Disclosure Repor	rt Cover
------------------	----------

Amendment	 .00	Na
☐ Yes	N	0

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 II	nformation						
a. Full Name		·					c. ID Number
Citizens to	Elect Deb Ha	rdin County C	ommission	er			
b. Mailing Address	(include City, State	e and Zip Code)					d. Date Filed
518 Lee Drive				01/11/2023			
Shellby NC 28152				e. Phone Number			
							7044609030
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period F	nd Date	e (mm/dd/yy)	5. Treasure	r Full Name
2022	10/23/2022		12/31/2	2022		Debra B	Elizabeth Hardin
6. Type of Com	mittee (Check C)ne) [9.	Type of Rep	ort (ch	eck only one	type of repo	ort from one category)
✓ Candidate Can			micipal		State/County		Referendum
☐ PAC	Refe	erendum	Organizationa	1	Organizati	ional	Organizational
Independent Ex	spenditure 🔲 Join	t Fundraiser	Thirty-five day	у	Quarterly		Pre-referendum
Legal Expense	Fund		Pre-primary		First		Final
			Pre-election		Seco		Supplemental Final
7. Type of Func	l (if applicable,	check one)	Pre-runoff		Third	i	Annual
Booster Fund			Semi-annual		Four		Special
Building Fund			Mid Yea		Semi-annu		and the second supplies th
		ـــا ا	Year End	!	Mid		10. Special Report Name
Other:	positivo come voloco approprio estimo in televisio de la come	The way is to be about a few of the control of the	Final		Year	End	
8. Number of F	undraisers this	Report	Special		Final		
					Special		
11. Account Inf					ount Inforn		
a. Financial Institu	tion Full Name	·		a. Financ	cial Institution	Full Name	
Home Trust	:						
b. Purpose		c. Account Code		b. Purpo	se		c. Account Code
		d. Period Begin B	alance				d. Period Begin Balance
		\$ 71.75					\$
CERTIFICATI	ON						
of the NC Gener report is comple Debra E		at no funds are cont at and that I have b	nmingled with been trained by	prohibite the NC S	ed or other no	n-disclosed fu Elections.	B & 22D-22M of Chapter 163 ands. I further certify that this
FOR OFFICE			Sig	nature Of Z	appointed freat	,4101	Date
		11-23	د سپ		$(\langle A \rangle)$	Del	ivery Method
Date Receiv	red: 12	11.07	Employ	/ee:		- 0	Normal Mail
Date Postma	arked:	· · · · · · · · · · · · · · · · · · ·	Employ	/ee: _		- 🙀	Registered Mail Hand Delivered
Date Scanne	ed:		Employ	/ee: _			Electronically Filed
Date Data E	ntered:		Employ	yee: _			Signer has not received mandatory training
Please No							nmittee address, treasurer,
		treasurer, custo					
Y	ou must amend	the Statement of	Organization	ı (CRO-	2100A-E) to	make comn	nittee changes.

Detailed Summary

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

Amendment Yes No

L. Committee Full Name (and Fondition in State Citizens to Elet Deb Hardin County Commissioner			. III niimbar
Start of File Constant I I I I I I I I I I I I I I I I I I I	2022	Total this	Total this
Start of Election Cycle: January 1,	2022	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 326.25	\$
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	(CHO-12-70)	Ψ	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons <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, 11c)	;, 11d and 11e)	\$	\$
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 254.50	\$
13b) Contributions to Candidates/Political Committ	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
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	i, 16 and 17)	\$ 254.50	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 71.75	\$
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign		\$	
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 NC State Poord of Flor	(CRO-1215)	\$	\$ August 2008

Use this form to committees and	coordinated party ex			7 7		<i>F</i>	
1. Committee F	'ull Name (and Fun	d if applicable)				2. ID Number	
Citizens to	o Elect Deb Hardii	n County Comr	nissior	er			
3. Type of Dish Operating Exp	enses	use separate CK atributions to Candida	1 11 11 11 11 11 11 11	cal Committees	Coc	oursement.) ordinated Party Expenditures	
4. Payee Inform	nation Iailing Address & Ph			Add	Remove ed Committee Nam	e d. Comments	
(include city, state		one		D. Coordinat	ed Committee Nam	e d. Comments	
(include city, state,	oc zip)			:			
WOHS				c. Level Regi	stered (Specify)		
	ADCASTING			Federal	County:		
Post Offic	e Box 415 e NC 28021			State	Municipa	ality: e. Election Sum to Date	
Cherryville	5 NO 2002 I					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (l mm/dd/yyyy)	j. Amount	k. Required Remarks	
ir Account Couc	check	A		1/03/2022	\$ 62.50	radio ads	
			<u> </u>		Ψ	radio ado	
					\$		1
4. Payee Infort				Add 🔲	Remove		
•	ing Address & Phone			b. Coordinat	ed Committee Nam	e d. Comments	
(include city, sta	te, & zip)						
Commun	nity First Media			c. Level Regi	stered (Specify)		
	h Lafayette Street	t		Federal	County:		
	IC 28150			State	Municipa	ality: e. Election Sum to Date	
						\$ 1146	
		·					
f. Account Code	g. Form of Payment	h. Purpose Code	I Data	mm/dd/yyyy)	2 A 114 4 4 114 4	k. Required Remarks	
					j. Amount	- 	
	check	A		10/2022	\$ 192.00	Thank you ad	
					100.00	- · · · · · · · · · · · · · · · · 	
4. Payee Inform	check				\$ 192.00	- · · · · · · · · · · · · · · · · 	
	check			10/2022 Add □	\$ 192.00 \$	Thank you ad	
4. Payee Inforr a. Full Name, Mail (include city, sta	check nation ing Address & Phone			10/2022 Add □	\$ 192.00 \$ Remove	Thank you ad	
a. Full Name, Mail	check nation ing Address & Phone			Add D. Coordinat	\$ 192.00 \$ Remove ed Committee Nam	Thank you ad	
a. Full Name, Mail	check nation ing Address & Phone			Add b. Coordinat	\$ 192.00 \$ Remove ed Committee Nam	Thank you ad	
a. Full Name, Mail	check nation ing Address & Phone			Add b. Coordinat c. Level Regi Federal	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County:	Thank you ad e d. Comments	
a. Full Name, Mail	check nation ing Address & Phone			Add b. Coordinat	\$ 192.00 \$ Remove ed Committee Nam	e d. Comments ality: e. Election Sum to Date	
a. Full Name, Mail	check nation ing Address & Phone			Add b. Coordinat c. Level Regi Federal	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County:	Thank you ad e d. Comments	
a. Full Name, Mail (include city, sta	check nation ing Address & Phone		11/	Add b. Coordinat c. Level Regi Federal	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County:	e d. Comments ality: e. Election Sum to Date	
a. Full Name, Mail (include city, sta	check nation ing Address & Phone te, & zip)	A	11/	Add b. Coordinat c. Level Regi Federal State	\$ 192.00 \$ Remove ed Committee Name stered (Specify) County:	Thank you ad e d. Comments ality: e. Election Sum to Date \$	
a. Full Name, Mail	check nation ing Address & Phone te, & zip)	A	11/	Add b. Coordinat c. Level Regi Federal State	\$ 192.00 \$ Remove ed Committee Name Stered (Specify) County: Municipal Municipal County: Municipal Municipal County: Mun	Thank you ad e d. Comments ality: e. Election Sum to Date \$	
a. Full Name, Mail (include city, sta	check nation ing Address & Phone te, & zip) g. Form of Payment	A	11/	Add b. Coordinat c. Level Regi Federal State	\$ 192.00 \$ Remove ed Committee Name County: County: Municipal Municipal Name County: Municipal Name County: Name County	e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks	
a. Full Name, Mail (include city, sta f. Account Code 5. Total only th	check nation ing Address & Phone te, & zip) g. Form of Payment is Page	A	11/	Add b. Coordinat c. Level Regi Federal State	\$ 192.00 \$ Remove ed Committee Name Stered (Specify) County: Municipal Municipal County: Municipal Municipal County: Mun	Thank you ad e d. Comments ality: e. Election Sum to Date \$	
a. Full Name, Mail (include city, sta f. Account Code 5. Total only th 6. Total of ALI	check mation ing Address & Phone te, & zip) g. Form of Payment his Page CRO-1310 Pages	h. Purpose Code	11/	Add D b. Coordinat Federal State mm/dd/yyyy)	\$ 192.00 \$ Remove ed Committee Name Stered (Specify) County: Municipal Municipal Stered (Specify)	e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks	
a. Full Name, Mail (include city, sta f. Account Code 5. Total only th (This line goes in	check mation ing Address & Phone te, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sur	h. Purpose Code	i. Date (Add b. Coordinat c. Level Regi State mm/dd/yyyy)	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municip: j. Amount \$ \$	e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50	
a. Full Name, Mall (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in)	check mation ing Address & Phone te, & zip) g. Form of Payment is Page CRO-1310 Pages i line 13a of Detailed Sur	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11	i. Date (Add b. Coordinat c. Level Regi	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municip: j. Amount \$ \$ ates/Political Comm	e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50	
a. Full Name, Mail (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in (This line goes in)	check mation ing Address & Phone te, & zip) g. Form of Payment is Page CRO-1310 Pages in line 13a of Detailed Survive in the 13c of Detailed Survive in	h. Purpose Code mary Page CRO-11 mary Page CRO-11 mary Page CRO-11	i. Date (Add	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municip: j. Amount \$ \$ ates/Political Comm	e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50	
a. Full Name, Mali (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in (This line goes in 7. Purpose C	g. Form of Payment is Page CRO-1310 Pages it ine 13a of Detailed Survive line 13c of Detailed Survive	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11 expenditure code	i. Date (00 if Open 00 if Cone e in (h.)	Add	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municipal j. Amount \$ \$ ses) attes/Political Comm Expenditures)	Thank you ad e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50	
a. Full Name, Mail (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in (This line goes in)	g. Form of Payment is Page CRO-1310 Pages in line 13a of Detailed Sur ine 13c of Detailed Sur ine 13c of Detailed Sur ine 13c of Detailed Sur odes (List detailed B* - Printi	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11 expenditure coding	i. Date (00 if Oper 00 if Coo e in (h.) C* - F	Add	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municipa j. Amount \$ \$ ates/Political Comm Expenditures)	e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50	ises
a. Full Name, Mali (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in (This line goes in 7. Purpose C A* - Media	g. Form of Payment is Page CRO-1310 Pages it ine 13a of Detailed Survive line 13c of Detailed Survive	h. Purpose Code mary Page CRO-11 mary Page CRO-11 mary Page CRO-11 expenditure code ing	i. Date (100 if Ope 100 if Con	Add	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municipa j. Amount \$ \$ ates/Political Comm Expenditures)	Thank you ad e d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50 Another Candidate	
a. Full Name, Mali (include city, sta f. Account Code 5. Total only th 6. Total of ALI (This line goes in (This line goes in (This line goes in (This line goes in T. Purpose C A* - Media E - Salaries I - Postage O* Other	g. Form of Payment g. Form of Payment is Page CRO-1310 Pages il line 13a of Detailed Sunt line 13b of Detailed Sunt line 13c of Detailed Sunt li	h. Purpose Code mary Page CRO-11 mary Page CRO-11 mary Page CRO-11 expenditure coding ment ies	i. Date (100 if Ope (100 if Con (100 i	Add D b. Coordinat c. Level Regi Federal State State State D Coordinat Coordinate Coord	\$ 192.00 \$ Remove ed Committee Nam stered (Specify) County: Municipa j. Amount \$ \$ ates/Political Comm Expenditures)	Thank you ad d. Comments ality: e. Election Sum to Date \$ k. Required Remarks \$ 254.50 Another Candidate (olding Public Office Expen	

Disbursements

Amendment

☐ Yes