Disclosure Re	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							
			-				
1. Committee Infor	THALLOH				c. ID Number		
Committee to Elect	Coleman Hunt						
	lude City, State and Zip Code)				d. Date Filed		
101 Country Creek					1/8/2025		
Kings Mtn., NC 28	086				e. Phone Number		
					704 300-3709		
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period End Date (mm/dd/yy)		5. Treasurer Full	irer Full Name		
2024	10/20/2024	12/3	1/2024	Coleman Hunt			
6. Type of Commit	tee (Check One)	9. Type of Report	(check on	ly one type of report			
Candidate Camp		Municipal	State/C		Referendum		
PAC	Referendum	Organizational		Organizational	Organizational		
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third Fourth	Annual Special		
		Semi-annual Mid Year		Semi-annual	Special		
Other:		Year End		Mid Year	10. Special Report Name		
Other.		Final		Year End			
8. Number of Fundraisers this Report Special Final Special							
11. Account Inform	nation		11. Account	Information			
a. Financial Institution			a. Financial Inst	titution Full Name			
Fedelity Bank					c. Account Code		
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
Checking							
	d. Period Begin Balanc	ee			d. Period Begin Balance		
				S CLEVELAND COUNTY BO			
	\$ 3,419.15				JAN 8 '25 PH4:22		
CERTIFICATION CONTRACTOR OF A							
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. Coleman Hunt 1/8/2025							
	Printed Name of Signer	S	ignature of Appoir	nted Treasurer	Date		
FOR OFFICE USE	ONLY / /				Delivery Method		
Date Received	$= \frac{1/8/25}{25}$	Employee:	The		Delivery Method Normal Mail Registered Mail		
Date Postmark	Date Postmarked: Employee: Employee: Hand Delivered Electronically Filed						
Date Scanned: Employee: Signer has not received mandatory training							
Date Data Ente	ered:	Employee:					
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 State	ement of Organizatio	n (CRO-2100A	A-E) to make commit	tee changes.		

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information. Yes No

Amendment

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Committee to Elect Coleman Hunt	Campaign Finance		
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	4.	\$ 3419.15	\$
RECEIVES 1			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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 Organizati	ions <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, 11d and 11e)	\$ 3419.15	\$
EXPENDENCES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 800	\$
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	SCLEVELAND COUNTY B JAN 8'25 PM4:23
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 800	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 2619.15	\$
AND ANIONT GRANT GRANT AREA SEASON			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (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)	\$	\$

						Amendment
Disbursem	ents			Pg		3 Yes No
Use this form to	report expenditures	from the committee	e for; operating exp	enses,	contributions to	candidate/political
	coordinated party ex					
	full Name (and Fun	d if applicable)				2. ID Number
Committee to E	Elect Coleman Hunt					
3. Type of Disb	ursement (Plea		RO-1310 forms for			
Operating E		Contributions to Can	didates/Political Commit	itees		pordinated Party Expenditures
4. Payee Inforn	nation		Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Comn	nittee Na	ame	d. Comments
(include city, stat <u>e,</u>						
Maury William	S		- I I I I I I I I I I I I I I I I I I I			-
			c. Level Registered (S	pecity)	Carrativ	-
			Federal	님	County:	e. Election Sum to Date
			State		Municipality:	c. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy)		j. Amount	k. Required Remarks
in Account Code	Check	Е	1/7/2025		\$100	
					\$	
4. Payee Inform	 nation		Add		Remove	
	ling Address & Phone		b. Coordinated Committee Name			d. Comments
(include city, state						
Maurice Smith						_
			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/yy	уу)	j. Amount	k. Required Remarks
	Check	E	1/7/2025		\$100	
					\$	
4. Payee Inform	nation		Add		Remove	
<u> </u>	ling Address & Phone		b. Coordinated Com	mittee N	ame	d. Comments
(include city, state						
Kelly Bell						_
-			c. Level Registered (S	specify)		CLEVELAND COUNTY
•			Federal		County:	JAN 8 '25 PM4:23
			State		Municipality:	e. Election Sum to Date
						e

O h. Purpose Code j. Amount k. Required Remarks i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment \$100 E 1/7/2025 Check \$ 300 \$ 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate B* - Printing C* - Fundraising A* - Media H* - Holding Public Office Expenses G - Political Party E - Salaries F* - Equipment O* - Donation to Legal Expense Fund K* - Office Expenses J - Penalties I - Postage O* - Other * Codes require detailed explanation in required remarks field (k) December 2009 NC State Board of Elections CRO-1310

Amendment **Disbursements** Yes

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

	ull Name (and Fun	d if applicable)				2. ID Number	7
	lect Coleman Hunt	и и аррисавие)					
3. Type of Disb		se use separate C	RO	-1310 forms for each t	pe of Disbursen	<u>ient.)</u>	
Operating E				ates/Political Committees	Co	ordinated Party Expenditures	
4. Payee Inform			A	.dd 🔲	Remove		
	ing Address & Phone		b.	Coordinated Committee Na	ame	d. Comments	
(include city, state,	-						ĺ
Leonard Cooper							
•			c.	Level Registered (Specify)			
				Federal	County:		
				State	Municipality:	e. Election Sum to Date	
			İ			\$	- 1
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f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	E		1/7/2025	\$100		
	-						
					\$		
4 D 7 C	4:	<u> </u>		dd 🗌	Remove		
4. Payee Inforn			_	. Coordinated Committee N		d. Comments	
	ing Address & Phone		0.	. Contamated Committee It			
(include city, state, Delores Hunt	& zip)		1				
Delores Hunt			c	Level Registered (Specify)		1	
			T	Federal	County:		
			┨┝	State	Municipality:	e. Election Sum to Date	
			-	<u> </u>		d.	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		Е		1/7/2025	\$100		
	Check	E		1/7/2025	\$100		
					\$		
4. Payee Inform	nation		-	Add	Remove		
a. Full Name, Mail	ling Address & Phone		b.	. Coordinated Committee N	ame	d. Comments	
(include city, state,	, & zip)						
Francina Meek	s		<u> </u>			_	
			c. Level Registered (Specify)			_	
				Federal	County:	e. Election Sum to Date	
				State	Municipality:	e. Election Sum to Date	
						\$	
f Aggent Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks (1)	ni mitu
f. Account Code	g. Form or rayment			•		JAN 8 '25	
	Check	E		1/7/2025	\$100	LA UMNU	: 1"1" " "L
					\$		
5. Total only th	nis Page				_	\$ 300	
6. Total of ALI	L CRO-1310 Pages						
(This line goes in	n line 13a of Detailed Sui	nmary Page CRO-110	00 if	Operating Expenses)		\$	
(This line goes in	n line 13b of Detailed Sur	mmary Page CRO-110	00 if	Contrib to Candidates/Politi	cal Comm)	*	
				Coordinated Party Expendit	ures)		
	des (List detailed ex	penditure code in	(h.	above)		1 C 1: 1-4-	
A* - Media	B* - Printing	C* - Fun	ıdra	nising		her Candidate	
E - Salaries	F* - Equipment					ng Public Office Expenses ion to Legal Expense Fund	
I - Postage O* - Other	J - Penalties	K* - Off	ice I	Expenses	Q - Donati	on to negat nabouse I and	
	ro detailed evnlana	tion in required :	rem	arks field (k)			

							Amendment	
Disburseme	ents			Pg	<u>3</u> of		Yes No	
Use this form to	report expenditures	from the committe	e fo	r; operating expenses,	contributions to	candida	ate/political	
	coordinated party ex			<u> </u>			2 ID Nambor	
1. Committee Full Name (and Fund if applicable) 2. ID Number							2. ID Number	
	ect Coleman Hunt		D	1210 6 6 4	me of Dishungan	agus)		
3. Type of Disbu				1310 forms for each ty es/Political Committees	pe of Disbursen	ordinate	d Party Expenditures	
Operating Ex		Contributions to Can			Remove	oramac	d Farty Expenditures	
4. Payee Inform			Ad	Coordinated Committee Na		d. Co	omments	
	ng Address & Phone		υ. (Coordinated Committee 14		 		
(include city, state, a								
Aisna Pierre-Lo	uis		c. I	evel Registered (Specify)				
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			Ħ	State	Municipality:	e. Ele	ection Sum to Date	
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f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
	Classic	E		1/7/2025	\$100			
	Check	L		17772023	ψ100 -			
					\$		İ	
		<u> </u>	Щ.	–				
4. Payee Inform			Ad		Remove	d Co	omments	
	ng Address & Phone		ъ. С	Coordinated Committee Na	ame	u. Cc	minutes .	
(include city, state,	& zip)			1 to 1				
Patricia Smith			I	Level Registered (Specify)		-		
			C. 1	Federal	County:		İ	
				State	Municipality:	e. Ele	ection Sum to Date	
						6		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	ΉТ	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
		r		1/7/2025	\$100			
	Check	E		1///2025	\$100			
					 \$			
4. Payee Inform	nation		Ac		Remove	1		
a. Full Name, Mailing Address & Phone			b. (Coordinated Committee N	ame	d. Co	omments	
(include city, state,	& zip)							
			<u> </u>	(1D 11 1(G - 16)		-		
			C. 1	Level Registered (Specify)	Country	-		
			<u> -</u>	Federal State	County: Municipality:	e El	ection Sum to Date	
			┞┺	J State	wanterpanty.			
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	Т	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Rental PND COUNTY	30
1. Necount Code	S -10-10-10-10-10-10-10-10-10-10-10-10-10-				0		JAN 8 '25 PM4:2:	
					\$			
					\$			
					_] 🎝			
5. Total only th	is Page					\$	200	
6. Total of ALI	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if (This line goes in line 13b of Detailed Summary Page CRO-1100 if				Operating Expenses)	aal Commi	\$	800	
(This line goes in	line 13b of Detailed Sur	nmary Page CRO-110	v if C	ontrib to Candidates/Politi	cut Comm) ures)			
				Coordinated Party Expendit	wr coj			
	les (List detailed ex B* - Printing	cpenditure code in C* - Fun	(11.) droi:	sing	D - To Anot	her Can	ndidate	
A* - Media E - Salaries	B* - Printing F* - Equipment				H* - Holdin	ıg Publi	ic Office Expenses	
I - Postage	J - Penalties	K* - Offi					egal Expense Fund	
O* - Other								
* Codes requir	re detailed explanat	tion in required r	ema	rks field (k)				



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 Honni
Treasurer Name:	Coleman Honort
Treasurer Address:	121 Country Creek Dr.
(include city, state, & zip)	Kings Mtv., NL 24086
Treasurer Phone:	784 300-3709

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

Signature

CLEVELAND COUNTY BOE JAN 8 '25 PM4 27