Disclosure Report Cover			Amendment
Use this form for general report and committee information, must be signed and submitte Do not use this form to update information.			tted along with other detailed forms.
1. Committee Information	e information.		
a. Full Name			- 1990 (1) Cartille E alex (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
Coleman Hunt			c, ID Number
. Mailing Address (include City, S	State and Zip Code)		d. Date Filed
101 Country Creek Dr.			12/11/22
Kings mtn., NC 25086			e. Phone Number
3			704 300-3709
. Report Year 3. Period Sta	art Date (mm/dd/yy) 4. Perioc	End Date (mm/dd/yy) 5. T	reasurer Full Name
17-4-		C	oleman Hunt
Type of Committee (Chec	Committee of the Commit	eport (check only one type	of report from one category)
7	Party Municipal	State/County	Referendum
	Referendum Organizatio		Organizational
Legal Expense Fund	loint Fundraiser		Pre-referendum
_ Lagur Expense I und	Pre-primary Pre-election		Final
. Type of Fund (if applical	ble, check one) Pre-runoff	Second Third	Supplemental Final
Booster Fund	Semi-annua		Annual Special
Building Fund	☐ Mid Y	- Tourth	Special
7 ou	Year F	end Mid Year	10. Special Report Name
Other: Number of Fundraisers th	Final	Year End	
Adminer of Fundraisers in	is Report Special	Final	1
1. Account Information		Special Special	
Financial Institution Full Name		11. Account Information a. Financial Institution Full N	
Fidelity BA	NK	I manetal institution Full)	value and according to the same
Purpose	c. Account Code	b. Purpose	c. Account Code
LAMPAIGN FINANCE			CLEUFLAND COUN
E'NAME	d. Period Begin Balance	100 100 100 100 100 100 100 100 100 100	d. Period Begin Balance
	\$757.56		\$
ERTIFICATION			CLOSE ROPERS CONTROL C
of the NC General Statutes and	Fund is in compliance with all app that no funds are commingled wi rect and that I have been trained to	th prohibited or other non-disc	2A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this ions.
C. L. 11	1 ()	14 (1 1
CO ICMAN H	and June	eman dust	2 12/11/12
Printed Name of Si	gner Si	gnature of Appointed Treasurer	Date
OR OFFICE USE ONLY			
Date Received:	2-11-23 Emplo	oyee: BP	Delivery Method ☐ Normal Mail
Date Postmarked:	Emplo	oyee:	Registered Mail Hand Delivered
Date Scanned:	Emplo	yee:	Electronically Filed
Date Data Entered:	Emplo	yee:	☐ Signer has not received mandatory training
assista	nt treasurer, custodian of book	nittee information such as the as information, or account in on (CRO-2100A-E) to make	ne committee address, treasurer, information.

Detailed Summary	Amendment	
Use this form to summarize all disclosure reporting forms and to total mo	netary information	Yes No
1. Committee Full Name (and Fund if applicable) 2. Type of	Report 3	ID Number
Committee to Elect Coleman Hund		
Start of Election Cycle: January 1,	Total this	Total this
4) Cash on Hand at Start	Reporting Period	Election Cycle
RECEIPTS	1 (011 SQ	
5) Aggregated Contributions from Individuals (CRO-1205)		ls
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		The Property of the Control of the C
11a) Interest on Bank Accounts (CRO-1250)	\$	s
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)	\$	<u> </u>
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	•	 *
EXPENDITURES	A BANK TO THE STATE OF THE STAT	print the straining of the property of the straining of t
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2-5,00	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	<u> </u>
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
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)	\$ 25.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 732.56	\$
ADDITIONAL INFORMATION		美国新,各种学科,生主编
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)	\$	\$

NC State Board of Elections

CLEVEL MADE COUNTY BOE DEC 11'23 PM1:24

Disbursements	Pg of	Amendment Yes Mo			
Use this form to report expenditures from the committee for committees and constituted and the committees and constituted and the committees are the committees and constituted and the committees are the committee are the committees are the committee are the committees are the co	perating expenses, contributions t	o candidate/political			
commutees and coordinated party expenditures					
1: Committee Full Name (and Fund if applicable)	* 1707 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. ID Number			
Committee DEEKet Cole	man Hrust				
3. Type of Disbursement (Please use separate CRO-1316	forms for each type of Disburse	ment:)			
Contributions to Candidates/Politi	cal Committees Coordinat	ed Party Expenditures			
4 Payee Information	Addis Remove : Remove	建物。			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments - 1 = 1			
metade cry, state, or zip).					
Chreland County Board of Elections	c. Level Registered (Specify)	i			
Elactions	☐ Federal ☐ County:				
	State Municipality:	e. Election Sum to Date at Fig.			
		\$			
f. Account Code : g. Form of Payment h. Purpose Code : l. Date (Const. Softenses	<u> </u>			
a Date (quired Remarks			
. Check H 12/4	33 \$25,00				
	\$				
	Add: Remove :				
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name				
(include city, state, & zip)					
	o T and Design (Company)				
	c. Level Registered (Specify)				
		Election Sum to Date			
English There are a collection		\$			
f. Account Code g. Form of Payment h. Purpose Code l. Date (r	nn/dd/yyyy) J. Amount k. Re	quired Remarks			
	\$	ı			
	\$				
4. Payee Information	Add Remove	A CONTROL OF THE CONT			
		I. Comments			
(include city, state, & zip)					
	Level Registered (Specify)				
	Federal County: State Municipality: e	Election Sum to Date : 10 1887			
	=	25 a			
		\$			
f. Account Code g. Form of Payment h. Purpose Code l. Date (n	m/dd/yyyy) j. Amount k. Req	uired Remarks			
	\$				
	s				
5: Total only this Page					
	2. 数方。2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	\$ at FUEL OND COUNTY BO			
6. Total of ALL CRO-1310 Pages		CLEVELAND COUNTY BO DEC 11'23 PM1:24			
(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 (hi) above)					
		er Candidate			
A*-Media B*- Printing C*- Fundraising D-To Another Candidate E - Salaries F*- Equipment G-Political Party H*- Holding Public Office Expenses					
Postage: J - Penalties K** Office Expenses O* - Donation to Legal Expense Fund					
O* Other					
*Codes require detailed explanation in required remarks	reld (k)				

CRO-1310

Amendment