Disclosure Repor	rt Cover	X			Amendment No
Use this form for general		nformation, must be	signed and sub	mitted along with	The state of the s
Do not use this form to u	OF COLUMN TWO NEW PARTS AND ALCOHOLD TO THE SECOND		on the later with the Single Single Control		
1. Committee Informati	ion			I	c. ID Number FCRA 93
a. Full Name / vccs	Konto	co-sec	sol Do	on	c. ID Number - CLBA 93
b. Mailing Address (include (City, State and Zip Code)	:			d. Date Filed
749 Va	le Str.			м.	1/13/25
Sheeke	le Str. 1 NC 2	8150			e. Phone Number 154 473 3787
2. Report Year 3. P	/ eriod Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)		5. Treasurer Fi	
2024	10/20/24	1/3	5/25	have	the Ton
6. Type of Committee (Check One)	9. Type of Repor	t (check on	ly one type of rep	ort from one category)
Candidate Campaign	Party	Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa		Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five da	У	Quarterly	Pre-referendum
Legal Expense Fund 7. Type of Fund	applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election	一一一	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual Annual
		Semi-annual		Fourth	Special
Other:		Mid Year End	!	Semi-annual Mid Year	10. Special Report Name
U Other.		Final	* 	Year End	
8. Number of Fundraise	rs this Report	Special		Final	
0				Special	
11. Account Information	n est		11. Account	Information	
a. Financial Institution Full N	ame A	<u> </u>	a. Financial Inst	titution Full Name	
h Purnasa	c. Account Gode		b. Purpose		c. Account Code
b. Purpose	/Co a		D. I di pose		
(proposon	1999				
1-0	d. Period Begin Balance				d. Period Begin Balance
marie	\$	·			\$
CERTIFICATION			<u></u>		
I certify that the Committ	tee or Fund is in complia	ince with all application	able provisions	of Article 22A, 22	2B, & 22D-22M of Chapter 163 of
is complete, true and con	and that no funds are con	mmingled with prol	hibited or other	non-disciosed fun Elections	ds. I further certify that this report
is complete, true and com	une the Ton	1	1000	- Controlls.	1/13/28
Pr	inted Name of Signer	S	Signature of Appoin	ted Treasurer	/ Date
FOR OFFICE USE ONLY					Delivery Method
Date Received:		Employee:			Normal Mailup County
Date Postmarked:		Employee:	. ·		Hand Delivered '25 PM3:0
Date Scanned:		Employee:		- de 144	☐ Electronically Filed ☐ Signer has not received
Date Data Entered:		Employee:	-		mandatory training
Please Note: This for					dress, treasurer, assistant treasurer,
		n of books informa	-		
You	u must amend the Stater	nent of Organizatio	n (CRO-2100A	-E) to make comn	nittee changes.

Detailed Summary			Amendment
Use this form to summarize all disclosure reporting forms and to	total moneter	w information	Yes . No
1. Committee Full Name (and Fund if applicable) 2.3	ype of Repor		.ID Number
Ivacy Koss For Cc School Board		,	2CBN 93
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start		Reporting Period	Election Cycle
2. A Long to the		\$ 2014,19	\$
5) Aggregated Contributions from Individuals	(CRO-1205)		
6) Contributions from Individuals	(CRO-1203)	100	\$ 12588.06
7) Contributions from Political Party Committees		\$ 100,00	\$ 1960.00
8) Contributions from Other Political Committees	(CRO-1220)	\$	\$ 420
9) Loan Proceeds	(CRO-1230)	\$	\$ 206.24
10) Refunds/Reimbursements To the Committee	(CRO-1410)	\$	\$ 30,00
11) Other Receipt Sources	(CRO-1240)	2	\$ 175.00
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)			\$ 20,779.29
WARE COMMERCIAL STATE OF THE ST		\$ 1950	10 20 (11,07)
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1689.93	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 214.90	\$
15) Loan Repayments	(CRO-1420)	\$ 34.20	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 267,56	\$
17) In-Kind Contributions	(CRO-1510)	\$ 2208-69	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$ 2014.19	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 0-	\$
A STATE OF THE PROPERTY 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)	\$	
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)	\$	SLEVELAND COUNTY BO
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	s JAN 13'25 PM3:00
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggreg	ated Contri	butions from	Individuals Page	/ of 1	Amendment Yes No	
Optional f	orm used to rep	ort NC Contribution	ons From Individuals of \$	50 or less		
1. Commit	tee Full Name (a	and Fund if applical	ole)		ID Number	7
Trac	u Ross F	For CC RT	of Education	, 2	CBN 93	
3. Contribu	utor Information	1	or concumbi	1 10	7	-
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	-
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. Total of	ALL CRO-1	205 Pages ailed Summary Page CR	<i>O-1100</i>)	\$	75,W	

Amendment

		rom Individu		P	g of	/ n	endment Yes 🔲 No	
Use th	s form to report	individual contributi	ons over \$50 or o	contributions un	der \$50 if form C	RO 1205	is not used	
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(includ	e city, state, & zip)							
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Amendment

Aggregated Non-Media Expenditures	Pageof	Amenament Yes
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	Amendment	
Pageof	☐ Yes ☐ No	
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Optional form used to report NC Non-Media Expenditures of \$50 or less. 1. Committee Full Name (and Fund if applicable) 2: ID Number Elect TRoss 3. Payee Information a. Amend b. Account Code c. Form of Payment d. Purpose Code e. Date (mm/dd/yyyy) g. Required Remarks f. Amount Add Ca, 0 31.00 -☐ Remove Add 00 Ó 30.00 ☐ Remove Add 20 10.66 0 Remove Add CC 11.32 Q Remove Add 20 0 111.17 Remove Add Ò ce Remove Add 00 Remove 0 Add \$ Remove ☐ Add CLEVELAND COUNTY BOE JAN 13'25 PHZ: 23 \$ Remove Add \$ Remove 4. Total only this Page 5. Total of ALL CRO-1315 Pages 316.90 \$ (This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate F* - Equipment E - Salaries H* - Holding Public Office Expenses G - Political Party I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (g)

Di	sbur	sem	ents
U	SDUI	SUIII	ems

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Pg		of	2		Yes	□ No

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

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	_		Amendment	
Pg	2	of	2 D 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 Fin		in de la compa	g grant Sec	7. 3.44 7.	Q.,2795633	2.4D Number
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(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coert	linated Party 1	xpenditu	nes)	
.Purpose C	odes (Last detailed)	expenditure code	in (h.) a	bove)	(11) (11) (11)		
∆* - Media	B* - Printin	~	C* - Fu	ndraising		D - To A	nother Candidate
E - Salaries	_ F* - Equip			tical Party			ding Public Office Expenses
- Postage	J - Penaltie	S	K* - Of	fice Expens			nation to Legal Expense Fund
O* Other	en e		Designation of	<u>kadelijoja jo jak</u> ilo <u>jaki joja</u> (1818. gada) (1818. gad	, gárnystycznastowne feet n	genella aggrafi da tenesen e	
Codes requir	e detailed explanation	min required re	marks	tield (k)	18.7877 (g)	rozda a ar	

Refunds/Reimbursements From the Cor	mmittaa	1	Amendment
Use this form to report refunds/reimbursements, including co			Yes No
1. Committee Full Name (and Fund if applicable)		iou to the conditi	2. ID Number
Committee to Elist Turus Ros	2-h ((Char Bol	
3. Payce Information	Add Rei		1
a. Full Name, Mailing Address & Phone	d. Type of Commi		h. Original Receipt Date
(include city, state, & zip)	Candidate	PAC	8/17/26
Tracy Ross 749 Vale St. Shelby NC SR/50 784 473 - 3787 b. Job Title/Profession c. Employer's Name/Specific Field	Referendum e. Level Registere	☐ Party d	i. Original Receipt Amount
MICO THA CA	Federal	County:	
149 Well St.	State	Municipality:	#26,53
Shelby NC 36/80	f. Purpose Code		j. Election Sum to Da
784 473-3787	<u> </u>		\$.
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code
I. Form of Payment m. Required Remarks		n. Date (mm/dd/yy	
debit WM paymt for Event B		11/21/24	\$ 23.52
3. Payee Information a. Full Name, Mailing Address & Phone	Add 🔲 Ren		
a. run iyame, maning Address & Phone (include city, state, & zip)	d. Type of Commit	ttee PAC	h. Original Receipt Date
	Referendum	Party	12/31/23
Trong Ross	e. Level Registered	I	i. Original Receipt Amount
0 1033	Federal	County:	\$ 30,0
	f. Purpose Code	Municipality:	j. Election Sum to Date
	/ /		
. Job Title/Profession c. Employer's Name/Specific Field			S CLEVELAND OF
Description of the Profession	g. Comments		k. Account Code JAN 13'2
Form of Payment m. Required Remarks			
		n. Date (mm/dd/yyy	
debit Thing dee	ANTERES TERRITORISME	11/21/24	\$ 30.00
Full Name, Mailing Address & Phone	Add ☐ Rem		
(include city, state, & zip)	d. Type of Committee	PAC	h. Original Receipt Date
Tab	Referendum	Party	8/19/20/2024
Tracy Ros	e, Level Registered		. Original Receipt Amount
0	Federal State	County: Municipality:	\$ 220,00
	f. Purpose Code	All the state of t	. Election Sum to Date
	1-		\$
Job Title/Profession c. Employer's Name/Specific Field	g. Comments		•
	1 615 1	7	x. Account Code
Form of Payment m. Required Remarks		or Comm	record Observation and Indiana
#015		n. Date (mm/dd/yyy)	AT A SECURE OF THE PROPERTY OF
Total only this Page		11/21/24	\$ Z ZO, W
Total of ALL CRO-1320 Pages			\$ 273.52
(This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 297.56
Purpose Codes (List detailed disbursement code in (f) about	Contract the second second second second		
L - Returned to Contributor M - Overpayment for P* - Reimbursement of In-Kind O* Other	Service	N - Exceed	led Contribution Limit
* Codes require detailed explanation in required remark	s field (m)		

	- b	onta Evom	the Com	mittaa -)	2_	Amendment Yes No
efunds/Rein se this form to repo					g irned i		itor.	Yes 140
e uns form to repo Committee Rull I								Number
	With the second							
Payee Information	m			Add □ R	emov	е		
uli Name, Mailing A		ne	CLOSE PROPERTY APPROPRIES	d. Type of Com	mittee		h. Or	iginal Receipt Date
nclude city, state, &				Candidate Referendur		PAC Party		10/21/24
Toring &),	_		e. Level Registe	new na swansana	raity	i. Ori	ginal Receipt Amount
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(include city, state, o	. Дру			Referendu		Party		
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<u> </u>	•							\$
Total only this l							\$	3854
Total of ALL C	RO-1320 P	ages	a- CPO 1400				\$	11
(This time must be on Purpose Codes				ve)				
L - Returned to C	AND THE COUNTY OF STREET	CONTRACTOR SO STATEMENT NAME OF STREET	erpayment for	two districtions of the second contract of the second		N - Exce	eded	Contribution Limit
P* - Reimbursen	nent of In-l	Kind O* Otl		o <u>olegozogiozo</u> gozogisztegi	en e			
* Codes require	detailed ex	olanation in re	oured remar	ks field (m)			WEST TO	



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.

are med.	a campaign reports
FILED BY:	
Committee Name:	Tracy Ross for CC Bd of Education
Treasurer Name:	Anneste The
Treasurer Address:	30 1 DAvis Rd
(include city, state, & zip)	Shelky NC 28152
Treasurer Phone:	CLEVELAND COUNTY
	704 58 4 00 47 CLEVELAND COUNTY E JAN 13 '25 PM2: 24

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.

Hold Signed

Signature