1. Committee Information a. Full Name Committee to Elect Denise b. Mailing Address (include City, 116 Quail Hollow Dr Kings 2. Report Year. 2024	State and Zip Code)						c. ID Number d. Date Filed 05/01/2024	
Committee to Elect Denise b. Mailing Address (include City, 116 Quail Hollow Dr Kings 2. Report Year. 3. Peri	State and Zip Code) Mountain, NC 2808						d. Date Filed	.* :
b. Mailing Address (include City, 116 Quail Hollow Dr Kings2. Report Year. 3. Period	State and Zip Code) Mountain, NC 2808		Personal or in the second of the second or in the second					
2. Report Year. 3. Peri							05/01/2024	_
	od Start Date (mii/d							
	od Start Date (mm/d						e. Phone Number	
	od Start Date (mm/d						704-692-2859	
2024		d/yy)	4. Period I (mm/dd/yy)	Ind Date		5. Treasurer Full	Name	
2024	01/01/2024		02/2	7/2024		Sheila Spangler		
6. Type of Committee (Che Candidate Campaign	ck One)	9. Typ Municip			k onl	y one type of report	from one category) Referendum	2017
PAC	Referendum		Organizational			organizational	Organizational	
Independent Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day	-	Q	Quarterly	Pre-referendum	
7. Type of Fund (If appl "Booster Fund" Building Fund	icable: check one)		Pre-primary Pre-election Pre-runoff Semi-annual Mid Year]]] s	First Second Third Fourth emi-annual	Final Supplemental Final Annual Special	
Other:			Year End Final]],	Mid Year Year End	10. Special Report Name	
8. Number of Fundraisers	this Report		Special	1	Ħ	inal		
0		ske skill did karensis		L		pecial		· Descess
11. Account Information						nformation tution Full Name	CLEVELAND COUN	ry B
a. Financial Institution Full Name Fidelity Bank				a. Financia	ii iiisti	tution Fun Name	MAY 7 '24 AMB':	2 1 Ja
	c. Account Code		1 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b. Purpose			c. Account Code	- 3-
	01							
- -	d. Period Begin Balance						d. Period Begin Balance	
	\$ 2789.44						\$ 2789.44	
the NC General Statutes and is complete, true and correct	that no funds are co	mmingle	ed with proh by the No S	ibited or o	ther n	on-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report 5-7-2004	
FOR OFFICE USE ONLY Date Received:	5/ 5/2"		Employee:	1	<u></u> }		Delivery Method Normal Mail	
Date Postmarked:			Employee:				Registered Mail Hand Delivered Electronically Filed	
Date Scanned: Date Data Entered:			Employee:				Signer has not received mandatory training	
Please Note: This form		end com	nmittee infor oks informat	ion, or acc	ount i	information.	ess, treasurer, assistant treasure	r,

Disclosure Report Cover

Amendment

No

D

	Amen	dment	THE MOST THE TOTAL AND A sea has		
Detailed Summary		Yes		No	
Ise this form to summarize all disclosure reporting forms and to total monetary information.					

A Committee Full Name (and Fund if applicable) 2:1	ype of Report		3, ID Number
Committee to Elect Denise Wright Org	ganizational		
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
ANECETY'S	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$ 1450.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 6043.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 3250.00
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 Organizations	(CRO-1250)	\$	\$
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, 11c	l and 11e)	\$	\$ 10,743.00
JEXNESSES LIKES TO SEE SEE SEE SEE SEE SEE SEE SEE			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 20.79	\$ 7989.44
13b) Contributions to Candidates/Political Committees		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 2768.65	\$ 2768.65
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)	\$ 2789.44	\$ 10743.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 0.00	\$ 0.00
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)	\$	\$

~ .							Amendment	
		m Individuals	. ሰደር	Pg	1 of		Yes	☐ No
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1 A 16 A	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession Real Estate Broker		d. Comments	Fair 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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ľ	k Grove Rd			c. Employer's Name/Spe				
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						e. Election Su	ım to Date	
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	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	3	
	city, state, & zip)		eradi ying	Real Estate Broker		Ç	LEVELAN	o county
Mike Phi	ilbeck bor Way Dr		*	c. Employer's Name/Spe	soific Rield		1677	724 AMB:4
l.	NC 28150			Coldwell Banker Co		1		
Director, -	10 110 12 2			Real Estate	e. Election Sum to Date			
						\$	200.00	
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	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
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Lorene R 111 Ouai	ogers il Hollow Dr			c. Employer's Name/Spe	cific Field			
	ountain, NC 28086	6		Control of the Contro		-		
1					!	e. Election Su	ım to Date	
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4. Tota	l-only this Pag	e				\$		550.00

CRO-1210

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

BO

					Amendment	
Contributions from Individuals	Pg	_2	of	3_	Yes [N

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Denise Wright 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Sarah Faunce 301 Roxford Rd c. Employer's Name/Specific Field Kings Mountain, NC 28086 e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П **DMW** Cash 01/12/2024 \$ 50.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired David Faunce CLEVELAND COUNTY BOX 301 Roxford Rd c. Employer's Name/Specific Field MAY 7'24 AMB:4 Kings Mountain, NC 28086 e. Election Sum to Date \$ 50.00 f. Prior h. Form of Payment i. In-Kind Description g. Account Code j. Date (mm/dd/yyyy) k. Amount **DMW** Cash 01/12/2024 50.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Engineer Kale Meade 4407 Fallston Rd c. Employer's Name/Specific Field Shelby, NC 28150 **Duke Engineer** e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount DMW Check 01/12/2024 \$ 100.00 П \$ \$ 4. Total only this Page \$ 200.00

CRO-1210

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1450.00

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		m Individuals vidual contributions	240m \$50 o	P _E		_ of	3 1205 is no	Amendment Yes	☐ No
		and Fund if applica		r contributions un	der \$30 II I	oriii CK	2. ID Num		
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Jamie Pe									
929 Coll	•		· · · ·	c. Employer's Name/S					
Shelby, I	NC 28152			Farm Bureau/Insu	irance		e. Election Si	ım to Date	
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Rick Mo								LEVELAN MAY 7	D CUUNIT DA MA:A
104 Mon	tcliff Dr		-	c. Employer's Name/S	Specific Field			MHT	2-2 Hiller :
Kings M	oungtain, NC 2808	36					e. Election Si	im to Date	
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	ne, Mailing Address é city, state, & zip)	& Phone		b. Job Title/Profession Retired	n		d. Comments		
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Cherryvi	lle, NC 28021							- 7, ,	
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

700.00

1450.00

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DMW Check B 01/03/2024 DMW Check B 01/08/2024 4. Payee Information Add a. Full Name, Mailing Address & Phone (include city, state, & zip) GoBigPrint 616 S Morgan St C. Level Registered State Shelby, NC 28150 Federal State	2. ID Number
Committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) Committee to Elect Denise Wright 3. Type of Disbursement	2. ID Number
Committee Full Name (and Fund if applicable)	for each type of Disbursement.) mmittees
Committee to Elect Denise Wright 3. Type of Disbursement	for each type of Disbursement.) mmittees
3. Type of Disbursement Please use separate CRO=1310 forms Operating Expenses	Coordinated Party Expenditures Remove Memoittee Name d. Comments d (Specify) County: Municipality: e. Election Sum to Date \$ 2,670.89 Myyyy) j. Amount k. Required Remarks Signs
Operating Expenses	Coordinated Party Expenditures Remove Memoittee Name d. Comments d (Specify) County: Municipality: e. Election Sum to Date \$ 2,670.89 Myyyy) j. Amount k. Required Remarks Signs
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4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) GoBigPrint 616 S Morgan St Shelby, NC 28150 Federal State f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd)	\$1335.44
a. Full Name, Mailing Address & Phone (include city, state, & zip) GoBigPrint 616 S Morgan St Shelby, NC 28150 G. Level Registered State f. Account Code G. Form of Payment h. Purpose Code i. Date (mm/dd)	\$1335.45 Signs
(include city, state, & zip) GoBigPrint 616 S Morgan St Shelby, NC 28150 Federal State f. Account Code G. Level Registered State i. Date (mm/dd	Remove
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Shelby, NC 28150 Federal State State State I. Account Code G. Form of Payment h. Purpose Code i. Date (mm/dd	CLEVELAND COUNTY B d (Specify) MAY 7 '24 AM8:41
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DMW Check B 01/15/2024	l/yyyy) j. Amount k. Required Remarks
	\$512.40 Large Signs
	\$
4. Payee Information Add	Remove
a. Full Name, Mailing Address & Phone b. Coordinated Co	
(include city, state, & zip)	a. Comments
Zazzle.com	
c. Level Registered	d (Specify)
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	Municipality: e. Election Sum to Date
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd	Municipality: e. Election Sum to Date \$ 482.36
DMW Debit B 01/25/2024	\$ 482.36
	\$ 482.36
5. Total only this Page	\$ 482.36 /yyyy) j. Amount k. Required Remarks Campaign Cards
6. Total of ALL CRO-1310 Pages	\$ 482.36 (Vyyyy) j. Amount k. Required Remarks \$482.36 Campaign Cards

7. Purpose Codes (List detailed expenditure code in (h.) above)

J - Penalties

B* - Printing A* - Media F* - Equipment E - Salaries

C* - Fundraising G - Political Party K* - Office 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)

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

7989.44

I - Postage O* - Other

* Codes require detailed explanation in required remarks field (k) CRO-1310

					Amendment	
Disbursements	Pg	<u>2</u>	of	<u>4</u>	☐ Yes	Ne
			4:4-		didata/malitical	

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

The state of the s	ull Name (and Fun	d if applicable)			2. ID Number
	lect Denise Wright	CONTROL STRUCTURE OF THE WAR AND THE		AO INSOLUTION CONTRACTOR AND	
			RO-1310 forms for each ty		
Operating E	A CONTRACTOR OF THE PROPERTY O		didates/Political Committees		ordinated Party Expenditures
	ration	Section 2015	Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)				
GoBigPrint	٠.				
616 S Morgan S			c. Level Registered (Specify)	<u> </u>	
Shelby, NC 281	50		Federal 🔲	County:	77
			State	Municipality:	e. Election Sum to Date
					\$ 3,610.29
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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				\$	
4. Pavee Inform	ation		Add	Remove	
1,277,777,777	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Headrick					ANT POINTUI
One Freedom S	quare		c. Level Registered (Specify)		CLEVELAND COUNTY MAY 7 '24 AM8:44
Laurel, Mississi	ppi 39440		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 675.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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And the	ation		Add	- Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Westmoreland I					
2020 E Dixon B	Soulevard		c. Level Registered (Specify)		
Shelby, NC 281	50		Federal 🖂	County:	·
			State	Municipality:	e. Election Sum to Date
		·			\$ 2833.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Check	В	02/14/2024	\$1329.78	Mailer
DMW	Check	I	02/14/2024	\$1504.00	Mailer Postage
5. Total only th	s Page			in the second of	\$ 3935.78
	CRO-1310 Pages				
	line 13a of Detailed Sum				\$ 7989.44
_		· -) if Contrib to Candidates/Politica	-	7,303.11
	and the second s		if Coordinated Party Expenditur	res)	
7. Purpose Cod A* - Media	es (List detailed ex) B* - Printing	oenditure code in (C* - Fund		D - To Anothe	r Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		e Expenses		to Legal Expense Fund
O* - Other		According to the second consideration of the first second control of the second		医医牙囊囊管 医克克克氏 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	
* Codes requir	e detailed explanati	on in required re	marks field (k)		

Disbursemo	ents		Pg	3 of	Amendment 4 Yes No
Use this form to	report expenditures		ee for; operating expenses,	_	
	coordinated party ex			and the second second	
	ull Name (and Fundlect Denise Wright	d if applicable)			2. ID Number
	AND THE PROPERTY OF THE PROPER	ise use senarate C	RO-1310 forms for each to	vne of Disbursen	nent)
Operating Ex			didates/Political Committees		pordinated Party Expenditures
4. Payee Inform	THE RESIDENCE OF THE PARTY OF T		Add	Remove	
(include city, state,	ng Address & Phone & zip)		b. Coordinated Committee Na	ame	d. Comments
Facebook.com			T	The second state of the se	_
		-	c. Level Registered (Specify) Federal	County:	-
			State	Municipality:	e. Election Sum to Date
					\$ 30.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	A	02/16/2024	\$10.00	Ad Ad
DMW	Debit	A	02/20/2024	\$20.00	-
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, of Facebook.com	<u>& zip)</u>				a fuel am an mu
1 doctook.com		ļ	c. Level Registered (Specify)		CLEVELAND COUNTY MAY 7 '24 AH8:4
l			Federal 🛛	County:	BARES & April 1 to commun.
l]	State	Municipality:	e. Election Sum to Date
					\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	A	02/21/2024	\$15.00	Ad
DMW	Debit	A	02/26/2024	\$15.00	Ad
4. Payee Inform	the state of the s				
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, & Zazzle.com	& zip)				
Zazzio.com		t	c. Level Registered (Specify)		1
		ļ	Federal	County:	1
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					\$ 774.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	В	02/26/2024	\$292.13	Campaign Crds
		· 		\$	
5. Total only this					\$ 352.13
	CRO-1310 Pages line 13a of Detailed Sum	marv Page CRO-1100	if Onerating Expenses)		1221

7. Purpose Codes (List detailed expenditure code in (h.) above)

- 73	-	Media	
E	-	Salaries	

B* - Printing

C* - Fundraising

(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)

D - To Another Candidate

I - Postage

F* - Equipment
J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$

7989.44

O* - Other

* Codes require detailed explanation in required remarks field (k)

Disburseme		from the committee	Proper for; operating expense	_	of	4 candidat	Amendment Yes No
	coordinated party ex		to for, operating expens	cs, contr	ioutions to	Carraraai	o pontical
	ull Name (and Fun						2. ID Number
	lect Denise Wright						
3. Type of Disb	ursement <u>(Plea</u>	se use separate C	RO-1310 forms for eac	h type of	Disbursen	nent.)	
Operating E	xpenses	Contributions to Can	didates/Political Committees		C	oordinated	Party Expenditures
4. Payee Inform	ation		Add] Ren	nove:::		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committe	e Name		d. Com	ments
(include city, state,	& zip)						
Facebook.com				 			,
			c. Level Registered (Speci	_			
			Federal	=	•		
			State	Mun	icipality:	e. Elect	tion Sum to Date
						\$ 70	0.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. An	nount	k. Requ	uired Remarks
DMW	Debit	A	02/28/2024	\$3.8	38	Ad	
DMW	Debit	A	02/28/2024	\$6.1	13	Ad	
4. Payee Inform	ation		Add	Ren	nove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committe	e Name		d. Com	ments
(include city, state,	& zip)						
Facebook.com						_	
			c. Level Registered (Speci				
•			Federal	=	•		
			State	Mun	icipality:	e. Elect	tion Sum to Date
						\$ 80).79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. An	nount	k. Requ	uired Remarks
DMW	Debit	A	03/28/2024	\$10	.78	Ad	
				\$			

4. Payee Information Add Remove Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CLEVELAND COUNTY BO c. Level Registered (Specify) MAY 7'24 AH8:42 \boxtimes Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ 5. Total only this Page 80.79 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 7989.44 (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 A* - Media B* - Printing C* - Fundraising F* - Equipment E - Salaries 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)

1. Committee Firm	tement must accompany ear	ch loan that is from a	Pg <u>1</u> formation an individual			
Committee to Elect	Name (and Fund if applic Denise Wright	able)		2. ID Nu	mber	
3: Lender Informa		75)				
a. Full Name, Mailing A	101	☐ Add		1		
(include city, state, &	adress & Phone	b. Job Title	Profession		Remove	
Denise Wright	zip)		ate Broker12		d. Comments	
116 Quail Hollow D	\					
Kings Mountain, No	7. 2000c					
go Mountain, M	~ 48U8b	c. Employe	r's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
					01/02/2024	
					f. End Date (mm/dd/yyyy)	
g. Rate	h Committee District					
	h. Security Pledged	i. Account Cod	le j. Form of Pay	vment	I. A	
%		01		,	k. Amount	
Full Name of Lending I	nstitution		Check		\$ 3000.00	
				m. Loa	n Number	
_			-			
. Endorsers/Maker	4					
Full Name, Mailing Ad	i dress & Phone	rantee the loan.)				
(include city, state, & zi		b. Job Titl	e/Profession	0 Press		
tity, state, & 21	р)			C. Empi	loyer's Name/Specific Field	
		d. Percenta	nge			
				e. Amou	INE	
Full Name Made			%	\$		
Full Name, Mailing Add	ress & Phone	b. Job Title	Profession			
(include city, state, & zip)	7.00	A POLESSION	c. Emplo	yer's Name/Specific Field	
					CLEVELAND COUR	
		d. Percentag	ze		MAY 7 '24 AMB	
				e. Amoun	it	
ull Nome 37 "			%	\$		
ull Name, Mailing Addr	ess & Phone	b. Job Title/	Professio			
nclude city, state, & zip)		2. 300 THE/	LUIUSSION	c. Employ	yer's Name/Specific Field	
		d. Percentage				
				e. Amount		
II N			%	\$		
ıli Name, Mailing Addre	ss & Phone	b. Job Title/P			·.	
clude city, state, & zip)		b. Job Title/P	rotession	c. Employe	er's Name/Specific Field	
		ľ				
		d. Percentage		 		
		- cr centage		e. Amount		
w			%	\$		
the state of the s			/ U	ι Ψ		
otal of ALL CR	0-1410 Pares		Was good to receive an access			

Loan Proceeds

Amendment



CLEVELAND COUNTY

MAY 7'24 AM8:42

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	the committee's reports are filed.
•	Name of committee to receive loan: Committee to Elect Denise Wright
•	Person or committee to make loan: Denise Wright
•	Date of loan to committee: 1/2/2024
•	Name of lending institution (source):
•	Amount of loan: 3000.00
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
	guarantors):
•	Period of loan:
•	Rate of interest of loan:
•	Rate of interest of loan:
	Security pledged for loan:
	Penise Wright
	/Person locality
oro: hat	
7	has an outstanding balance to any source.
Δ	LIMISEL ING I
ig	nature of Lender
L	Pate Signed
igr	nature of Treasurer of Committee
RO-	Loan Proceeds Statement Date Signed
	Tocceus Statement

Contributions from Political Party Committees Use this form to report contributions from a political party Pg 1 of 1 Yes No

Committee to E	ull Name (and Fund Elect Denise Wright	Ekweinic):		2. I	D Number
3. Contributor	Information				
a. Full Name, Maili	ng Address & Phone	⊠ Add [Remove		
(include city, stat	e, & zip)			b. C	omments
NC REALTORS	SPAC				
4511 Waybridge	Lane				
Greensboro, NC	27407				
				c. Ele	ection Sum to Date
d. Account Code	e. Form of Payment			\$	6043.00
		f. In-Kind Description	g. Date (mm/dd/yy		h. Amount
DMW	Check				III Autourt
			01/23/2	2024	\$ 6043.00
					\$
					D .
3. Contributor In	L formasis				\$
a. Full Name, Mailing	Address & Phone	Add	Remove		
(include city, state,	& zip)		<u> </u>	b. Con	ıments
Account Code	e. Form of Payment	f. In-Kind Description	g. Date		
			(mm/dd/yyyy)	h. Amount
					\$
					\$
Control	245. A. S.				\$
Contributor Info Full Name, Mailing A	ormation	Add 🗍	Remove		MI Unit State (a company)
(include city, state, &	zip)			b. Comn	
			<u> </u>	v. Comm	ien(S
3,73,800,00					
,					
<u> </u>					n Sum to Date
	c. Form of Payment	f In Vind D	-	e. Electio \$	n Sum to Date
	e. Form of Payment	f. In-Kind Description	g. Date	\$	
	e. Form of Payment	f. In-Kind Description	-	\$	n. Amount
	e. Form of Payment	f. In-Kind Description	g. Date	\$	
	e. Form of Payment	f. In-Kind Description	g. Date	\$	n. Amount
Account Code	Page		g. Date	\$	1. Amount
Account Code Cotal only this Cotal of Alg.	Page		g. Date (mm/dd/yyyy)	\$	S S
Account Code Cotal only this Cotal of ALL (Page		g. Date (mm/dd/yyyy)	\$ 6	S S S O43.00
Cotal only this	Page		g. Date (mm/dd/yyyy)	\$ 6	s \$ \$



Political Party Executive Committee Exempt Sales Plan

CLEVELAND COUNTY E MAY 7 '24 AM8:42

Committee Name: Plan Description: Dates Covered: Treasurer Name: Treasurer Address: Treasurer Phone/FAX:	Committee to Elect Denise Wright NC Realtors PAC 01/23/2024 Sheila Spangler 110 Benjamin Court Shelby, NC 28152 704-418-2521	
--	--	--

Item Description Campaign Donation	Fair Market Value	Price Party will Charge	Quantity (maximum)	Anticipated Income (maximum)
				6043.00

I understand that no purchaser may make total purchases exceeding \$50. I further understand that the total amount raised from sales under all plans by this committee cannot exceed \$20,000 per election cycle.

I understand that the committee must disclose the number of items sold from this sale, the total amount raised from this sale, and the election cycle sum-to-date of all exempt sales on its next disclosure report (CRO-1265). I further understand that all in-kind contributions made to the committee for this sale must be disclosed on the committee's next disclosure report.

I certify that all of the information of the inform	ation provided is comple	te, true and correct. Signature of Treasurer
	Office Use O	nly
Approved	Denied	
Date Signed		
		SBOE Authorized Signature

CRO-2600

Party Exempt Sales Plan

			Amen	dment	
Forgiven Loans	Pg	 of		Yes	No
Use this form to report any loan which has been forgiven by the lender					

Use this form to report any loan which has been forgiven by the lender. A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number	
Committee to Elect Denise Wright		
3. Lender Information Add	Remove:	A representation of the second
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	CLEVELAND COUNTY E MAY 7"24 AH8:42
Denise Wright 116 Quail Hollow Dr	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
Kings Mountain, NC 28086	01/02/2024	\$ 3000.00
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$ 3000.00	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$ 231.35	\$ 231.35
3. Lender Information Add Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
(
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
3. Lender Information Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
4. Total only this Page	\$ 231.35	
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)	\$ 231.35	-
The lender information should contain the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information as supplied under the original contains the same information and the same information and the same information as supplied under the same information and the same information as supplied under the same information and the same informati	nal loan proceed.	

Loan	Repayments	
Loan	Itchallione	

Loan Repayments			Pg of	Yes No
Use this form to report payme				
1. Committee Full Name (an				2. ID Number
Committee to Elect Denise W	Vright		•	
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address & P	Phone			b. Comments
(include city, state, & zip)				CLEVELAND COINTUR
Denise M Wright				c, Original Loan Date
116 Quail Hollow Dr Kings Mountain, NC 28086				c. Original Loan Date
Kings Wountain, 14C 20000				1/2/2024
				d. Original Loan Amount
				\$ 3000.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 231.35		Check	04/12/2024	\$ 2768.65
\$				\$
3. Lender Information		Add	Remove	77 (1994)
a. Full Name, Mailing Address & P	hone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
3. Lender Information		∟ ≒ EL≗Add	 	
a. Full Name, Mailing Address & Pl	hone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
			•	·
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Page				\$ 2768.65
5. Total of ALL CRO-1	420 Pages			\$ 2768.65
(This line must be on line 15 of De	tailed Summary Page CRO-1100)			\$ 2768.65

Amendment



CLEVELAND COUNT BOMAY 7 '24 AM8:43

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Committee receiving loan: Committee to Elect Denise Wright

Name of Lender: Denise Wright

Date of loan:01/02/2024
Amount of original loan: 3000.00
*Amount of loan to be forgiven: 231.35
, Denise Wright , do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.
I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.
Leuse Wight Signature of Lander



Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

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

FILED BY:	A
Committee Name:	Committee to Elect Denise Wright
Treasurer Name:	Sheila Spengler
Treasurer Address:	110 Benjamin Court
(include city, state, & zip)	Shelby, NC 28152
	CLEVELAND COUNTY
	MAY 7 '24 AM8:4
Treasurer Phone:	704.418-2521

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

5-7-2024 Date Signed Alluseaux I

POF