| Disclosure Report Cover | | | Amendment |
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| Use this form for general report and committee | information, must be signed a | and submitted along v | Yes No No with other detailed forms. |
| Do not use this form to update information. | | | |
| 1. Committee Information ************************************ | | la 1 | |
| a. Full Name | | 6.1 6.1 | D Number |
| The Committee 10 ERECT | t phonia on | verman | |
| b. Mailing Address (include City, State and Zip Code) | | [d.] | Date Filed |
| 1651 Wesson Rd | | | a-H-23 |
| Shelby NC 28152 | | or disable | ² hone Number |
| U | a l <u>ama, a di Palada, kana a di Adala</u> | | 54-477-4183 |
| 2-Report Year 3-Period Start Date (min/ad/y | i)) 4 Périod End Date immid | | |
| 2024 10-20-24 | | Famelal | 16Helatterson |
| 6. Type of Committee (Check One) | Allype of Report (ched/so) | | |
| Candidate Campaign Party M | Iunicipal State/Co | ounty Rel | erendum |
| PAC Referendum | | ganizational | Organizational |
| ☐ Independent Expenditure ☐ Joint Fundraiser☐ Legal Expense Fund | Thirty-five day Qu | arterly | Pre-referendum Final |
| Legal Expense runu | Pre-election | Second | Supplemental Final |
| 7. Type of Eund as (it applicable schools me) | Pre-runoff | Third | Annual |
| Booster Fund | Semi-annual | Fourth | Special |
| Building Fund | Mid Year Ser Year End | ni-annual | |
| Other: | Year End | Mid Year Year End | aspecial Report Names |
| 8. Number of Eunopalses this Report | Special Fin | | |
| O | | cial | |
| <u> </u> | material and the control of the cont | | |
| lesareequas in contentions | areas and because of the contract | ildreid Mars | |
| a. Financial Institution Full Name | a. Financial Insti | ildreid Mars | |
| | | ildreid Mars | |
| a. Financial Institution Full Name | a. Financial Insti | 160 vio 2(10); lution Full Name | ccount Code |
| a. Financial Institution Full Name Fidelity Bank | a. Financial Insti | 160 vio 2(10); lution Full Name | ccount Code |
| a. Financial Institution Full Name Fidelity Bank I. Purpose c. Account Code | a. Financial Insti b. Purpose | ito) vin (flo) ution Full Name | |
| a. Financial Institution Full Name Fidelity Bank I. Purpose c. Account Code Campaign d. Period Begin J | a. Financial Insti b. Purpose b. Balance | ito) vin (flo) ution Full Name | ccount Code eriod Begin Balance |
| a. Financial Institution Full Name Fidelity Bank I. Purpose C. Account Code d. Period Begin 1 \$ 7250 | a. Financial Insti b. Purpose b. Balance | ito) vin (flo) ution Full Name | |
| a. Financial Institution Full Name Fidelity Bank i. Purpose c. Account Code Campaign d. Period Begin 1 \$7250 | a. Financial Insti b. Purpose し Balance | ution Full Name c. A d. P | eriod Begin Balance |
| a. Financial Institution Full Name Fidelity Bank i. Purpose c. Account Code d. Period Begin I \$ 7 250 CERTIFICATION I certify that the Committee or Fund is in compliance of the NC General Statutes and that no funds are co | a. Financial Insti | c. A d. P for Article 22A, 22B & er non-disclosed funds. | eriod Begin Balance 22D-22M of Chapter 163 |
| a. Financial Institution Full Name Fidelity Bank i. Purpose c. Account Code Campaign d. Period Begin 1 \$7250 | a. Financial Insti | c. A d. P for Article 22A, 22B & er non-disclosed funds. | eriod Begin Balance 22D-22M of Chapter 163 |
| a. Financial Institution Full Name Fidelity Bank I. Purpose c. Account Code d. Period Begin I \$ 7 250 CERTIFICATION I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are coreport is complete, true and correct and that I have | a. Financial Insti | c. A d. P for Article 22A, 22B & er non-disclosed funds. | eriod Begin Balance 22D-22M of Chapter 163 I further certify that this |
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| a. Financial Institution Full Name Fidelity Bank i Purpose c. Account Code One d. Period Begin I \$ 7 250 CERTIFICATION I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are coreport is complete, true and correct and that I have the form of Name of Signer FOR OFFICE USE ONLY Date Postmarked: | a. Financial Institution b. Purpose b. Purpose ce with all applicable provisions ommingled with prohibited or other been trained by the NC State Box Signature of Appointed Employee: Employee: | c. A d. P \$ of Article 22A, 22B & er non-disclosed funds, ard of Elections. Treasurer Deliver Not Reg | eriod Begin Balance 22D-22M of Chapter 163 I further certify that this / 2 - / 0 - 2 + Date y Method mal Mail gistered Mail and Delivered |
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| a. Financial Institution Full Name Fidelity Bank i Purpose c. Account Code One d. Period Begin I \$ 7 250 CERTIFICATION I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are coreport is complete, true and correct and that I have the form of Name of Signer FOR OFFICE USE ONLY Date Postmarked: | a. Financial Institution b. Purpose b. Purpose ce with all applicable provisions ommingled with prohibited or other been trained by the NC State Box Signature of Appointed Employee: Employee: | c. A d. P s of Article 22A, 22B & er non-disclosed funds. ard of Elections. Treasurer Deliver Not Reg Har Election | eriod Begin Balance 22D-22M of Chapter 163 I further certify that this / 2 - / 0 - 2 + Date y Method mal Mail gistered Mail and Delivered |
| a. Financial Institution Full Name Fidelity Bank i Purpose c. Account Code Campain d. Period Begin I \$ 7 250 CERTIFICATION I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are coreport is complete, true and correct and that I have brinted Name of Signer FOR OFFICE USE ONLY Date Received: 12 10 24 Date Postmarked: Date Scanned: Date Data Entered: | a. Financial Institution b. Purpose b. Purpose ce with all applicable provisions on the prohibited or other been trained by the NC State Box Signature of Appointed Employee: Employee: Employee: Employee: | c. A d. P \$ of Article 22A, 22B & er non-disclosed funds, ard of Elections. Treasurer Deliver Not Elections Sigmat | eriod Begin Balance 22D-22M of Chapter 163 I further certify that this 1 |
| a. Financial Institution Full Name Fidelity Bank i Purpose c. Account Code a. Period Begin I \$ 7 250 CERTIFICATION I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are coreport is complete, true and correct and that I have Printed Name of Signer FOR OFFICE USE ONLY Date Received: 12 10 24 Date Postmarked: Date Data Entered: Please Note: This form cannot be used to | a. Financial Institution b. Purpose b. Purpose ce with all applicable provisions on the prohibited or other been trained by the NC State Box Signature of Appointed Employee: Employee: Employee: Employee: | c. A d. P \$ of Article 22A, 22B & er non-disclosed funds. ard of Elections. Treasurer Deliver Non Reg Har Elections Signaring such as the committed t | 22D-22M of Chapter 163 I further certify that this / 2 - 10 - 24 Date y Method cmal Mail clistered Mail and Delivered ctronically Filed her has not received adatory training ee address, treasurer, |

Amendment

Amendment

Yes No

| | | Report 3: I | D Number |
|-----------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| The Committee to Elect Gloria Sherm | Organ | izational | |
| Start of Election Cycle: January 1, 2024 | | Total this . Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$7250,49 | \$ |
| RECEIPTS | | er production of the control of | 表。在是是是 |
| 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 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) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, | lld and lle) | \$ 0 | \$ |
| EXPENDITURES | | de la marcha de la companie de la co | raceura apparentation of |
| 13) Disbursements | nan nyaétahan kahanan 1888 da 1888. | | |
| 13a) Operating Expenditures | (CRO-1310) | \$7250.49 | \$ |
| 13b) Contributions to Candidates/Political Committees | (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, 1 | 5, 16 and 17) | \$7250.49 | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sul | | | \$ |
| 13 6 6 6 7 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (CRO-1330) | | |
| 20) Non-Monetary Gifts Given to Other Committees | air each | | |
| 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) | \$ | d. |
| 25) Administrative Support | (CRO-1710) | \$ | \$ |
| 26) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum 28) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

CRO-1100.

NC State Board of Elections

CLEVELÂND COUNTY BO DEC 10'24 AM8:23

| | 1 | | 1 | Amendment | |
|----|---|----|---|-----------|----|
| Pg | | of | 4 | ☐ Yes | No |

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

| committees and cou | | | | | | · | |
|---------------------------|-----------------------------------------------|----------------------|------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | Name (and Fund | | | | | 2.ID Number | 7 |
| the Commi | Hee To F | Elect G | low | | hermar | | |
| | | | | _ | | | 4 |
| Operating Expense | es Con | tributions to Candid | ater/Delie | col Committee | | ursement.) | .1 |
| 4. Payee Informat | | | | | | rdinated Party Expenditures | 4 |
| a. Full Name, Maili | Charles and Charles being the | one | | Add B | And the man was a second a second | | 1 |
| (include city, state, & 2 | | one. | | D. Coordinate | ed Committee Name | d. Comments | 1 |
| The Bay | | 75 | | | | | 1 |
| | | | · | c. Level Regis | stered (Specify) | | 1 |
| 319 N. | catagette | ~ St. | | Federal | County: | | |
| Shelby | νις , , | | | ☐ State | | lity: e. Election Sum to Date | 1 |
| Orucia | 9%. | 150 | | | · · · · · · · · · · · · · · · · · · · | the strategic and the strategic control of the | 1 |
| | | <u> </u> | | | | \$ 1260,00 | |
| | Form of Payment | h. Purpose Code | W-177-MAIL MARKA | | j. Amount | k. Required Remarks Thy Er | 1 |
| 01 | theck | T | 141 | -24 | 20.00 slav | campaign | I |
| | | | Γ | | \$ | | 1 |
| 4. Payee Informati | on the second | | | | Remov ė | | -1 |
| a. Full Name, Mailing | | | | | d Committee Name | The state of the s | -{ |
| (include city, state, & | | | | o, condinate | - Commune Name | u. Comments | |
| | | Rand | ********** | | | | |
| The Upton 931 mm | | | | c. Level Regis | tered (Specify) | | 1 |
| | | | | Federal | County: | | |
| Rock Hi | m'2c | | | State | ☐ Municipa | ity: e. Election Sum to Date | 1 |
| TOUR IT | | 24125 | ` | | | \$2300,00 | |
| Annual Cuda Tar | Command Downst | h Dumas Cal | | L | | | 1 |
| 1- | Form of Payment | h. Purpose Code | | nm/dd/yyyy) | j. Amount | k. Required Remarks Thank you party | 1 |
| 0/ 0 | heck | 4 | 11- | 5-24 | \$500,00 | for Campaign | l |
| 01 0 | Sheck | I | 11-2 | 46-E | \$ 800,00 | Thank you partn | 1 |
| 1. Payee Informati | | _ | | editorereses and many | Remove | for Campenon V | ł |
| . Full Name, Mailing | | | | e realization | d Committee Name | d. Comments | -{ |
| (include city, state, & | | | | or con minate. | - Committee 148186 | G. Considerts | |
| | 1 - | | | | | | |
| laste of | r office la | rwe | | c. Level Regist | tered (Specify) | | 1 |
| 510W. | Graver | St. | | Federal | County: | | J |
| | | | | State | Municipal | ity: e. Election Sum to Date | |
| Quelby | UC 38 | 120 | | | | \$3295,50 | |
| 0 | | h. Purpose Code | 1 D-4 : / | | I Amount | | 1 |
| 1 | form of Payment Le K | n. rurpose Code | | nm/dd/yyyy) | 1. Amount \$32,95,5∞ | k Required Remarks—Kypu | 1 |
| 01 0 | ruce | <u> </u> | 11-9. | 3-24 | シングイン・マン | party tor campaign | Į |
| | | | | | \$ | . 0 | |
| . Total only this P | age - s = section | Mark St. All St. Co. | | | | \$6855.56 |] |
| . Total of ALL CI | | | | | | 16.5 | 1 |
| This line goes in line | and the continued from an about the areafted. | mary Page CRO-11 | 00 if Oner | ating Expenses | ;) | \$ 7250.49 | |
| (This line goes in line | | | | | | 3 1200.11 | |
| (This line goes in line | | | | | | | |
| . Purpose Code | | | The same of the party of the party | Colonia Colonia Service Colonia Colonia | | |] |
| A* - Media | B* - Printin | | | indraising | D - To A | Another Candidate | 1 |
| E - Salaries | F* - Equipn | _ | | itical Party | H* - Ho | lding Public Office Expenses | 1 |
| I - Postage | J - Penaltie | | | ffice Expens | | nation to Legal Expense Fund | rai mty |
| O* Other | | | | | | CLEVELHUD | MA AMB: |
| * Codes require de | etailed explanation | | | | | | r ''''- " |
| CRO-1310 | | NC S | State Boar | d of Elections | | December 2009 | |

| Disbursements |
|----------------------|
|----------------------|

| | \sim | | | Amendment | |
|----|--------|----|----------|-----------|------|
| Pg | 7 | of | <u>a</u> | ☐ Yes | ☐ No |

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

| 1. Committee | Full Name (and Fun | d if applicable). | The state of the s | | | | 2. ID Number |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| The Con | mittee to | Flect & | pri | a 81 | rema | | |
| | oursement <u>(Please</u> | | • | | | | moni |
| Operating Exp | penses | ntributions to Candid | ates/Politi | cal Committee | | | ted Party Expenditures |
| 4. Payee Inform | | | | | Remove | | Martin Dispersion and Company |
| a. Full Name, N | Mailing Address & Ph | one | | | ed Committee N | ame | d. Comments |
| (include city, state | , & zip) | 4 | | TO STATE A SERVICE STREET, STR | | | and the second s |
| Irac | tor Sux | oplu | | | | | |
| 1-2- | Carlo | 1 1 | | | stered (Specify) | | |
| M20 | Earl R | W ' | | Federal | Coun | | |
| Sheel | hw NC | 2815 | ~ | State | L Muni | cipality: | e. Election Sum to Date |
| | 0 | 2015, | 7 | | | | \$ 263.08 |
| f. Account Code | A | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k, R | equired Remarks |
| 01 | Debet | I | 11-2 | 3-24 | 30.525 | 8 Ka | spanetor heaters |
| | | | | | \$ | C | x the Dalant K |
| 4. Pavee Inform | nation ** *** | | | Add | Remove A | | TRALLADURANT |
| | ling Address & Phone | | | | ed Committee N | | d. Comments |
| (include city, sta | - | | | | | | |
| 1 1 | 1 | The second state of the second | | | | | |
| Dod | wor | \bigcirc | | c. Level Regi | stered (Specify) | | |
| (523 | Celarette | C8+ | | Federal | 🔼 Count | - | |
| 50.00 | | 7 | | L State | Munic | cipality: | e. Election Sum to Date |
| SURING | \sim \sim \sim | 12129 | | | | | \$ 131,91 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i Dete (| l nm/dd/yyyy) | 1. Amount | l D | auired Pemants |
| 10 | Debet | | 1 | | | | equired Remarks |
| • | anner | <u> </u> | 19- | 1-24 | \$131,41 | Ce | mmatter Meeting |
| | | | | | \$ | | q |
| 4. Payee Inforn | The state of the s | e name po des | | Add 🌬 🗆 | Remove | | |
| • | ing Address & Phone | | | b. Coordinate | ed Committee Na | ıme | d. Comments |
| (include city, sta | te, & zip) | | | | | | |
| | | | | - Y -w-l Dl- | 4 | | |
| | | | | Federal | stered (Specify) Count | v. | |
| | | | | State | | ' L | e. Election Sum to Date |
| | | | | | | | A CONTRACTOR OF CONTRACTOR CONTRA |
| | , | | اا | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (n | nm/dd/yyyy) | j. Amount | k. Re | quired Remarks |
| | | | | | \$ | | |
| | | | | - " | \$ | | |
| 5. Total only th | is Page # 12 = 2 ex 15 | | | | | | \$ 394.99 \$ 7250.49 |
| | CRO-1310 Pages | | | | | | |
| - 4% as bringer that is undertained in the line | line 13a of Detailed Sum | mary Page CRO-11 | 00 if Oper | ating Expense | s) | | 677501D |
| , | line 13b of Detailed Sum | | | | | ım) | · 1000,71 |
| (This line goes in | line 13c of Detailed Sum | mary Page CRO-11 | 00 if Coor | dinated Party | Expenditures) | | |
| 7. Purpose Co | odes @(List detalled | expenditure code | in (h.) | abov e) Liver | | | |
| A* - Media | B* - Printin | | | ndraising | | | ner Candidate |
| E - Salaries | F* - Equipn | nent | G - Pol | itical Party | Н* - | Holdin | g Public Office Expenses |
| | | | | | | _ | · |
| I - Postage O* Other | J - Penaltie | | | ffice Expens | | Donati | on to Legal Expense Fund |



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: | | | | -6 | |
|-----------------------------------------|--------------------------------------------------|---------|-------------|--------|---------|
| Committee Name: | The Con | mittee | To Flect | Gloria | Sherman |
| Treasurer Name: | tamela | Wolfe | Patter | sal | |
| Treasurer Address: | 1309 Li | nton Ba | rnett Sv. P | ۲, | |
| (include city, state, & zi _l | P) Shell | bex NC | 28152 | | |
| | - | 0 | | | |
| | AND THE RESIDENCE OF THE RESIDENCE AND RESIDENCE | | N. | | |
| Treasurer Phone: | 704-4 | 172-22 | 34 | | |
| | | | | | |

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.

12-10-24 Date Signed Come la Wölfe Catterson

CLEVELAND COUNTY DEC 10 '24 AMB: