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	n to update information	momation, must be	; Sigileu anu subi	milied along with our	ner detailed forms.  CI FUEL AND COUNTY			
1. Committee Information FEB 27 '24 6M 10:0								
a. Full Name			<u> </u>	<del></del>	c. ID Number			
Committee to Elect								
	lude City, State and Zip Code)				d. Date Filed			
116 Quail Hollow I	Dr Kings Mountain, NC 2808	36			02/27/2024			
					c. Phone Number			
	<del></del>	- A Posta		·	704-692-2859			
2. Report Year	3. Period Start Date (mm/d	4. Period (mm/dd/yy)		5. Treasurer Full N	Name			
2024	01/01/2024	<u> </u>	27/2024	Sheila Spangler				
6. Type of Commit		9. Type of Report		ly one type of report f	· · · · · · · · · · · · · · · · · · ·			
Candidate Camp	aign Party Referendum	Municipal Organizational	State/Co		Referendum			
Independent Expenditure	Joint Fundraiser	Thirty-five day	1 —	Organizational Quarterly	Organizational Pre-referendum			
Legal Expense F  7. Type of Fund	und (if applicable, check one)	Dea primary		#***A	<del>_</del>			
"Booster Fund"	(прирасионе, спеск оне)	Pre-primary Pre-election	<del> </del>	First Second	Final Supplemental Final			
Building Fund		Pre-runoff	ΙĦ	Third	Annual			
		Semi-annual		Fourth	Special Special			
		Mid Year		Semi-annual				
Other:		Year End	⁴ │片	Mid Year	10. Special Report Name			
8. Number of Fund	raisare this Ranget	∏ Final □ Special		Year End Final				
	0		=	Special				
11. Account Inform		<u> </u>	11. Account I					
a. Financial Institution	Full Name		a. Financial Insti	itution Full Name				
Fidelity Bank b. Purpose	c. Account Code	<del></del>	b. Purpose		c. Account Code			
Di a di poss			b. I at pose		C. Account Code			
l	01				]			
	d. Period Begin Balance		]		d. Period Begin Balance			
	\$ 250,00				\$ 250.00			
CERTIFICATION			<u>.                                    </u>	<del></del>	<del></del>			
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.								
FOR OFFICE USE C	Printed Name of Signer	Si	ignature of Appointe	ed Treasurêr	Date			
Date Received:	2.27.24	Émployee:	B	<u>,                                    </u>	Delivery Method Normal Mail			
Date Postmarke	d:	Employee:		<u> </u>	Registered Mail Hand Delivered			
Date Scanned:	<del></del>	Employee:		[	Electronically Filed Signer has not received			
Date Data Enter	ed:	Employee:		<del></del>	mandatory training			
Please Note: Thi	custodia	in of books informat	ion, or account i	information.	ss, treasurer, assistant treasurer,			
	You must amend the Staten	nent of Organization	1 (CRO-2100A-I	E) to make committed	e changes.			

### **Detailed Summary**

Amendment

Yes No

Detailed Summary	4		1.∟∟_ <u>¥</u>	es No				
Use this form to summarize all disclosure reporting forms and to total monetary information.  1. Committee Full Name (and Fund if applicable)  2. Type of Report  3. ID Number								
	Organizational		: 2. TIV TARIIII	<u> </u>				
Start of Election Cycle: January 1,  4) Cash on Hand at Start	2024	Total this Reporting Period	<u>i</u> Ele	Fotal this ection Cycle				
RECEIPTS		Ф	<u> </u>	:50:00				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$					
6) Contributions from Individuals	(CRO-1210)	\$ 1450.00		1450.00				
7) Contributions from Political Party Committees	(CRO-1220)	\$ 6043,00		5043.00				
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$					
9) Loan Proceeds	(CRO-1410)	\$ 3000.070		3250.00				
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$	7250.00				
11) Other Receipt Sources	(0.10-2240)	Ф	Ψ	· ·				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$					
11b) Contributions from Not-for-Profit Organization	ons (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)	<u>`</u> _	\$ 10,493.00		10,743.00				
EXPENDITURES	, Tru ana Tiej	Ψ 10,475.00		10,745.00				
13) Disbursements		1						
13a) Operating Expenditures	(CRO-1310)	\$ 7953.56	\$ 7	7953.56				
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		\$ 7953.56		7953.56				
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	-	\$ 2,539.44		2,789.44				
ADDITIONAL INFORMATION		ψ 2,337.44		3,703.44				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	February L	AL THE PROPERTY OF THE PROPERT				
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	\$						
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$						
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		CELOND COUNTY EB 27/24 AM1 D:0				
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)	\$	\$	l				

		n Individuals	ar ¢5(	Pg or contributions und	_1 of	<u>3</u>	Yes Yes	No No
		and Fund if applica		or contributions und	ei \$30 II Ioilii CK	2. ID Nui		·
	ee to Elect Denise		<i></i>	<u>, , , , , , , , , , , , , , , , , , , </u>		2.10 110	ilibet	
3. Contri	butor Informatio	 m	$\boxtimes$	Add 🗌 Rer	nove	·		
a, Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commep	EED ON	CGUSTAL
	city, state, & zip)			Real Estate Broker		`	FEB 27'	24 AM 10:05
Marvin B						-		]
	: Grove Rd ountain, NC 28086	<b>3</b>		c. Employer's Name/Sp Remax Select/Real		<del>-</del>		
Tames ivid	74114111, TVO 20000			Romax Boicos Roal	Little	e. Election	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	ind Description	j. Date (mm/dd/yy	/yy)	k. Amount	•
	DMW	Check			01/10/2	024	\$	250.00
				-			\$	
							\$	
	butor Informatio	<u> </u>		Add 🔲 Ren	nove	_		
	ie, Mailing Address &	& Phone	•	b. Job Title/Profession	d. Commen	ıts		
	city, state, & zip)	<u> </u>		Real Estate Broker				
Mike Phil	or Way Dr			c. Employer's Name/Sp	anifa Field			
Shelby, N	•			Coldwell Banker C		_		,
Dileiey, 1	.0 20130			Real Estate		e. Election	Sum to Date	
						\$	200.00	· <u>-</u>
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	-
	DMW	Check			01/12/2	023	\$	200.00
							s	
	ı						\$	
	butor Informatio			<del></del>	nove			
	ie, Mailing Address & city, state, & zip)	k Phone		b. Job Title/Profession Retired		d. Commen	<u>its</u>	
Lorene R		·•		Ketited				
	l Hollow Dr			c. Employer's Name/Sp	ecific Field	]		
Kings Mo	ountain, NC 28086	5						
						e. Election	Sum to Date	
<u> </u>						\$	100.00	<u> </u>
f. Prior	g. Account Code	h. Form of Payment	i, In-F	ind Description	j. Date (mm/dd/y)	yy)	k. Amount	
	DMW	Check		<u>,                                      </u>	01/23/2	024	\$	100.00
		·					\$	
				·		<del></del>	\$	
	only this Page					\$		550.00
	of ALL CRO	•				\$		1450.00
(This line	e nust be on line 6 of .	Detailed Summary Page C	CRO-1100	)				

		n Individuals		Pg	_2 of	3	Yes	No No		
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										
			ble)		-	2. ID Num	ber			
Committe	ee to Elect Denise	Wright								
	butor Informatio	<del></del>	$\boxtimes$		nove					
	ie, Mailing Address &	& Phone		b. Job Title/Profession Retired	·	d. Comment	SLEVELAN FEB 27	li (Tillaiti).		
Sarah Fau	city, state, & zip)			Retired			FEB 27	24 AM 1010		
301 Roxf				c. Employer's Name/Sp	ecific Field					
Kings Mo	ountain, NC 28086	5								
						e. Election Si	um to Date	<u> </u>		
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	DMW	Cash			01/12/20	024	\$	50.00		
							\$			
							s			
3. Contributor Information										
	ie, Mailing Address é	& Phone		b. Job Title/Profession	d. Comments		, 1			
(include David Far	city, state, & zip)			Retired						
301 Roxf				c. Employer's Name/Sp	ecific Field					
1	ountain, NC 28086	;								
				· ·		e. Election St	um to Date			
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	DMW	Cash			01/12/20	024	\$	50.00		
							\$			
							\$			
	butor Informatio				nove					
	ne, Mailing Address &	& Phone		b. Job Title/Profession	· .	d. Comments	5			
Kale Mea	city, state, & zip)	<u> </u>		Engineer						
4407 Fall				c. Employer's Name/Sp	ecific Field					
Shelby, N	IC 28150			Duke Engineer						
1						e, Election Si	um to Date			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Description	j. Date (mm/dd/yy	уу)	k. Amount	. :		
	DMW_	Check			01/12/20	024	\$	100.00		
			<u> </u>	• .			\$			
						1	\$			
	lonly this Page					\$	•	200.00		
5. Total	of ALL CRO	-1210 Pages		- ·	- -	\$		1450.00		
(This line	e must be on line 6 of .	Detailed Summary Page C	CRO-1100	)						

		n Individuals	<i>650</i>	·!!	Pg	_3 of	3.	Yes Yes	∏ No	
		vidual contributions o and Fund if applical		or contri	outions unde	er \$50 it torm CR	2. ID Num		<del></del>	
	ee to Elect Denise		<u>, , , , , , , , , , , , , , , , , , , </u>				2. 117 Num	iver		
3. Contri	ibutor Informatio	on .	$\boxtimes$	Add Remove			C	S FUEL AME	) COUNTY DO	
a. Full Name, Mailing Address & Phone					le/Profession		d. Comments	FFR 27	)- <del>COUNTY</del> BC 24 AH <mark>10:</mark> 05	Jł
	city, state, & zip)			Field Li	aison			<del></del>	- 11831A1A1A	
Jamie Pet	•									
929 Colle Shelby, N	•				er's Name/Sp ureau/Insura		-			
Sileiby, i	C 20132			''aiii b	arcaw msura	ance	e. Election Se	um to Date	<del></del>	
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount		
	DMV	Check				01/23/2	024	\$	100.00	
			<u> </u>					\$		
								\$		
3. Contri	butor Informatio	n	$\boxtimes$	Add	Ren	nove				
	ne, Mailing Address &	& Phone		b. Job Tit	b Title/Profession d. Comments			3		
	city, state, & zip)			-						
Rick Mod 104 Mont				A Feedan						
	oungtain, NC 2808	36		c. Employ	er's Name/Sp	ecilic Fleid				
1165 111	Jan.g 2000	.•					e. Election St	μm to Date		
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
	DMW	Check				02/02/2	024	\$	500.00	
								\$		
						İ		\$		
3. Contri	butor Informatio	n		Add	Ren	nove			.,	
	ie, Mailing Address ó	Phone			le/Profession		d. Comments	s		
	city, state, & zip)	-		Retired					ĺ	
Susan All	or Point Dr			e Employ	er's Name/Sp	ecific Field				
	le, NC 28021			C. Linipioy	er strame.op	COME PILIG				
·							e. Election St	ım to Date		
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
	DMW	Electronic				01/22/20	024	\$	00.001	
								\$		
								\$		
4. Total	only this Page	e			_		_ \$		700.00	
5. Total	of ALL CRO	-1210 Pages	·		-		\$		1450.00	
CTA: Day	annual ka an Ena CaC	D-1-11-1 C	DA 2100	,			ل ا		1770.00	

Loan Proceeds		Pg	<u>1</u> of		<u>,</u>   į	Yes No		
	t proceeds from a loan and loan e	ndorser's information						
	nent must accompany each loan t nme (and Fund if applicable)	mat is from an indiv		2. ID 1	Numh	app		
Committee to Elect D		<u> </u>		<u> 2. ID 1</u>	· · · · · · ·			
3. Lender Information	n	Add				Remove FEB 27 24 am 100 06		
a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Profess	sion			d. Comments 27 24 AM 10 06		
(include city, state, & zi	p)	Real Estate Bro	ker12					
Denise Wright								
116 Quail Hollow Dr						e. Start Date (mm/dd/yyyy)		
Kings Mountain, NC	28086	c. Employer's Nam	e/Specific Field			01/02/2024		
						F. Frid Data (mm/dd/mm)		
						f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Pay	ment		k. Amount		
%		01	Check			\$ 3000.00		
i. Full Name of Lending In	stitution .	<u>;</u>	·	m	. Loan	Number		
<u> </u>	·							
4. Endorsers/Makers	<u> </u>	he loan.)	**.					
a. Full Name, Mailing Add		b. Job Title/Prof	fession	c.	c. Employer's Name/Specific Field			
(include city, state, & zi	p)					ĺ		
						1		
		d. Percentage	d. Percentage			nt		
			۸	, 6				
			9/	6   \$				
a. Full Name, Mailing Add		b. Job Title/Prof	b. Job Title/Profession c			yer's Name/Specific Field		
(include city, state, & zij	p) -							
		d. Percentage		e.	e. Amount			
		<del></del>	0.	, ,		-		
			9/	6   \$				
a. Full Name, Mailing Add		b. Job Title/Prof	fession	c.	c. Employer's Name/Specific Field			
(include city, state, & zi	p)							
						•		
						i i		
		d. Percentage	<del></del>	-   e.	Amour	nt .		
				, ,		·		
			9/	6   S				
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	fession	C.	c. Employer's Name/Specific Field			
(include city, state, & zi	p)							
						1		
		d. Percentage	<u> </u>	e.	Amour	nt		
			9/					
	<del></del>							
5. Total of ALL C	RO-1410 Pages				s	3000.00		
(This line must be on line	e 9 of Detailed Summary Page CRO-110	70)			"	2030.00		



### **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.

	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						
•	Date of loan to committee:						
•	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):						
-							
•	Period of loan:						
•	Rate of interest of loan:						
	Security pledged for loan:						
Ι, ͺ	Denise Wright, acknowledge that all of the information, acknowledge that all of the information						
nr	ovided is complete, true, and accurate. I further understand I may not forgive a loan						
	at has an outstanding balance to any source.						
7	Unuse War 27/2024						
Si	gnature of Lender Date Signed						
7	Newsi wint 2/27/2024						
Si	gnature of Treasurer of Committee Date Signed						
CK	20-6100 Loan Proceeds Statement						

# Contributions from Political Party Committees Pg = I = 0

Amendment
Pg 1 of 1 Yes No

Use this form to report contributions from a political party	Use	this f	orm i	to re	eport	contribution	as from	а	political i	party
--	-----	--------	-------	-------	-------	--------------	---------	---	-------------	-------

1. Committee Ful Committee to Elec	l Name (and Fund if	<u></u>	2. ID Number							
Committee to Elec	ct Demse wright							AL FIRE	NID SOLD	Tu bar
3. Contributor In			Add		Ren	nove		CLEVELS ——FFR 2	ND COUN 7'24 AM 1	0:06 17 BUE
a. Full Name, Mailing (include city, state,							b. Com	ments		
NC REALTORS				-						
4511 Waybridge I									_	
Greensboro, NC 2	7407						c. Elect	ion Sum to Da	te .	
		_					\$	6043.00		i
d. Account Code	e. Form of Payment	f. In-Kind Description	n .			g. Date (mm/dd/yyyy	, · ')	h. Amount		ı
DMW	Check		_			01/23/20	024	\$ 6043	.00	
								\$		
						· <del>-</del> ·		\$		
3. Contributor In	formation		Add		Ren	növe				
a. Full Name, Mailing						-	b. Com	ments		
(include city, state,	& zip)	<u> </u>	<u></u>		<u> </u>					
							c. Elect	ion Sum to Dat	te.	
							\$		_	
d. Account Code	e. Form of Payment	f. In-Kind Description	n			g. Date (mm/dd/yyyy	<u>"</u>	h. Amount		
								\$		
			_					\$		
								\$		
3. Contributor In	<u> </u>		Add _		Ren	nove				
a. Full Name, Mailing (include city, state,		A - 1			_ ~:	,	b. Com	ments		
tineinde city, state,	∞ zip)	<del></del> .			-					
							<del></del>			
						-	<del></del>	ion Sum to Dat	ie	
		<del></del>				_	\$			
d. Account Code	e. Form of Payment	f. In-Kind Description	n.			g. Date (mm/dd/yyyy	)	h. Amount		
								\$		
								\$		
								\$		
4. Total only th	iis Page						\$	6043.00		
5. Total of ALI	L CRO-1220 Page	es					\$	6043.00		
(This line must be o	n line 7 of Detailed Summa	ry Page CRO-1100)	· · <u> </u>				φ	טט.כויטט		

CLEVELAND COUNTY BO FEB 27 '24 AM 10:06



## Political Party Executive Committee Exempt Sales Plan

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

Item Description	Fair Market Value	Price Party will Charge	Quantity (maximum)	Anticipated Income (maximum)
Campaign Donation				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 informat	ion provided is complete, t	Signature of Treasurer
	Office Use Only	
Approved	Denied	
Date Signed		SBOE Authorized Signature



#### Additional Exempt Sale Items:

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

Disbursem				Pg		<u>1</u> of	Amendment  3 Yes No
	report expenditures		e for; o	perating expense	es, co	ontributions to	candidate/political
	coordinated party ex		_				O ID Namban
1. Committee Full Name (and Fund if applicable)  Committee to Elect Denise Wright  2. ID Num							2. ID Number
		se use separat <u>e Ci</u>	DA 121	A forms for and	ti čina	a of Dichurson	nent)
3. Type of Disbut Operating E		Se use separate C1 Contributions to Can			u typ		oordinated Party Expenditures
4. Payee Inform		Conditions to Can	Add	onnear Communecs	<u> </u>	Remove	
	ng Address & Phone	<u> </u>		dinated Committee			d. Comments FEB 27 '24 AM 10 05
a. Fun Name, Mani (include city, state,			DI C001	·			FEB 27'24 AM 10 05
GoBigPrint	ex zipj						
616 S Morgan St			c. Level Registered (Specify)				┦
Shelby, NC 28150			Federal 🔀	_	County:		
D.10.03, 110 20.			Ħ	State -	=	Municipality:	e. Election Sum to Date
•			<u> </u>	<u> </u>		· - ·	\$ 2,670.89
		h. Purpose Code	1.5			7. 4	
f. Account Code	g. Form of Payment	-	1. Da	ite (mm/dd/yyyy)	Ť	j. Amount	k. Required Remarks Signs
DMW	Check	B	01/	/03/2024		\$1335.44 	
DMW	Check	В	01/08/2024			\$1335.45	Signs
4. Payee Inform	ation	. 🗆	Add	<u> </u>	]	Remove	
<del></del>	ng Address & Phone		b. Coor	dinated Committee	e Nan	ie	d. Comments
(include city, state, GoBigPrint 616 S Morgan S	& zip)		a Lava	Registered (Specif	R.)		-
Shelby, NC 281				Federal X	-	County:	-{
Sileiby, NC 261	50		State		и П	Municipality:	e. Election Sum to Date
						Trianspurity:	\$ 3,183.29
f. Account Code	g. Form of Payment	h. Purpose Code	i. Da	ate (mm/dd/yyyy)	Т	j. Amount	k. Required Remarks
DMW	Check	В	01/15/2024			\$512.40	Large Signs
	<u> </u>					<u> </u>	-
<u> </u>					!_	\$	
4. Payee Information			Add Remove				d. Comments
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name			ıe	d. Comments
(include city, state, Zazzle.com	& zip)	· <u></u>	}				
Zazzie.cum			c Lava	Registered (Specif	6A)		<del>-</del>
			c. Level Registered (Specify)  Federal County:			County'	-  I
		State		ב ר	Municipality:	e. Election Sum to Date	
			<u> </u>				\$ 482.36
f. Account Code	g. Form of Payment	h. Purpose Code	]   j. De	ate (mm/dd/yyyy)	$\neg$	j. Amount	k. Required Remarks
		-			一十	<u>-</u>	Campaign Cards
DMW	Debit	В	01/25/2024		_	\$482.36	
						\$	
5. Total only this Page					\$ 3665.65		
6. Total of ALL CRO-1310 Pages						_  [	
-	line 13a of Detailed Sun				ا ادرو		\$ 7953.56
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Co (This line goes in line 13c of Detailed Summary Page CRO-1100 if Co				•			
	_				aititri	25)	
	es (List detailed ex					i D. Ta Ana	ther Candidate
A*-Media B*-Printing C*-Fundraising D-To Another C  E - Salaries F*-Equipment G-Political Party H*-Holding Pul					ner Candidate		
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expe	ises			ion to Legal Expense Fund
	e detailed explanat	ion in required re	emarks	field (k)			

	report expenditures		e f	Pg or; operating expenses,	2 of contributions to		Amendment  Yes No  nte/political		
	coordinated party ex						2 ID Number		
	ull Name (and Fund	it applicable)	—	5 <u>5 2 3 90</u> 500		<u> </u>	2. ID Number		
	lect Denise Wright			-1310 forms for each t	ona of Dichuseas	náně l	0.5		
3. Type of Disb Operating E				ates/Political Committees			CLEVELAND COUNTY		
4. Payee Inform	<del></del>	Conditionations to Can	_	dd	Remove		**************************************		
	ing Address & Phone:	;		Coordinated Committee Na		d. Co	mments		
(include city, state,	1-								
GoBigPrint	24			Level Registered (Specify)		$\dashv$			
616 S Morgan S Shelby, NC 281			Ē	Federal 🖂	County:	┨			
Sileiby, NC 261	130		State Municipality:				e. Election Sum to Date		
					Trial notification.		3,610.29		
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
DMW	Check	В	_	01/27/2024	\$427.00	Sign	s		
					\$				
4. Payee Inforn	nation		Ā	.dd 🔲	Remove				
	ing Address & Phone		b. Coordinated Committee Name				mments		
(include city, state,	•		Г				ĺ		
Headrick	•		L			_	ļ		
One Freedom S	•		C.	Level Registered (Specify)					
Laurel, Mississippi 39440			Federal County:			<u> </u>			
			凵	State	Municipality:	e. Ek	ection Sum to Date		
						\$ 4	675.00		
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount		quired Remarks		
DMW	Check	A		01/31/2024	\$675.00	Billt	ooard 		
					\$		1111		
4. Payee Inform	nation		P	√dd	Remove				
a. Full Name, Mail	ing Address & Phone		Ь	. Coordinated Committee N	ame	d. Co	omments		
(include city, state,			1			ĺ			
Westmoreland	<b>-</b>		L	•		4			
2020 E Dixon Boulevard			<u>c.</u>	Level Registered (Specify)		-			
Shelby, NC 28150		<u>L</u>	Federal S	County:	- F1	ection Sum to Date			
			۲	State	Municipality:		2833.78		
f. Account Code	g. Form of Payment	h. Purpose Code	上	i. Date (mm/dd/yyyy)	j. Amount		quired Remarks		
DMW	Check	В	_	02/14/2024	\$1329.78	Mai	•		
DMW	Check	I		02/14/2024	\$1504.00	Mai	ler Postage		

5. Total only this Page 3935.78 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 7953.56 (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. G - Political Party H\* - Holding Public Office Expenses E - Salaries Q\* - Donation to Legal Expense Fund I - Postage J - Penalties K\* - Office Expenses O\* - Other \* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

Disbursem	ents		Pg	<u>3</u> of	Amendment 3 Yes No		
Use this form to			ee for; operating expenses,		<u> </u>		
	ull Name (and Fun	2. ID Number					
	lect Denise Wright	ан аррисано,		<u> </u>			
3. Type of Disb		se use separate C	RO-1310 forms for each t	vne of Disburse	ment.)		
Operating E		<del></del>	didates/Political Committees		oordinated Party Expenditures		
4. Payee Inform	<del></del>		Add $\square$	Remove	CLEVELAND CHINTY DO		
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N		CLEVELAND COUNTY BO d. Comments FEB 27'24 AM 10'06		
(include city, state,	••		_	·			
Facebook.com							
			c. Level Registered (Specify)	<u></u>	_		
			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 Inforn	nation		Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)	<u> </u>					
Facebook.com							
			c. Level Registered (Specify)		· <del></del>		
		Federal 🔀	County:				
			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	Α	02/26/2024 \$15.00		Ad		
4. Payee Inform	nation	. "	Add	Remove			
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N	lame	d, Comments		
(include city, state, & zip)			[				
Zazzle.com					_		
			c. Level Registered (Specify)		_		
			Federal 🖾	County:			
			State	Municipality:	e. Election Sum to Date		
				<u> </u>	\$ 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 Page					\$ 352.13		
6. Total of ALI	CRO-1310 Pages	nmary Page CRO-110	0 if Operating Expenses)				
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 7953.56		

(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 H\* - Holding Public Office Expenses E - Salaries F\* - Equipment G - Political Party J - Penalties K\* - Office Expenses Q\* - Donation to Legal Expense Fund I - Postage O\* - Other \* Codes require detailed explanation in required remarks field (k)