Disclosure Repor	t Cover				Amendment
Use this form for general i	report and commit	tee information,	must be signed	and submitted	d along with other detailed forms.
7.11 20 61	citte information.		0		a along with other detailed forms.
1. Committee Information. Full Name	n			90 g 1 g 1 700	
The second secon	1 7 7	00	Light Well Assemble		c. ID Number
The Committee	to Elect	Cloria	Shern	an	
. Mailing Address (include Ci	ty, State and Zip Cod	le)			d. Date Filed
1651 Wess	son Rd				12-14-23
Shellongn	C 281	57			e. Phone Number
V					704-477-4183
Report Year 3. Period	Start Date (mm/de	d/yy) 4. Period	End Date (mm/	dd/yy) 5. Trea	asurer Full Name
3033 12-14-	10-10	12-20		tan	ela Wolfe Patterson
Type of Committee (Cl. Candidate Campaign	The second secon	9. Type of Re	port (check on	ly one type of	report from one category)
PAC Candidate Campaign	Party	Municipal	State/C	County	Referendum
	Referendum	Organization	9-1	rganizational	Organizational
Independent Expenditure	Joint Fundraiser	☐ Thirty-five d	ay Qu	uarterly	Pre-referendum
Legal Expense Fund		☐ Pre-primary		First	☐ Final
TO ON		Pre-election		Second	Supplemental Final
	icable, check one)	☐ Pre-runoff		Third	Annual
Booster Fund		Semi-annual		Fourth	☐ Special
Building Fund		☐ Mid Ye	ar Se	mi-annual	
_		Year Er	nd 🔲	Mid Year	10. Special Report Name
Other:		☐ Final		Year End	To opecial Report Name
Number of Fundraisers	this Report	Special	☐ Fir		1
			□ sp		
. Account Information	The Sale (Visitoria)	ALL CANADA CONTRACTOR	11. Account I		THE TYPE HOPEN CALLS AND ADVISOR OF THE PARTY.
Financial Institution Full Na	ne		a. Financial Inst		
Fidelity Bar	1K		in i mancian mac	reaction Full (vall	le
Purpose	c. Account Co	do	L D.		THE CANAL
THE RESIDENCE OF THE PARTY OF T	c, Account Co	uc	b. Purpose	Tablita o tou	c. Account Code EVEL HIND U-
					DEC ZO ZO
ampaign	d. Period Begi	n Palanas			
		n balance			d. Period Begin Balance
	\$ (	0			\$
ERTIFICATION	/		San Mara 1879	TABLE EXPENSE	
certify that the Committee	or Fund is in compli	ance with all appl	icable provisions	of Article 22 A	, 22B & 22D-22M of Chapter 163
of the NC General Statutes a	nd that no funds are	commingled with	prohibited or of	her non-disclos	ed funds. I further certify that this
report is complete, true and	correct and that I have	ve been mained by	the NC State Bo	erd of Election	ed funds. I further certify that this
> 0	1.1		me tre buile by	of Election	3.
tanela wother	allerson	( Ans	a looble:	Jaller	13-20-23
Printed Name of		Sin	nature of Appoint	d Transupan	
OR OFFICE USE ONLY		318	тите от трронци	o ricasulei	Date
	12 2		(0)		Dolivona Mathad
Date Received:	16.00-23	_ Employ	yee: U		Delivery Method
					Normal Mail
Date Postmarked:	AND THE RESERVE	Employ	yee:		Registered Mail
			7		Hand Delivered
Date Scanned:	100	Employ	vee:	/	Electronically Filed
Date Data Entered:	With the chart	_ Employ	/ee:		Signer has not received mandatory training
Please Note: This for	m cannot be used	to amond	ittaa i-f		mandatory training
- 1010. Tills 101	in camot be used	to amena comm	intee informatio	on such as the	committee address, treasurer,
ass	stant treasurer, cus	stodian of books	s information, o	r account info	rmation.
You must an	nend the Statement	of Organization	(CRO-2100A-	E) to make co	ommittee changes.

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)			ID Number
The Committee to Elect Gloria Sherma	wood	Total this	75.4.141
Start of Election Cycle: January 1,		Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS	Nev 1 to 1 pri	AND WILLIAM PORTOR	Att I Amy and I through
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)	\$ 25.00	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	S
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	s
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		\$ 25,00	\$
EXPENDITURES		termination constrained	
13) Disbursements	21 10 10 10 10 10 10 10 10 10 10 10 10 10		
13a) Operating Expenditures	(CRO-1310)	\$ 25.00	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	s CLEVELAND COU
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$ DEC 20 '23 FK
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	s
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 25.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	\$
ADDITIONAL INFORMATION	i in combail		a the market state of the
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)	\$	STATE OF THE STATE
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)	\$	\$

Loan Proceeds			Pg o	f	Amendment	
Jse this form to report proceeds from a loan a	and loan endor	ser's informa	ntion		Yes No	
loan proceeds statement must accompany ea. Committee Full Name (and Fund if appli	ach loan that is	from an inc	lividual			
			A THE STATE OF THE STATE OF	48.000	2. ID Number	
the Committee to Elect	Oloria	Her	man			
Lender Information		Add	Remove			
Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	/Profession	0	. Comments	
Gloria Sherman		Fduc	alor			
THE RESERVE TO SERVE THE PARTY OF THE PARTY				e	. Start Date (mm/dd/yyyy)	
1651 Wesson Rd		c. Employer's Name/Specific Field			12-14-23	
Shelber NC 28152		Ret	ired	_	End Date (mm/dd/yyyy)	
Rate h. Security Pledged	i. Acco	unt Code	j. Form of Payme	nt	k. Amount	
%	O	1	Check		\$ 25,00	
Full Name of Lending Institution			Check		Loan Number	
				"	. Loan Number	
Endorsers/Makers (The people who guarante full Name, Mailing Address & Phone	e the loan.)					
include city, state, & zip)		b. Job Title/	Profession	c. Emp	loyer's Name/Specific Field	
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					Ī	
		d Dansonto		<u> </u>		
		d. Percentag	е	e. Amo	unt	
			%	\$		
full Name, Mailing Address & Phone		b. Job Title/l	Profession	c. Emp	loyer's Name/Specific Field	
include city, state, & zip)	la la vina a la company					
		1		1		
					CLEVELAND OF	DUNT
			71		CLEVELAND OF DEC 20 '23	OUNI AM11
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		wice and in the second	% Profession	\$	DEC 20 '23   unt loyer's Name/Specific Field	DUN AM11
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nclude city, state, & zip) ull Name, Mailing Address & Phone		b. Job Title/h	%Profession	\$ c. Emp	DEC 20 '23 unt loyer's Name/Specific Field	OUNT AM1]
nclude city, state, & zip) ull Name, Mailing Address & Phone		b. Job Title/h	%Profession  Profession	\$ c. Emp	DEC 20 '23 unt loyer's Name/Specific Field unt	OUNT AM1)
Full Name, Mailing Address & Phone include city, state, & zip) Full Name, Mailing Address & Phone include city, state, & zip)		b. Job Title/ld. Percentage	%Profession  Profession	s c. Emp	DEC 20 '23 unt loyer's Name/Specific Field unt	OUNT AM1]



## **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: The Committee	2 to Elect Gloria sherman
· Person or committee to make loan: Glora Sherm	
• Date of loan to committee: 12-14-2023	
Name of lending institution (source):	
• Amount of loan: \$\\ \partial \S_\corpos	CLEVELAND COUNT
Description (if in-kind loan):	DEVEV-20 HILL
<ul> <li>Names of all parties responsible for payment of loan (g</li> </ul>	
Period of loan:	
Rate of interest of loan:	
Security pledged for loan:	
I, Goria Sherman, acknowledge to committee) provided is complete, true, and accurate. I further understand that has an outstanding balance to any source.	that all of the information
Moria Dremale	19-90-93
Signature of Lender Latter	Date Signed
Signature of Treasurer of Committee	Date Signed

CRO-6100

Loan Proceeds Statement

	ments					Amendment	
Use this form	to report expendimen	s from the comm	iittee for	Operation	Pg	of Yes to	No
committees ar	d coordinated party	expenditures	ntice 101	operating e	xpenses, contrib	utions to candidate/political	
Trecommittee	Full Name (and Fu	nd if applicable	);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	ON WITH		2.1D Number	Charles of the
1100	11111111111111111111111111111111111111	-1et 6-10.	49 S	shermar	١		
3. Type of Di	bursement (Plea	se use separate (	CRO-131	0 forms for	each type of D	isbursement.)	*****
Operating E	tpenses C	ontributions to Candi	idates/Poli	tical Committe	es C	Coordinated Party Expenditures	
a Full Name	mation ( ) when the	COMPLETE OF STREET	23°24"	]¢Addii⊹[	Remove	Land Land Land	المنا وهوار المد
(include city, stat	Mailing Address & P	hone			ted Committee Na		<u> </u>
Clevelan	of Gunt Box	<u> </u>	<del></del>	-			<del></del>
Cleveland County BOE 215 Patton Drive Shelby, NC 2815				c. Level Reg			
Shelb	7 NC 281	5 <b>3</b> .		☐ Federal			
1	1.			State	Munici		
				1		\$25.00	···
f. Account Code	g. Form of Payment	h. Purpose Code:	i. Date (	(mm/dd/yyyy)	J. Amount	k. Required Remarks	
01	Check	$\perp \not\vdash$	12-	14-2023	\$ 25,00	Filing Fee	<del></del> -
	<u> </u>				\$	11.11/9/16	<b></b> -
4. Payee Infor	mation	<b>基格的 医多种结核</b>	#145 T	FAddes.	Remove "77", ear	L Komon Market (K. 1941)	·
a. Full Name, Mai	ling Address & Phone		mess rum.	b. Coordinat	ed Committee Nan	ne d. Comments	The second
(include city, sta	ite, & zip)					d. Comments	
				c. Level Regi	stered (Specify)	·	ľ
•				State	County:		
				- <del></del>			<del></del>
f. Account Code	g. Form of Payment	h · Draw one Co 3	l			\$	
	B. r of the of 2 dynastic	h. Purpose Code	i. Date (r	nm/dd/yyyy)	J. Amount	k. Required Remarks	3
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					\$ \$	ULEVELR DEC 2	ND COUNTY BOE 0'28 AM11:45
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4. Payee Inforn a. Foll Name, Mail (include city, stat	ing Address & Phone			Add b. Coordinate	\$ Remove and a	DEC 2	ND COUNTY BOE 0'28 AM11:45
a. Foll Name, Maill	ing Address & Phone			b. Coordinate	\$ Remove and a	DEC 2	ND COUNTY BOE 0'28 AM11:45
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