

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 to update information.

Amendment
☐ Yes ☐ No

1. Committee Information	
a. Full Name <u>The Committee to Elect Gloria Sherman</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>1651 Wilsson Rd</u> <u>Shelby NC 28152</u>	d. Date Filed <u>12-14-23</u>
	e. Phone Number <u>704-477-4183</u>

2. Report Year <u>2024</u>	3. Period Start Date (mm/dd/yy) <u>2-19-24</u>	4. Period End Date (mm/dd/yy) <u>10-19-24</u>	5. Treasurer Full Name <u>Pamela Wolfe Patterson</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ PAC	☐ Referendum	☐ Organizational	☒ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly
☐ Legal Expense Fund		☐ Pre-primary	☐ First
		☐ Pre-election	☐ Second
		☐ Pre-runoff	☐ Third
		☐ Semi-annual	☐ Fourth
		☐ Mid Year	☐ Semi-annual
		☐ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report <u>0</u>			

11. Account Information		12. Account Information	
a. Financial Institution Full Name <u>Fidelity Bank</u>	a. Financial Institution Full Name	b. Purpose <u>Campaign</u>	b. Purpose
b. Purpose	c. Account Code <u>01</u>	c. Account Code	d. Period Begin Balance <u>\$8693.59</u>
	d. Period Begin Balance		

CERTIFICATION

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.

Pamela Wolfe Patterson
Printed Name of Signer

Pamela Wolfe Patterson
Signature of Appointed Treasurer

10-28-24

FOR OFFICE USE ONLY

Date Received: 10/28/24
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: T. Seen
Employee: _____
Employee: _____
Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes

☐ 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
The Committee to Elect Gloria Sherma		Organizational	
Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8693.59	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 6100.00	\$
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, 11d and 11e)		\$ 6100.00	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 7543.10	\$
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, 15, 16 and 17)		\$ 7543.10	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1250.49	\$
ADDITIONAL INFORMATION			
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)		\$	\$

CLEVELAND COUNTY BOE
OCT 28 '24 AMB 54

Contributions from Individuals

Pg 1 of 1

Amendment
☐ Yes ☐ 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	
The Committee to Elect Gloria Sherman					-	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donna R. Ketron 136 Eagles Terrace Shelby NC 28150			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Educator		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	01	Check		8-26-24	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jim Beason 209 Wall Ave Boiling Springs, NC 28017			Business Owner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Piedmont LLC		\$ 6000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	01	Check		9-23-24	\$ 6000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 6100.00	
5. Total of ALL CRO-1210 Pages					\$ 6100.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Disbursements

Pg 1 of 4 Amendment ☐ 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 Fund if applicable) The Committee to Elect Gloria Sherman						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dirt Cheap Signs 6706 Lohman Ford Rd Lago Vista, TX 78645				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$1678.12	
f. Account Code 01	g. Form of Payment Check	h. Purpose Code B	i. Date (mm/dd/yyyy) 7-31-24	j. Amount \$1678.12	k. Required Remarks Signs		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Canva Pro 3212 Cesar Chavez St Austin, TX 78702				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$287.99	
f. Account Code 01	g. Form of Payment Debit	h. Purpose Code A	i. Date (mm/dd/yyyy) 8-5-24	j. Amount \$119.99	k. Required Remarks campaign program		
01	Debit	B	8-28-24	\$168.00	Campaign cards		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Pensxpess 1070-H Route 34 #196 Matawan, NJ 07747				b. Coordinated Committee Name		d. Comments CLEVELAND COUNTY BOE OCT 28 '24 11:55	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$320.25	
f. Account Code 01	g. Form of Payment Debit	h. Purpose Code B	i. Date (mm/dd/yyyy) 8-28-24	j. Amount \$320.25	k. Required Remarks Campaign pens		
5. Total only this Page						\$2286.36	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$7543.10	
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		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)							

Disbursements

Pg 2 of 4 Amendment ☐ 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 Fund if applicable)						2. ID Number	
The Committee to Elect Gloria Sherman							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Turner Graphics 1507 Springfield Rd Boiling Springs, SC 29316							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☒ County: ☐ State ☐ Municipality:		\$1891.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit	B	8-28-24	\$1891.90	Campaign magnets, stickers		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Amazon							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$99.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit	Other	9-8-24	\$99.21	Campaign supplies		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Food Lion 1523 Lafayette St. Shelby NC 28152						CLEVELAND COUNTY BOE OCT 28 '24 AMB:55	
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$17.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit	Other	9-14-24	\$17.29	Campaign - Caesar craft fair		
5. Total only this Page						\$2008.40	
6. Total of ALL CRO-1310 Pages						\$7543.10	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		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)							

Disbursements

Pg 3 of 4 Amendment ☐ 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 Fund if applicable) The Committee to Elect Gloria Sherman						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Go Big Print PO Box 248 Shelby NC 28151				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 800.63	
f. Account Code 01	g. Form of Payment Check	h. Purpose Code B	i. Date (mm/dd/yyyy) 9-11-24	j. Amount \$800.63		k. Required Remarks Signs	
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tractor Supply 630 Earl Rd Shelby NC 28152				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 288.81	
f. Account Code 01	g. Form of Payment Debit	h. Purpose Code Other	i. Date (mm/dd/yyyy) 9-21-24	j. Amount \$ 288.81		k. Required Remarks Supplies for signs	
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) KP's Southern Kreations Kings Mountain NC 28086				b. Coordinated Committee Name		d. Comments CLEVELAND COUNTY BOE OCT 28 '24 AM 8:55	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 340.00	
f. Account Code 01	g. Form of Payment check	h. Purpose Code B	i. Date (mm/dd/yyyy) 10.9.24	j. Amount \$ 340.00		k. Required Remarks Shirts	
5. Total only this Page						\$1429.44	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 7543.10	
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		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).							

Disbursements

Pg 4 of 4 Amendment ☐ 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 Fund if applicable) <u>The Committee to Elect Gorie Sherman</u>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) ☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Facebook</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date <u>\$26.40</u>	
f. Account Code <u>01</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>9-23-24</u>	j. Amount <u>\$26.40</u>	k. Required Remarks <u>Campaign Facebook Post</u>		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Community First Media</u> <u>503 N Lafayette St</u> <u>Shelby NC 28150</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date <u>\$1192.50</u>	
f. Account Code <u>01</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>10-14-24</u>	j. Amount <u>\$1192.50</u>	k. Required Remarks <u>Campaign Ads</u>		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>KTC Advertising Inc</u> <u>Cherryville, NC 28021</u>				b. Coordinated Committee Name		d. Comments <u>CLEVELAND COUNTY BOE</u> <u>OCT 28 '24 11:55</u>	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date <u>\$600.00</u>	
f. Account Code <u>01</u>	g. Form of Payment <u>Debit</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>10-15-24</u>	j. Amount <u>\$600.00</u>	k. Required Remarks <u>Campaign Radio Ads</u>		
5. Total only this Page						<u>\$1818.90</u>	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						<u>\$7543.10</u>	
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		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)							