Use this form for general 1 Do not use this form to up	report and committee ir	formation, must be	signed and su	bmitted along wit		No s
1. Committee Information						
a. Full Name Elect Tony Berry for Cou	ınty Commissioner		<u> </u>	<u> </u>	e. ID Number	
b. Mailing Address (include Ci	ity, State and Zip Code)				d. Date Filed	
PO Box 326						
Shelby, NC 28151					e. Phone Numbe	
					704-4	82-4006
2. Report Year 3. Po	eriod Start Date (mm/d	4. Period J (mm/dd/yy)	End Date	5. Treasurer I		
2024	02/18/2024	06/3	0/2024		-	
6. Type of Committee (C		9. Type of Report		nly one type of rej County	port from one Later	24 AND COUNTY L 12 "24 PM3"C
Candidate Campaign PAC	Party Referendum	Municipal Organizational		Organizational	Organizati	
Independent Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-refere	ndum
7. Type of Fund (if a	pplicable, check one)	Pre-primary		First Second	Final Supplement	otal Final
"Booster Fund" Building Fund		Pre-election Pre-runoff		Third	Annual	itai i mai
-		Semi-annual Mid Year	. 🗆	Fourth Semi-annual	Special	
Other:		Year End	l —	Mid Year	10. Special R	eport Name
8. Number of Fundraise	rs this Report	Final Special		Year End Final		
0				Special		
11. Account Information	The State of the S			Information stitution Full Name		
a. Financial Institution Full Na Alliance Bank & Trust	ame		a. Financiai in	Sutution Full (value		
b. Purpose	c. Account Code		b. Purpose		c. Account Co	de
To fund the campaign for	ANE	i-1				
Tony Berry	d. Period Begin Balance				d. Period Begi	n Balance
for County Commissioner	\$ 4836.30	·			:\$	
CERTIFICATION			1			
I certify that the Committee the NC General Statutes a	ee or Fund is in compli	ance with all applica	able provisions	s of Article 22A, 2	22B, & 22D-22M of	Chapter 163 of
is complete, true and corr	ect and that I have beer	trained by the NC S	State Board of	Elections.		(
Lesley B. Wrigh	t inted Name of Signer		ignature of Appro	inted Treasurer	Date	24
FOR OFFICE USE ONLY		<u> </u>	Ignature (174ppe	7		
Date Received:	<u> 9-12-24</u>	Employee:	Œ		Delivery Metho Normal M Registered	lail
Date Postmarked:		Employee:	-		Hand Del	
Date Scanned: > Date Data Entered:	State of the state	Employee: Employee:		6.700 - 1.000 1.000 - 1.000 1.000 - 1.000		as not received
	The state of the s			- 41-	addraga +===================================	gistant traccurar
Please Note: This for	m cannot be used to an custodi	nend committee info an of books informa	rmation such a	as tne committee and information.	audress, treasurer, as	sisiani ureasurer,
You	u must amend the State				nmittee changes.	

Amendment

Amendment \boxtimes Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Use this form to summarize all disclosure reporting forms and to 1. Committee Full Name (and Fund if applicable) 2. T	ype of Report		. ID Number
Elect Tony Berry for County Commissioner 2 ND	Quarter		
Start of Election Cycle: January 1,2	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4836.30	\$ 49152.16
RECEIPTS and the state of the s	100		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 44315.86	\$ 49152.16
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			OLEVELAND COLF
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, 11d)	d and 11e)	\$ 44315.86	\$ 49152.16
EXPENDITURES ************************************			
13) Disbursements		A CONTRACTOR OF THE SECOND	A CONTRACTOR OF THE PARTY OF TH
13a) Operating Expenditures	(CRO-1310)	\$ 49054.36	\$ 49054.36
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)	\$ 49054.36	\$ 49054.36
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ 97.80	\$ 97.80
ADDITIONAL INFORMATION		3.00	a sin m
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	A Commence of the Commence of
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)	\$	\$
	(CRO-2220)	\$	\$
	(CRO-1215)	\$	\$
28) Contributions to be Refunded	(CRU-1213)	Ψ	1 *

Cor	stribution	as from	Individuals	
4 . C H		18 11 () []	Individuais	

		n Individuals		Pg	<u>1</u> of	2		No No
				or contributions under	\$50 if form CRC			
1. Comm	ittee Full Name (and Fund if applicab	le)	7	**	2. ID Num	ber	
Elect Ton	y Berry for Count	y Commissioner						
3. Contri	butor Informatio	n		Add Rem	ove	4.5.3		
	ie, Mailing Address &	ι Phone		b. Job Title/Profession	O. U.D.	d. Comments		
"This . A	city, state, & zip) E KAHLER			NURSE PRACTITIO	ONER,	i i		nd County
	CAMAW AVE			c. Employer's Name/Spe	cific Field		The state of the s	12 '24 pm3: p:
	VILLE, SC 29605			PRISMA HEALTH			8.3110.00 <u>2</u> .30	
704-473-5	5718					e. Election Si		
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	25.150.00	k. Amount	1,000 m m m m m m m m m m m m m m m m m m
	ANB-1	ONLINE			2/20/20	24	\$	250.00
			-				\$	
							\$	
3. Contri	butor Informatio	n		Add 🔲 Rem	öve			
a. Full Nan	ne, Mailing Address &	è Phone		b. Job Title/Profession		d. Comment	S	
(include CHRIS G	city, state, & zip)			OWNER				
	E POND RD			c. Employer's Name/Spe	cific Field			
	, NC 28150			HOKE ENTERPRIS	SES			
704-482-	0003					e, Election S	um to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	ANB-1	СК			2/27/20	24	\$	200.00
							\$	
							\$	
3. Contri	 butor Informatio	n		Add 🔲 Rem	ove			
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Comment	S	
(include TONY B	city, state, & zip)			OWNER / CANDII	DATE			
	EKK I JLYNN DRIVE			c. Employer's Name/Spe	cific Field			
	, NC 28150			BERRY BUSINESS	S SYSTEMS		70000000000000000000000000000000000000	
704-477-	4624					e. Election S	um to Date	
						\$	49165.86	5
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amoun	
	ANB-1	CHECK	CAN	MPAIGN EXP	2/20/20	24	\$	34885.00
	ANB-1	СНЕСК	CAN	MPAING EXP	3/12/20	024	\$	4050.86
	ANB-1	CHECK	CAN	MPAIGN EXP	3/12/2	024	\$	1100.00
4. Tota	l only this Pag	e de la companya del companya de la companya del companya de la co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(A) 740	\$		40485.86
	1 of ALL CRO			A Company Company		\$		44315.86

44315.86

\$

Amendment

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()		1101115	11 (7111	HHUIVI	uuais

				Amei	Amendment		
Pg	_2	of	2	\boxtimes	Yes	No	

Use this fo	orm to report indiv	idual contributions ov	er \$50	or contributions under	r \$50 if form CRO) 1205 is not	used	
		ind Fund if applicab		70 - 70 - - 7 0 - 70 - 70 - 70 - 70 - 70 - 70 - 70	entrant.	2. ID Numb	er	
Elect Tony	y Berry for County	y Commissioner						
a. Full Nam	outor Informatio e, Mailing Address & city, state, & zip)			Add Rem b. Job Title/Profession OWNER	ove with	d. Comments		
	LYNN DRIVE , NC 28150			c. Employer's Name/Spe BERRY BUSINESS		e. Election Su		<u>ND COINT</u> ? <u>2"24 рнЗ:</u> 0
ze 232 a 238 4			: 1. 1	and Description	j. Date (mm/dd/yy		k, Amount	
f. Prior	g. Account Code ANB-1	h. Form of Payment CHECK		MPAIGN EXP	4/5/202		\$	2000.00
	ANB-1	CHECK		MPAIGN EXP	5/2/20	24	\$	780.00
	ANB-1	CHECK	CAN	MPAIGN EXP	5/31/2	024	\$	1050.00
a. Full Nam	butor Informatio re, Mailing Address & city, state, & zip)			Add Rem	love	d. Comments		
		COLUMN TO THE STATE OF THE STAT		c. Employer's Name/Sp	ecific Field		w. 300000 U 2 3000	
						e. Election Su	m to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Cind Description	j. Date (mm/dd/yy	уу)	k. Amount	187
	ANB-1	·					\$	
							\$	
							\$	
a. Full Nan	ibutor Informatione, Mailing Address & city, state, & zip)	A CONTRACTOR OF THE PROPERTY O	X	Add Ren b. Job Title/Profession	10Ve	d. Comments		
				c. Employer's Name/Sp	ecific Field			
						e. Election Su	ım to Date	
· n	1	h. Form of Payment	j In	Kind Description	j. Date (mm/dd/y		k, Amoun	
f. Prior	g. Account Code ANB-1	n. avi m vi i ayıncılı	1, 131"		The state of the s		\$	<u>no anna para menggan kuli kara da 200 SAC 200 S</u>
							\$	
						**	\$	
4. Tota	l only this Pag	e		$\frac{1}{2} \frac{1}{2} \frac{1}$		\$	J	3830.00
		-1210 Pages				\$		44315.86

~ •				
Dis	bur	sem	ent	S

Pg

Amendment Yes

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

1. Committee Fi	ill Name (and Fun	d if applicable)			2. ID Number
Elect Tony Berr	y for County Comm	issioner			
		<u>se use separate C</u>	RO-1310 forms for each andidates/Political Committees	yperors Disolliselli Co	ordinated Party Expenditures
Operating Ex				Remove	
	ation	SA-M - net appup pereduction	b. Coordinated Committee N		d. Comments
	ng Address & Phone		b. Coordinated Confinities is	ane	
(include city, state,	& zip)	en er geren er dig er se en græner			
ANEDOT, INC	INDER OF MAIN		c. Level Registered (Specify)		1
1201 W. PEACI	HIKEESINW		Federal	County:	CLEVELAND COUNTY
SUITE 2625	20200		State	Municipality:	e. Election Sum-to Date 2 24 PM3: (
ATLANTA, GA	30309		State L	ividinoipanty.	State of the state
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AND 1	EFT	0	2/27/2024	\$22.20	ONLINE DONATION
ANB-1	Er i	<u> </u>	2/2//2021	,	PROCESSING FEES
ANB-1	EFT	0	2/22/2024	\$10.30	ONLINE DONATION
	Control of the Contro				PROCESSING FEES
4. Payee Inform	And the second of the second o	A Company of the Comp	Add	The state of the s	d. Comments
	ng Address & Phone		b. Coordinated Committee P	vame	d, Comments
(include city, state,					
RED MAVERI			c. Level Registered (Specify)		
1426 N. 3 RD ST	REEL		Federal Federal	County:	· ·
SUITE 310	D 1 17100		State	Municipality:	e. Election Sum to Date
HARRISBURG	i, PA 17102		State L	Municipanty.	
					\$ 54839.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANB-1	CHECK	A	2/22/2024	\$1944.00	TEXT MESSAGES
ANB-1	CHECK	Α	3/1/2024	\$839.00	PALM CARDS
4. Payee Inforn	retion		Add	Remove	
	ing Address & Phone	Colorina de Cample, la porta desenta de la colorina del colorina de la colorina de la colorina del colorina de la colorina del colorina de la colorina de la colorina de la colorina del colorina de la colorina de la colorina de la colorina de la colorina del colorina	b. Coordinated Committee		d. Comments
(include city, state,	机双压运用 化二氯甲酰胺 医阿克特氏征 化自动电路 化二		Control of the second s	ngan_hitipiq_faihii_p_fhhii	
RED MAVERI		<u> Arte i en Antiligação de parte a la 10 de deseguidações a</u>			
1426 N 3 RD ST			c. Level Registered (Specify		1
SUITE 310			Federal	County:	·
HARRISBURG	i. PA 17102		State	Municipality:	e. Election Sum to Date
	,				\$ 54839.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANB-1	CHECK	A	3/12/20244	\$2580.00	TEXT MESSAGES
	CHECK	A	5/2/2024	\$780.00	MONTHLY NEWLTRS
ANB-1			31212021		BUSINESS CARDS \$ 6175.50
5. Total only th					ψ 01/3.30
6. I otal ol ALI	CRO-1310 Pages	mmary Page CRO-11	00 if Operating Expenses)	ANNERS DE LE CONTRACTOR DE LA CONTRACTOR D	4499
(I his line goes ii	i une 15u oj Deiuneu St a lino 13h of Dotailod Cr	immary Page CRO-11 immary Page CRO11	00 if Contrib to Candidates/Poli	tical Comm)	\$ 49054.36
(I nis line goes li	n line 130 of Detailed St	ımmary Page CRO-11	00 if Coordinated Party Expend	itures)	
	les: (List detailed e				
A* - Media	<u>ies: (IEIS) dei инса е</u> B* - Printing	C* - Fin	idraising	D - To Ano	ther Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties	ıt G - Polii	ical Party ice Expenses	H* - Holdin	ng Public Office Expenses ion to Legal Expense Fund
O* - Other	re detailed explans				

						Amen	dment	
Disbursements [*]	. 1	Pg	2	of	<u>5</u>	Ŋ.	Yes	No
Log this form to report expanditures from the committee for operat	ing evner	1000	contribution	one to	candidat	e/ħoliti	cal	

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

	ull Name (and Fun			energy Annother State (1972)	2. ID Number
	y for County Comm				
			RO-1310 forms for each ty didates/Political Committees		rdinated Party Expenditures
Operating Ex	The second secon		Add	Remove	Temated and Exponentials
	ation ng Address & Phone		b. Coordinated Committee Na		d. Comments
			D. Coordinated Committee Print		
(include city, state, or THE SHELBY		and the state of the second second			·
503 N. LAFAYI			c. Level Registered (Specify)		CLEVELOND COUNTY
SHELBY, NC 2			Federal	County:	#: EMP 27 21 IT. IT.
SHEEDI, NC 2	0150		State	Municipality:	e. Election Sum to Date
					and the state of t
					\$ 637.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	2/27/2024	\$397.50	ADVERTISING
ANB-1	CHECK	A	2/2//2024	\$397.30	
				\$	
4. Payee Inform	ation	Manager and Company of the Company o	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
ALLIANCE BA	NK				·
412 S. DEKALI	B STREET		c. Level Registered (Specify)		
SHELBY, NC 2	8150		Federal	County:	
			State	Municipality:	e, Election Sum to Date
		,			\$ 86.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANB-1	EFT	0	2/27/2024	\$5.00	SERVICE FEES
ANB-1	EFT	0	3/12/2024	\$12.00	SERVICE FEES
4. Payee Inform	ation		Ada	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	연구하는 가지 하는 사람들은 사람이 되었다.			ene enemales par la participa de la como en en	
CHARLES HA		en e			
PO BOX 1356			c. Level Registered (Specify)		
SHELBY, NC 2	28151		Federal	County:	·
0112221,1102			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
				<u> Jia Marian di La constante di Sin de la c</u>	DOOR KNOCKING
ANB-1	CHECK	E	3/12/2024	\$572.50	HANDOUT INFO
					DOOR KNOCKING
ANB-1	CHECK	E	4/5/2024	\$220.00	HANDOUT INFO
5. Total only th	is Page	Trees			\$ 1207.00
	CRO-1310 Pages		in the state of th	ell se unión est empe a l'estempe d'este de l'est empe d'este	
			0 if Operating Expenses)		\$ 49054.36
			0 if Contrib to Candidates/Politic		
		A STATE OF THE PARTY OF THE PAR	0 if Coordinated Party Expenditu	ires)	
	es (List detailed ex				
A* - Media E - Salaries	B* - Printing F* - Equipment		cal Party		Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other	e detailed evolana		emarks field (LY	er van de state de sant de state de sant de state de sant de s	

Disbursements

Pg

of 5

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 F	Cull Name (and Fu	id if applicable)		and the state of t	2. ID Number
	ry for County Comr		RO-1310 forms for each t	sha of Diskursom	out)
			ndidates/Political Committees		ordinated Party Expenditures
	and the second s		**Add	Remove	
4. Payee Inform	the state of the s		b. Coordinated Committee N		d. Comments
Fig. 1. The Property of Note Manufaction	ing Address & Phone		D. Coordinated Committee N	ame	
(include city, state,			·		CLEVELAND COUNTY JUL 12'24 PH3:0
i i	COUNTRY CLUB				JUL 12 ZH PHO: V
1360 E. MARIO	ON STREET		c. Level Registered (Specify)		
SHELBY, NC	28150		Federal	County:	
			State	Municipality:	e. Election Sum to Date
			,		\$ 4050.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CALCA		2/12/2024	\$4050.86	FUNDRAISING
ANB-1	CHECK	C	3/12/2024	\$4030.60	EVENT
				\$	
4. Payee Infort	 nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state	그리고 하는 경에 가는 그런 어떻게 하셨다.				
CLEVELAND	COUNTY CHAMI	BER	1		
OF COMMER			c. Level Registered (Specify)	e jeta je je je je je	·
	ETTE STREET		Federal	County:]
SHELBY, NC			State	Municipality:	e. Election Sum to Date
SHEEDI, NO	20130			•	\$ 1400.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
f. Account Code	g. rorm of rayment	in tarpose come	i. Date (min/ud/y);y)	J. 3110/441	CHAMBER
ANB-1	CHECK	0	06/18/2024	\$400.00	MEMBERSHIP
				\$	
4. Payee Infort	mation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state					
RED MAVER			1		
1423 N. 3 RD S			c. Level Registered (Specify)		.}
HARRISBURG			Federal	County:	1
, militasson	0,		State	Municipality:	e. Election Sum to Date
					\$ 54839. W
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. recount code					MONTHLY
ANB-1	CHECK	0	06/18/2024	\$650.00	NEWSLETTER
				\$	
					\$ 5100.86
5. Total only t	ns Page L CRO-1310 Page			ne salent tradicione de la companya	
(This line goes i	in line 13a of Detailed S	ummary Page CRO-11	00 if Operating Expenses)	・ はいままでは、からいの情報は、事業が必要を示し、このできるとなっていますがある。	\$ 49054.36
(This line goes i	in line 13b of Detailed S	ummary Page CRO-11	00 if Contrib to Candidates/Polit	ical Comm)	
			00 if Coordinated Party Expendi	tures)	
7. Purpose Co	des (List detailed o	expenditure code in	ı (h.) above)		eligikan kerajah pendalah 1980 sebagai kerajah penjanja bertan dan dan dan dan dan dan dan dan dan d
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipme J - Penalties	C* - Fu nt G - Poli	ndraising tical Party fice Expenses		ner Candidate g Public Office Expenses on to Legal Expense Fund
O* - Other		\$ GUES	remarks field (k)	arean's and second and the second second	

	_				-
Disl	hui	reet	ner	1ts	

Amendment

DISDURSEMENTSPg $\underline{4}$ of $\underline{5}$ \underline{V} Ye 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		per and excepted to preside the contract of th	ne pri Peningan America da Para Para Para da d	2. ID Number		
	ry for County Comm						
(<u></u>			RO-1310 forms for each t				
Operating E	THE RESIDENCE OF THE PROPERTY	Contributions to Car	ididates/Political Committees		rdinated Party Expenditures		
4. Payee Inform	nation		Add				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments		
(include city, state,			t		CLEVELAND COUNTY		
CLEVELAND	COUNTY CHAMB	ER			JUL 12'24 PH3:0		
OF COMMERC			c. Level Registered (Specify)				
200 S. LAFAY	ETTE STREET		Federal County:				
SHELBY, NC 2	28150		State Municipality:	Municipality:	e. Election Sum to Date		
			•		\$ 1400.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1. Account Code	g. Porm of rayment				WOMEN ON FIRE		
ANB-1	CHECK	C	4/5/2024	\$1000.00	EVENT SPONSOR		
				\$			
4. Payee Inform	nation	and the same of th	Add	a Remove	Application of the second second second second second		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
RED MAVERI							
1423 N. 3RD S			c. Level Registered (Specify)		,		
HARRISBURG	G, PA 17102		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					s 54839.W		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ANB-1	CHECK	l o	4/5/2024	\$650.00	MONTHLY		
AND-1	CHECK		17 37 202 1	4050.00	NEWLETTER		
				\$			
				Remove			
4. Payee Infort	and the rest tend to the following		Add		d. Comments		
	ing Address & Phone		b. Coordinated Committee N	81116	d, Comments		
(include city, state	, & zip) ANK & TRUST		-				
			c. Level Registered (Specify)				
412 S. DEKALB STREET			Federal County:				
SHELBY, NC 28150		State Municipality:		e. Election Sum to Date			
				Walletpanty.	<u> 1947 - Program Maria II., and an anti-anti-anti-anti-anti-anti-anti-anti-</u>		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ANB-1	EFT	0	4/30/2024	\$12.00	SERVICE FEES		
AND-1	LST 1		4/30/2024	Ψ12.00			
ANB-1	EFT	0	5/31/2024	\$12.00	SERVICE FEES		
5. Total only tl	nie Page				\$ 1674.00		
	L CRO-1310 Pages			and the second s			
(This line goes i	n line 13a of Detailed Su	n 40054.26					
	n line 13b of Detailed Su	\$ 49054.36					
			00 if Coordinated Party Expendit				
	des (List detailed ex						
A* - Media	B* - Printing	C* - Fun	draising	D - To Anoth	er Candidate		
E - Salaries	E - Salaries F*-Equipment G-Political Party H*-Holding Public Office Expenses						
I - Postage O* - Other	J - Penalties	K* - Uff	ice Expenses	√ Dollatte	on to negat expense runu		
Colleg Page	re detailed explana	tion in required i	emarks field (k)				

Disbursen Use this form to	o report expenditures	from the committee	Pg see for; operating expense	<u>5</u> of s, contributions to	Amendment 5 Yes No candidate/political	
committees and	d coordinated party ex	xpenditures.				
	Full Name (and Fun	The state of the s			2. ID Number	
	rry for County Comn			ui Arii an		
Operating	Expenses	Contributions to Ca	RO-1510 forms for each		nent.) pordinated Party Expenditures	
4. Payee Infor	AUTO 10 10 10 10 10 10 10 10 10 10 10 10 10	CELLS IN THE COLUMN TO THE COL		Remove	ordinated Party Expenditures	
·	ling Address & Phone	CONTRACTOR	b. Coordinated Committee		d. Comments	
(include city, state ALLIANCE B 412 S. DEKAI	ANK & TRUST	San Parada San Hayari, personal distribution de la constantina della constantina del	c. Level Registered (Specify		CLEVELAND COUNTY	
SHELBY, NC	28150		Federal County:		JUL 12'24 PH3:0	
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANB-1	EFT	0	6/30/2024	\$12.00	SERVICE FEES	
				\$		
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) RED MAVERICK MEDIA 1426 N. 3 RD STREET SUITE 310 HARRISBURG, PA 17102		Add Remove b. Coordinated Committee Name c. Level Registered (Specify) Federal County: State Municipality:		e. Election Sum to Date \$ 54839.		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
ANB-1	СНЕСК	A	2/20/2024	\$34885.00	YOUTUBE ADS TEXT/MEDIA	
				\$		
4. Payee Inforn	nation		Add	Remove		
a. Full Name, Maili (include city, state,	ing Address & Phone & zip)		b. Coordinated Committee N	lame	d. Comments	
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	c. Election Sum to Date	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	

\$ \$ 5. Total only this Page 34897.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 49054.36 (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) Applicated the and the latter areas are also and the latter areas are also are also are also are also areas and the latter areas are also are also are also are also areas and the latter areas are also are also are also are also areas areas are also areas are also are also are also are also areas are also are also are also are also areas are also areas areas are also areas are also are also areas are also areas are also areas 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)