Marie Carlotte Carlot	S The Well-Handers and a consequent	72
11a) Interest on Rank Assessmen			
11b) Contributions from Not-For-Profit Organizations (CRO-	·1250) \$	\$	4
11a) Outside Courage of Land		\$	Takera sasar ekumpa basas
' 11d) Logol Europeo Eurol. Out. G		S VLEVEL	AND COUNTY BOE A 9 '23 PK3:41
Ha) Everent Bereit en D. L. C. I		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and		\$	
EXPENDITURES	111e S 49.3-S	\$ 22	1
13) Disbursements		E MINESTERNATURE	1
13a) Operating Expenditures (CRO.)	310) \$		
13b) Contributions to Candidates/Political Committees (CRO-I		\$	
13c) Coordinated Party Expenditures (CRO-1.		\$	
(4) Aggregated Non-Media Expenditures (CRO-1.	700.00	\$	
5) Loan Repayments (CRO-1-		\$	
6) Refunds/Reimbursements from the Committee (CRO-13)		\$	
To In Mind Containate	.,,,,,,	\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and		\$	
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line		\$	
ADDITIONAL INFORMATION	18 5 75 1.56	\$	
0) Non-Monetary Gifts Given to Other Committees (CRO-13.	301 \$		
1) Outstanding Loans (incl. ones from other campaigns) (CRO-14.	301 \$		
2) Debts and Obligations owed by the Committee (CRO-16)	10), \$		
B) Debts and Obligations owed to the Committee (CRO-162)			
Account Transfers Within the Committee (CRO-172			
) Administrative Support (CRO-171		S	
) Forgiven Loans (CRO-144		\$	
) 48-Hour Notice Reports Sum (CRO-2220)		\$	
) Contributions to be Refunded (CRO-1215		\$	

Aggreg	ated Contr.	ibutions from	Individuals Par	te l of l	Amendment No See No	
Optional f	form used to rep	port NC Contributi	ons From Individuals of	\$50 or less		
1. Commit	tee Full Name (a	and Fund if applica	ble)		. ID Number	
	unitee		+ Coleman	Hnut		
	itor Informatio			*		-
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
Remove		Actorne		10-31-22	\$ 49.25	
Remove					\$	
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District 26					_		Amendment	
Use this form	to report expenditure	es from the com	nittee fo	or operation	Pg	of	Ons to candidate/political	io
committees a	nd coordinated party	expenditures		or operating (expenses, cont	ributio	ons to candidate/political	
1. Committee	e Full Name (and Fu	nd if applicable	2)	······································			2. ID Number	
Lonn	nitter to	Eled C	olen	1	1. 1		2. II) Ivamber	
3. Type of Di			O I P YY	190	lunt			
Operating E		se use separate (<u>LRO-13</u>	10 forms for	r each type of	Disbu	rsement.)	
4. Payee Info		ontributions to Cand	idates/Po	litical Committe	ies 😉	Coord	inated Party Expenditures	
a. Full Name.	Mailing Address & P	hone		Add	_ Remove			
include city, stat	e, & zip)			o. Coordina	ated Committee	Name	d. Comments	
las de	get mcci	177.		-				
101.0		`''Y		c. Level Res	istered (Specify)		
i				Federal	Сош			
ı				State			: e. Election Sum to Date	
							S	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Data	 mm/dd/yyyy)	T. 1			
L	Cherk	G		- 1024			Required Remarks	
			111-7	- 1077	5 200.	0		
4. Payee Inforn	nation				\$	- 1		
a. Full Name, Mail	ing Address & Phone			Add 🔲	Remove			-
_(include city, stat	e, & zip)			b. Coordinate	ed Committee Na	ıme	d. Comments	
			·					
				c. I evel Pagie	tered (Specify)			
1				Federal	County	,•		iland county boe
		•		State	Maniei		ال e. Election Sum to Date	AN 9'23 PK3:42
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f. Account Code	g. Form of Payment	. Purpose Code					\$	
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				ls s				-
4. Payee Informa	tion			Add TR	lemove			_
a. Full Name, Mailing	g Address & Phone		b		Committee Nam	ie la	i. Comments	4
(include city, state,	& zipi						a Comments	_
	•		L					
			e.	Level Register				
			-	Federal State	County:			
					☐ Municipa	ility: e.	Election Sum to Date	
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terms time gives in time	130 Of Delatted Summar	Page CDO 1100 S				S	9 4 4 90)	i
(This line goes in line	13c of Detailed Summary	Page CRO-1100 if	Conedia:	10 Candidates/[Political Comm)		200.00	
Purpose Code	s (List detailed expe	nditure coda in	(h) al-	usu cariv expe	naitures)	!		l
· · Media	B* - Printing	C*	- Fundi	ve)	F1			
- Salaries	F* - Equipment	G-	Politica	raising il Party			Candidate	
- Postage	$oldsymbol{J}$ - Penalties		- Office	Expenses	O* . Doe	uing P ertion	ublic Office Expenses to Legal Expense Fund	
Other	4.9-1				√ □ D000	MANUII	to Ecgai Expense Fund	
Codes require del	tailed explanation in	required rema	rks field	d (k)			The Company of the State of the	

Refunds/Reimbursements From the	Com!44.	Amendment	
e de una torrir to report refunds/reinibursements, includ:	Committee Pg 1 0	of Yes No	
a applicable)			
Committee to Elect	CDEMAN HUNT	2. ID Number	
r. rayee intormation			l
a. Full Name, Mailing Address & Phone	d. Type of Committee		
(include city, state, & zip)	Candidate PAC	h. Original Receipt Date	_
Coleman Hunt	Referendum Party	1-9-2023	
101 Conntry Creek Dr. Kings Mtw., N2 2808	e. Level Registered	i. Original Receipt Amount	
	Federal County: State Municipa	liv: \$120.00	
1 K. NGS MTW., NL 2808/	f. Purpose Code L	j. Election Sum to Date	-
		\$	1
C 1 1 1	ld g. Comments	k. Account Code	-
I. Form of Payment Im. Required Payment			
Chan Required Remarks	n. Date (mm/dd	Lyyyy) o. Amount	-
3. Payee Information	1-9-20	13 \$120.00	1
a. Full Name, Mailing Address & Phone	☐ Add ☐ Remove		1
(include city, state, & zip)	d. Type of Committee Candidate PAC	h. Original Receipt Date	
	Referendum Party		
	e. Level Registered	i. Original Receipt Amount	
i	Federal County: State Municipality	e	
·	f. Purpose Code	j. Election Sum to Date	
			no conty
b. Job Title/Profession c. Employer's Name/Specific Field	g. Conuments	k. Account Code	9 '2 3 PH3:42
		a Account Code	•
I. Form of Payment m. Required Remarks	n. Date (mm/dd/y	yyy) o. Amount	
3 Payron Laff		S American	
3. Payee Information a. Full Name, Mailing Address & Phone	Add Remove		
(include city, state, & zip)	d. Type of Committee	h. Original Receipt Date	
	Candidate PAC Referendum Party		
	e. Level Registered	i. Original Receipt Amount	
	Federal County: State Municipality:	\$	
	e p	j. Election Sum to Date	
Job Title/Profession c. Employer's Name/Specific Field	g. Comments	\$	
		k. Account Code	
Form of Payment m. Required Remarks	n. Date (mm/dd/yyy)		
Total	Date (minuta/yyy)	y) o. Amount	
Total only this Page Total of ALL CRO-1320 Pages		\$	
This line must be on line 16 of Detailed Summary Page CRO-1100.		\$	
Purpose Codes (List detailed disbursement code in (f) above			
- Returned to Contributor M - Overpayment for Se			
Vermon sement of the kind \(\text{\psi} \text{\psi} \text{\psi}		ed Contribution Limit	
Codes require detailed explanation in required remarks	field (m)		

Contributions to be Dainshaused					Amenament		
Contributions to be Reimbursed			Pg <u>l</u> of		$_{-}$ \square Yes \square N	O.	
Use this form to report Contributions of \$1,000 or le	ss to b	e reimbursed wi	thin 7 days.				
Reimbursements must be disclosed on the Refunds/R	eimbu	rsements Form i	CRO-13205				
1. Committee Full Name		, J		1 2	. ID Number	1 4	
Committee to Eled	K (DlemAL	, Hnn-	$t \mid$			
3. Contributor Information		Add R	lemove			ATTENDED TO SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF	
Full Name & Mailing Address of the Payee		Full Name &	Mailing Addr	ess of	the Reimbursee		
(the original vendor)					n check is written)		
Coleman Hout 101 Country Creek D Kings Mtn., NC 28081		1					
INI COUNTY Creek N	4	SAM	~			İ	
with his beauti	L						
15, 242 Line, W. 2 2 8,086	0	1					
a. Contribution Description	b. Date	e (mm/dd/yyyy)	c. Credit Card	Y/N	d. Amount		
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3. Contributor Information					1,20,00		
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Full Name & Mailing Address of the Payee (the original yendor)					the Reimbursee		
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This line goes in line 28 of Detailed Summary Page CRO-1100	*			\$	120,00	1	



Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Committee to Elect Coleman Hun
Treasurer Name:	Coleman, Hunt
Treasurer Address:	101 Commery Creek Dr.
(include city, state, & zip)	Kings Mtw., NL 28084
Treasurer Phone:	707 300-3709

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to

Return to Active Status form (CRO-3300) within ten days.

Date Signed