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 ☐ N

1. Committee Information

a. Full Name
Tracy Ross for CC Board of Education

c. ID Number
2CBN93

b. Mailing Address (include City, State and Zip Code)
749 Vale St.
Shelby NC 28150

d. Date Filed

e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	6/30/24	10/19/24	Annette Toms

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report
1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Home Trust Bank

b. Purpose	c. Account Code	d. Period Begin Balance
Campaign finance	1999	$ 6970.02

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code	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.

Annette Toms	Annette Toms	10/29/24
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:		Employee:	
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		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.

CLEVELAND COUNTY BOE
OCT 30 '24 PM1:10

Detailed Summary

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

CLEVELAND COUNTY BOE
OCT 29 '24 PM 5:08

☐ Amended ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Ross for Cleveland Bd Educ	3rd Qtr	ECBN93

Start of Election Cycle: January 1, 2024

		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 6970.02	$ 7034.92
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 5150.00	$ 10613.01
6) Contributions from Individuals	(CRO-1210)	$ 2355.00	$ 8440.00
7) Contributions from Political Party Committees	(CRO-1220)	$ 420.00	$ 420.00
8) Contributions from Other Political Committees	(CRO-1230)	$ -0-	$ -0-
9) Loan Proceeds	(CRO-1410)	$ -0-	$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$ 206.24	$ 381.24
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ -0-	$ -0-
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$ -0-	$ -0-
11c) Outside Sources of Income	(CRO-1250)	$ -0-	$ -0-
11d) Legal Expense Fund – Other Sources	(CRO-1270)	$ -0-	$ -0-
11 e) Exempt Purchase Price Sales	(CRO-1265)	$ -0-	$ -0-
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 8131.24	$ 19254.25
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 9765.95	$ 13839.83
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 320.00	$ 320.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ 280.11	$ 280.11
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ -0-	$ -0-
15) Loan Repayments	(CRO-1420)	$ -0-	$ -0-
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$ -0-	$ -0-
17) In-Kind Contributions	(CRO-1510)	$ 2649.78	$ 3389.04
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 13015.84	$ 17828.98
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 2085.42	$ 3460.19
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 29 '24 PM4:58

Aggregated Contributions from Individuals

Page 1 of ____ Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross For CC BD of Education	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		CK		8-26-24	$ 50.00	C. Jackso
☐ Add ☐ Remove		C		8-31-24	$ 40.00	P. Willia
☐ Add ☐ Remove		C		9-5-24	$ 20.00	A. Brousse
☐ Add ☐ Remove		C		9-5-24	$ 20.00	Y. Marabl
☐ Add ☐ Remove		CK		9-10-24	$ 20.00	A. Dubbs
☐ Add ☐ Remove		C		9-14-24	$ 20	C. Rose
☐ Add ☐ Remove		C		9-15-24	$ 50	D. Bell
☐ Add ☐ Remove		C		9-16-24	$ 50	D Bell
☐ Add ☐ Remove		C		9/20/24	$ 20	J. Queen
☐ Add ☐ Remove		C		9/20/24	$ 20	B Wells
☐ Add ☐ Remove		CK		9/20/24	$ 50	E Morehe
☐ Add ☐ Remove		C		9/20/24	$ 50	G. Morehe
☐ Add ☐ Remove		C		9/20/24	$ 50	R. Oates
☐ Add ☐ Remove		AB		8/6/24	$ 5 w	K Champio
☐ Add ☐ Remove		AB		8/6/24	$ 50 w	T. Olsen
☐ Add ☐ Remove		"	ON CRO 1220	8/6/24	$ 20 w	J Matthew
☐ Add ☐ Remove		"	"	8/18/24	$ 25 w	J. Matth
☐ Add ☐ Remove		"	"	8/18/24	$ 25. w	R Powell
☐ Add ☐ Remove		"	"	8/21/24	$ 10 w	R Powell
☐ Add ☐ Remove		"	"	8/24/24	$ 10 w	S Morgul
☐ Add ☐ Remove		"		9/5/24	$ 5 w	K Champio
☐ Add ☐ Remove		"		9/5	$ 25 w	L. Hender
☐ Add ☐ Remove		"	ON CRO 1220	9/21	$ 10 w	R Powell

4. Total only this Page	$ 545
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 51.50

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:57

Aggregated Contributions from Individuals

Page 1 of ____ Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross for CC BD of Education	ZCBN93

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		AB		6-25-24	$ 40	P. Duce
☐ Add ☐ Remove		C		6-25-24	$ 40	Todd
☐ Add ☐ Remove		C		6-26-24	$ 40	S Sharpe
☐ Add ☐ Remove		C		6-27-24	$ 40	C Barringe
☐ Add ☐ Remove		C		6-27-24	$ 40	C. Barring
☐ Add ☐ Remove		C		6-27-24	$ 40	Camp
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove		C		6-28-24	$ 40	C. Maddo
☐ Add ☐ Remove		C		6-28-24	$ 40	E. Hunt
☐ Add ☐ Remove		CK		6-28-24	$ 40	E. Schenc
☐ Add ☐ Remove		CK		6-28-24	$ 40	Perry
☐ Add ☐ Remove		CK		6-28-24	$ 40	Coleman
☐ Add ☐ Remove		C		6-28-24	$ 40	Beam
☐ Add ☐ Remove		C		6-28-24	$ 40	D Williams
☐ Add ☐ Remove		C		6-28-24	$ 40	D. Toms
☐ Add ☐ Remove		C		6-28-24	$ 40	C. Shivers
☐ Add ☐ Remove		C		6-28-24	$ 40	C Flack
☐ Add ☐ Remove		C		6-28-24	$ 40	T. Brown
☐ Add ☐ Remove		C		6-28-24	$ 40	Y Allen
☐ Add ☐ Remove		C		6-28-24	$ 40	A. Summit
☐ Add ☐ Remove		CK		6-29-24	$ 40	M. Maddox
☐ Add ☐ Remove		CK		6-29-24	$ 40	W Gordon

4. Total only this Page	$ 600
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 5150

Qtr 2 SOP

Qtr 3 Start

15-600

Aggregated Contributions from Individuals

Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross for CC BD of Education	ZCBN93

Q3 July

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		AB ✓	6/29	7-1-24	$ 40	S. Royster
☐ Add ☐ Remove		AB ✓		7-1-24	$ 40	S. Royster
☐ Add ☐ Remove		AB ✓		7-1-24	$ 20	S. Royster
☐ Add ☐ Remove		CK		7-2-24	$ 40	S. Queen
☐ Add ☐ Remove		CK		7-2-24	$ 40	J. Bumbegh
☐ Add ☐ Remove		CK		7-2-24	$ 40	K. Champion
☐ Add ☐ Remove		CK		7-2-24	$ 40	S. Queen
☐ Add ☐ Remove		C		7-2-24	$ 40	C. Haynes
☐ Add ☐ Remove		CK		7-2-24	$ 40	J. Gerald
☐ Add ☐ Remove		CK		7-2-24	$ 40	J. Gerald
☐ Add ☐ Remove		CK		7-2-24	$ 40	M. Jackson
☐ Add ☐ Remove		C		7-2-24	$ 40	C. Teddler
☐ Add ☐ Remove		C		7-2-24	$ 40	M. Freeman
☐ Add ☐ Remove		C		7-2-24	$ 40	R. Boyd
☐ Add ☐ Remove		C		7-2-24	$ 40	A Camp
☐ Add ☐ Remove		C		7-2-24	$ 40	R Lynch
☐ Add ☐ Remove		C		7-2-24	$ 40	R. Cash
☐ Add ☐ Remove		C		7-2-24	$ 40	P. Cash
☐ Add ☐ Remove		AB		7-3-24	$ 40	C. Elmore
☐ Add ☐ Remove		AB		7-3-24	$ 10 Donation	C. Elmore
☐ Add ☐ Remove		C		7-5-24	$ 40	M. Manning
☐ Add ☐ Remove		C		7-5-24	$ 40	L Clark
☐ Add ☐ Remove		C		7-5-24	$ 40	N. Manson
4. Total only this Page					$ 910	
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*					$	

50 →

18 ~~2~~ X 40 = ~~720~~ 910

CLEVELAND COUNTY BOE
2024 PM 1:57

Aggregated Contributions from Individuals

Page 3 of ___ Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross For CC BD of Education	ZCBN93

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		C		7-5-24	$ 40	J. Mitch
☐ Add ☐ Remove		C		7-5-24	$ 40	W. Fook
☐ Add ☐ Remove		AB ✓		7-5-24	$ 40	K. Blevi
☐ Add ☐ Remove		AB ✓		7-5-24	$ 40	K Blevins
☐ Add ☐ Remove		AB ✓		7-5-24	$ ~~20~~	K Blevins
☐ Add ☐ Remove		C		7-6-24	$ 40	K Klack
☐ Add ☐ Remove		C		7-6-24	$ 40	H Klack
☐ Add ☐ Remove		C ✓		7-7-24	$ 40	Twowheel syndicate
☐ Add ☐ Remove		C ✓		7-7-24	$ 40	"
☐ Add ☐ Remove		C ✓		7-7-24	$ 40	"
☐ Add ☐ Remove		AB ✓		7-9-24	$ 40	C. Osborne
☐ Add ☐ Remove		AB		7-9-24	$ 40	E Davidso
☐ Add ☐ Remove		AB	Joyce Davidson	7-9-24	$ 40	J. Davidso
☐ Add ☐ Remove		AB		7-9-24	$ 40	J. Thurma
☐ Add ☐ Remove		AB		7-9-24	$ 40	J. Brooks
☐ Add ☐ Remove		AB		7-9-24	$ 40	J. Quito
☐ Add ☐ Remove		C		7-9-24	$ 40	C. Hughes
☐ Add ☐ Remove		C		7-9-24	$ 40	R. Hughes
☐ Add ☐ Remove		C		7-9-24	$ 40	E. Bishop
☐ Add ☐ Remove		C		7-9-24	$ 40	R. Byers
☐ Add ☐ Remove		C		7-9-24	$ 40	C. Cowan
☐ Add ☐ Remove		C		7-9-24	$ 40	D. Stratte
☐ Add ☐ Remove		C		7-7-24	$ 40	L. Geter

4. Total only this Page	$	900
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	

14 x 40 = 560
1770

Aggregated Contributions from Individuals

Page 4 of ___

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:57

Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross For CC BD of Education	ZCBN93

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		C		7-7-24	$ 40	A. Brown
☐ Add ☐ Remove		C		7-7-24	$ 40	M. Woody
☐ Add ☐ Remove		C		7-7-24	$ 40	J. Woody
☐ Add ☐ Remove		C		7-7-24	$ 40	M. Brown
☐ Add ☐ Remove		C		7-7-24	$ 40	L. Brown
☐ Add ☐ Remove		C		7-7-24	$ 40	T. Geter
☐ Add ☐ Remove		C		7-7-24	$ 40	C. Brown
☐ Add ☐ Remove		C		7-7-24	$ 40	A. Wilson
☐ Add ☐ Remove		C		7-7-24	$ 40	Twowheelsyn
☐ Add ☐ Remove		C		7-8-24	$ 40	L. London
☐ Add ☐ Remove		C		7-8-24	$ 40	C. Williams
☐ Add ☐ Remove		CK		7-9-24	$ 40	V. Smith
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	D
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	
☐ Add ☐ Remove		CK		7-9-24	$ 40	Victor Smith
☐ Add ☐ Remove		C		7-10-24	$ 40	P. Johnson
☐ Add ☐ Remove					$	

4. Total only this Page	$ 880
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

22 x 40 880

62 checks

Aggregated Contributions from Individuals

Page 5 of ____ Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross For CC BD of Education	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		C		7-7-24	$ 40	T. Clu
☐ Add ☐ Remove		C		7-10-24	$ 50	C. Mil
☐ Add ☐ Remove		AB		7-15-24	$ 40	S. Morgi
☐ Add ☐ Remove		AB		7-15-24	$ 40	"
☐ Add ☐ Remove		AB		7-15-24	$ 40	"
☐ Add ☐ Remove		AB		7-16-24	$ 40	A. Woods
☐ Add ☐ Remove		C		7-11-24	$ 40	P. Johnso
☐ Add ☐ Remove		C		7-11-24	$ 40	L. Londo
☐ Add ☐ Remove		C		7-11-24	$ 40	C. Willis
☐ Add ☐ Remove		C		7-11-24	$ 40	S. Martin
☐ Add ☐ Remove		C		7-11-24	$ 50	G. Whitw
☐ Add ☐ Remove		C		7-20-24	$ 20	B. Wel
☐ Add ☐ Remove		AB		7-20-24	$ 50	M. Morg
☐ Add ☐ Remove		AB		7-7-24	$ 5.00	K. Chapi
☐ Add ☐ Remove		C		7-31-24	$ 50.	H. Smith
☐ Add ☐ Remove		C		8-1-24	$ 30	P. Watso
☐ Add ☐ Remove		AB		8-3-24	$ 20	J. Matth
☐ Add ☐ Remove		AB		8-4-24	$ 50	T. Olson
☐ Add ☐ Remove		AB	CR1220	8-8-24	$ 10	R Powell
☐ Add ☐ Remove		AB		8-25-24	$ 16	S. Mcsell
☐ Add ☐ Remove		C		7-29-24	$ 50	M. Gatlin
☐ Add ☐ Remove		C		8-17	$ 40	M. Mangilo
☐ Add ☐ Remove		C		8-18	$ 20	A. Costner

4. Total only this Page	$ 775
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:58

Aggregated Contributions from Individuals

Page 6 of ____ Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Ross For CC BD of Education	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove		C		8-22-24	$ 30	S. Oakes
☐ Add ☐ Remove		AB	on CRO 1220	9-24-24	$ 10	S. Mangie
☐ Add ☐ Remove		AB	on CRO 1220	9-27-24	$ 20	S. Matthe
☐ Add ☐ Remove		C		10-2-24	$ 35	Spangle
☐ Add ☐ Remove		C		10-2-24	$ 10	S. Acer
☐ Add ☐ Remove		C		10-2-24	$ 50	S. Queen
☐ Add ☐ Remove		C		10-2-24	$ 10.	C. Mosher
☐ Add ☐ Remove		C		10-3-24	$ 50	S. Hoyle
☐ Add ☐ Remove		C		10-3-24	$ 50	11
☐ Add ☐ Remove		C		10-3-24	$ 50	11
☐ Add ☐ Remove		C		10-7-24	$ 50	Cundy
☐ Add ☐ Remove		C		10-7-24	$ 15	S. Brooks
☐ Add ☐ Remove		C		10-15-24	$ 15	D. Wilson
☐ Add ☐ Remove		C		10-24-24	$ 25	S. Ross
☐ Add ☐ Remove		AB		10-8-24	$ 25	P. Down
☐ Add ☐ Remove		AB		10-6-24	$ 50	A Camp
☐ Add ☐ Remove		AB		10-4-24	$ 5.00	K. Champion
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 470.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:58

Contributions from Individuals

Pg 1 of ___

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
Fleet Ross for CC School Bd	ZOBN93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Oscar & BJ Zamora 504 Country Club Acres Shelby NC 28150	Retired			$ 6085.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		ck		7/27/24	$500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Hooker 1520 King Arthur Ct. Shelby NC 28152	Retired			$ 6585

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		ck		7/28/24	$250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joyce Gladstone 128 Gold Run Ct. Kings Mtn NC 28086				$ 6835

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		ck		7/25/24	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 8,440.00

Contributions from Individuals

Pg 2 of ___

Amendment ☐ Yes ☐ No

CLEVELAND COUNTY BOE
OCT 24 PM 4:58

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
Elect Tracy Ross for CC School Board	ZCBN93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jerry Smith 1108 Powerline Drive Shelby NC 28152				$ 693500

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		C		9/26/24	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jackie Hoey 1006 Faelston Rd Shelby NC 28150			Under Ronald Hamrick name on Bank statement	$ 7085.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		C		9/27/24	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Melinda Mastroi 105 Camden Ct. Shelby NC 28152				$ 7185.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		C		8/21/24	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 3 of ___

CLEVELAND COUNTY BOE
OCT 28 '24 PM4:58

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
Elect Tracy Ross for Cleveland C School Bd	ECBN 93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Scott Mauldin 210 Osborne St Shelby NC 28150				$ 7285

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		C		8/16/24	$ 100 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Phyllis Dexter 794 Kenmore St Shelby NC 28150				$ 7385 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		C		8/11/24	$ 100 00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gaye Devore 405 E. Marion St. Shelby NC 28150				$ 7485 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		AB		8/5/24	$ 100 00
☐					$
☐					$

4. Total only this Page	$ 306. 00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:58

Contributions from Individuals

Pg 4 of ____ 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
Elect Tracy Rogers for CC School Bd	ZCBZN93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
—				$ 7585.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sherrill Schenck				$ 7585.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		AB		9/20/100	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tia Dabboussi				$ 7685.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		AB		8/5/24	100 00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 6 of ____ Amendment ☐ Yes ☐ No

CLEVELAND COUNTY BOE OCT 29 '24 PM4:58

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
	ZCBN93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James + Brenda King 209 Vauxhall Dr. Shelby, NC 28150				$ 7785

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		10/14/24	200.00 ✓
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
L Brown + Son Hauling LLC 1725 Stony Pt Rd Shelby NC 28150	Hauling			$ 7985.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		9/22/24	$ 125 ✓
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Oscar Tamora 504 Country Club Circle Shelby NC 28150	Retired			$ 8410.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		10/1/24	$ 100.00 ✓
☐					$
☐					$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:58

Contributions from Individuals

Pg 6 of ____ 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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BJ Tarmon 502 Country Club Acres Shelby NC 28150	Retired			$ 8210.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		10/2/24	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Fetcher, Brown 1941 Cherryville Rd Shelby NC 28021				$ 8410.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		10/3/24	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Democratic Women of CC 107 Three Oaks Ln Kings Mtn, NC 28086			CRO-1220 on-Form	$ 8510.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK		10/11/24	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 8760.00

Contributions from Individuals

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
Elect Tracy Rose for CC School Board	ECBN 93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kathleen Singleton Shelby NC 28150	Retired			$ 8760

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		PP		9/19/24	$ 1000.00 ✓
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$ 8860 W

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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	$
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 8860.00

Contributions from Political Party Committees

Pg 1 of 2

Amendment ☐ Yes ☐ No

Use this form to report contributions from a political party

CLEVELAND COUNTY BOE
2024 PM 4:59

1. Committee Full Name (and Fund if applicable)	2. ID Number
Trey Ross for CC Board of Education	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
CC Democratic Women		$ 0

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	check		10/11/24	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Rod Powell		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	AB		7/24/24	$ 10
	AB		8/21/24	$ 25
	AB		8/22/24	$ 10

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Rod Powell		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	AB		9/24/24	$ 10
				$
				$

4. Total only this Page	$ 305
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 420.00

Contributions from Political Party Committees

Pg 2 of 2

Amendment ☐ Yes ☐ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Tracy Rose for CL Board of Education	

CLERK AND COUNTY BOE
OCT 29 '24 PM4:39

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Tony Magliello		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	AB		9/25/24	$ 10
	AB		8/27/24	$ 10
	AB		9/25/24	$ 10

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Justin Matthews		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	AB		8/07/24	$ 20
	AB		8/21/24	$ 25
	AB		8/12/24	$ 20

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
Justin Matthews		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
	AB		9/30/24	$ 20
				$
				$

4. Total only this Page	$ 115
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM4:59

Refunds/Reimbursements To the Committee

Pg 1 of 1 | Amendment ☐ Yes ☐ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Tracy Ross for CC School Board	ECBN 93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Hobby Lobby 1730 E Dixon Blvd Shelby NC 28150 704 487-8254	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Event flower refund h. Original Expenditure Date: 7/18/24 i. Original Expenditure Amt: $ 90.67 j. Election Sum to Date: $ 175.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				DC		7/19/24	$ 65.01

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Frances Webber 1416 Wesson Rd Shelby NC 28152	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Event Breakfast reimbursement h. Original Expenditure Date: 7/31.24 i. Original Expenditure Amt: $ 92.73

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
		Office mgr Dr Austin		ck		8/13/24	$ 85.52

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Frances Webber 1416 Wesson Rd Shelby NC 28152	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Event Breakfast reimbursement Sam's Club h. Original Expenditure Date: 8/14/24 i. Original Expenditure Amt: $ 57.41

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
		Breakfast food		ck		8/16/24	$ 55.71

4. Total only this Page	$ 206.24
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 381.24

In-Kind Contributions

Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracy Rogers for CC Bd of Education	ZCBN93

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Sally Royster 212 Fairway Dr. Shelby NC 28150 704 418 2793	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20/24 Event Raffle gift d. Election Sum to Date: $ 739.26

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
$40 Gift certificate	6/28/24	$ 40.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Michelle Roberts 102 Westfield Shelby NC 28150 313 919 3577	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20/24 Event raffle gift d. Election Sum to Date: $ 779.26

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
$ 250 gift certificate	7/1/24	$ 250.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Charlotte Jackson 1809 Country Gardner Dr. Shelby NC 28150 704 300 - 7119	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20/24 Event Raffle gift d. Election Sum to Date: $ 1029.26

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gift certificate $20	7/1/24	$ 20.00
		$
		$

4. Total only this Page	$ 310.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 11 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 2 of ___

Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

CLEVELAND COUNTY BOE
5:02

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Cheryl Gribbin PO Box 308 Fallston NC 28042 704 884 5785	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Event raffle gift d. Election Sum to Date: $ 1049.26

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Book	7/1/24	$ 25.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Samuel Mohammed 1230 E Ridge Blvd Shelby NC 28150	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Event raffle gift d. Election Sum to Date: $ 1074.26

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
#20 Verna's gift certificate	7/1/24	$ 20.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Laura Cummings 107 Three Oaks Lane Kings Mtn NC 28086	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Event raffle gift d. Election Sum to Date: $ 1094.26

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Soap towels	7/5/24	$ 16.25
		$
		$

4. Total only this Page	$ 151.25
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 3 of ____

Amendment? ☐ Yes ☐ No

CLEVELAND COUNTY BOE OCT 29 '24 PM5:02

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Holly's Flowers 109 E. Graham St. Shelby NC 28150 704 487 1220	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Event raffle gift d. Election Sum to Date: $ 1200.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Crystal red cardinal	7/5/24	$ 15.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Nautica Manson 1635 S DeKalb St. Shelby NC 28152 704 419 0022	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20/24 Event raffle gift d. Election Sum to Date: $ 1215.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Childrens Book	7/5/24	$ 14.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Mary Manning 220 Wesley Dr. Shelby NC 28150 704 913 5036	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event raffle gift d. Election Sum to Date: $ 1229.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Children's Book	7/5/25	$ 15.00
		$
		$

4. Total only this Page	$ 44.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 4 of ___ Amendment ☐ Yes ☐ No

CLEVELAND COUNTY BOE OCT 29 '24 PM5:02

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Toscano's Bistro 58 Morgan St. Suite 5 Shelby NC 28150 980 404 0846	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event Raffle Gift **d. Election Sum to Date** $ 1244.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gift certificate	7/8/24	$ 20 (a)
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Carolina Kitchen 220 Campbell St. Shelby NC 28150 704 406-9990	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event Raffle Gift **d. Election Sum to Date** $ 1264.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gift Certificate	7/8/24	$ 20 (a)
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ron McCollum 616 Cesar Laurdale Rd Laurdale NC 28090 704 538-7394	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event raffle gifts **d. Election Sum to Date** $ 1284.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
4 paintings	7/9/24	$ 400 (a)
		$
		$

4. Total only this Page	$ 440.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1180)*	$

In-Kind Contributions

Pg 5 of ____ Amendment ☐ Yes ☐ No

CLEVELAND COUNTY BOE OCT 29 '24 PM 5:02

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if Applicable)	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Joan Cherry 307 Goldfinch Ct. Shelby NC 28150 704 300 8617	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event raffle gift d. Election Sum to Date: $ 1684.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 Books	7/13/24	$ 40 cv
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Stephanie Burns 1769 Cherry Grove Rd Marion, NC 28752 336 506 3560	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event raffle gift d. Election Sum to Date: $ 1724.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Raggedy Ann Doll	7/17/24	$ 20 cv
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Belinda Elmore 28491 Philadelphia Rd Lawndale NC 28090 980 225 3373	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Event raffle gift d. Election Sum to Date: $ 1744.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gift basket	7/20/24	$ 50 cv
		$
		$

4. Total only this Page	$ 110
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM5:02

In-Kind Contributions

Pg 6 of ____

Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Brittany Stinson 104 Lakewood Dr. Mooresville NC 28117 704 657-5066	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20/Event Raffle gift **d. Election Sum to Date** $ 1794.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gift Basket	7/20/24	$ 50.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Wanda Smith 1938 Boulder Ct. Grayson NC 28054 919 349-5626	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	7/20 Event Raffle Gift **d. Election Sum to Date** $ 1850.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Gift Basket	7/20/24	$ 30.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ron Harrill 2311 Holly Ln Shelby NC 28150 704 692-7052	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Event Raffle Gift **d. Election Sum to Date** $ 1880.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Children's Books	8/2/22	$ 160.00
		$
		$

4. Total only this Page	$ 340.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1160)*	$

In-Kind Contributions

Pg 7 of ___

Amendment ☐ Yes ☐ No

CLEVELAND COUNTY BOE
OCT 29 '24 PM 5:02

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Mary Ross	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
LaDonna Clark 114 Victoria Park Dr. Shelby NC 28150 704 533-4004	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 2040.57

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
5 Children Book	8/2/24	$ 75.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Oscar Zamora 604 Country Club Ave Shelby NC 28150 704	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 215.57

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Flyers	8/8/24	$ 573.31
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Brenda King	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 2688.88

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Supplies for 8/3 event	7/15/24	$ 53.60
Pickup supplies		$
		$

4. Total only this Page	$
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1180)*	$

CLEVELAND COUNTY BOE
OCT 29 '24 PM5:03

In-Kind Contributions

Pg 8 of ____ Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Tracey Ross for CC - Board of Education	-

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
Creative Business Essentials LLC C/O BG Tomorrow 504 Country Club Acres Shelby NC 28150 7044776477	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Marketing materials	$ 2742.48

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
5000 printed marketing materials	9/19/24	$ 546.62
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
Diamond McMillian 398 Old Mooresboro Rd Mooreboro NC 28114	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	t-shirts	$3289.10

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
	7/17/24	$ 100.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$3289.10

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 646.62
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

Disbursements

Pg 1 of ____ 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
	CLEVELAND COUNTY BOE OCT 29 '24 PM 4:59

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Office Depot/Office Max		☐ Federal ☐ County: ☐ State ☐ Municipality:	Yard Signs	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	A	7/2/24	$ 1805.36	Yard Signs
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Amazon Mktpl.		☐ Federal ☐ County: ☐ State ☐ Municipality:	Fundraiser Supplies	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	C	7/1/24	$ 144.05	Fundraiser Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Microsoft Store		☐ Federal ☐ County: ☐ State ☐ Municipality:	Computer Supplies	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	K	7/2/24	$ 74.71	Comp. Supplies
				$	

5. Total only this Page	$ 2024.12
6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	$ 9765.95
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	320.00
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	280.11

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 1 of ____ | 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
Comm to Elect Tracy Ross for CC Sch Bd	ZCBN 93

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
Dollar Tree 5742 1141 E Marion St. Shelby NC 28150 980 295 2491	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ 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
	DC	C	7/7/24	$ 5.34	Event gift bags
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WMart 705 E Dixon Blvd Shelby, NC 28150 7044840024	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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
	DC	C	9/4/24	$ 16.23	FR Event candy
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Molly McKenny c/o LeGrande Ctr Marion St. Shelby NC 28150 704 669-4707	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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
	DC	C	10/8/24	$ 1387.75	FR Event Rental
				$	

5. Total only this Page	$ 1409.32
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)*	$

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

Amendment

CLERKS AND COUNTY BOE
2024 PM4:59

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Tracy Rose for CC School Board	CCBN93

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
Hobby Lobby 1730 E Dixon Blvd Shelby NC 704 487-8259	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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
	DC	C	7/9/24	$ 8.52	FRE event supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Williams Florist 2017 Rockwood Dr. Clt. NC 28206 704 358-3635	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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
	DC	C	7/10/24	$ 85.40	flowers for FRE event
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Office Depot 423 East Rd Shelby NC 28150 704 480-6327	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ 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
	DC	C	7/12/24	$ 626.85	FRE event Programs
				$	

5. Total only this Page	$ 720.77
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)*	$

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)**

CLEVELAND COUNTY BOE
OCT 29 '24 PM5:00

Disbursements

Pg 3 of ___ 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
Elect Tracy Ross for CC School Bd	ZCBN 93

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
ACAE c/o Tonya Pobby		
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	DC	C	7/15/24	$ 609.40	Caterer bal. FRONT X
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Abby Labby 1730 E Dixon Blvd Shelby NC 28150 704 487-8254		
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	DC	C	7/18/24	$ 90.67	Ebsale FR Event X
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Dollar Tree 1141 E Marion St. Shelby NC 28150 980 295 2491		
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	DC	C	7/2/24	$ 18.68	FRONT Supplies X
				$	

5. Total only this Page	$ 718.75
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)*	$

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)

CLEVELAND COUNTY BOE
JUL 29 '24 PM5:00

Disbursements

Pg 4 of ___ 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
Elect Tracy Rood for CC School Board	ZCBN93

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
Pressurized Diamond	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	DC	C	7/2/24	$ 125.00	FR Event T-shirts
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Hobby Lobby	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	DC	C	7/19/24	$ 122.56	FR Event Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Premier Peak % Peak Premier Outl. 215 Chestnut St. Shelby NC 28150 7044723787	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	C	C	7/19/24	$ 75.00	FR Event D.J.
				$	

5. Total only this Page	$ 322.56
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)*	$

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)**

CLEVELAND COUNTY BOE
OCT 29 '24 PM5:00

Disbursements

Pg 5 of ____ 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
Doug Thompson for CC School Board	ECBN 93

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
Charity Parker		
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	PC	C	7/20/24	$ 706.00	FR
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Wood % Pleasant City Auto 329 E. Marion St Shelby NC 28150 704 480-0466	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	CC	C		$ 77.61	FR Oil Change
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Burgin Hunt 1750 E Dixon Blvd Shelby NC 28152 704	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality: 125.61	Donation from Brenda Kay for 53.60 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
	PC	O		$ 72.01	Event Supplies 8/3
				$	

5. Total only this Page	$ 855.62
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)*	$

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 8 of ____ 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
Elect Tracy Rose for CC School Bd	ZEBN93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Boells - Broadway 2001 E Dixon Blvd Shelby NC 28152 704 482 7404		☐ Federal ☐ County: ☐ State ☐ Municipality:	8/3 Comm Event -	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	O	7/16	$ 127.99	8/3 Comm Event Grocery Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WMart 705 E Dixon Blvd Shelby NC 28150 704 484 0021		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	O	8/17/24	$ 21.24	8/17 Brkfst Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Walmart 205 E Dixon Blvd Shelby NC 28150 704 484-0021		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	C	O	8/17/24	$ 26.53	8/17 Brkfst Supplies
				$	

5. Total only this Page	$ 175.76
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)*	$

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

 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
Elect Tracy Rose for CC School Board	ECBN93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Chip Nuhiot		☐ Federal ☐ County: ☐ State ☐ Municipality:	Pictures from Fr Event	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	C	7/20/24	$ 65.00	Front pics
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Toscano's Bistro		☐ Federal ☐ County: ☐ State ☐ Municipality:	Event 8/17 - gift certificate for door prize	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	O	7/30/24	$ 21.35	GC for 8/17 event
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Bell Body Works 2001 E Dixon Blvd #50 Shelby NC 28152		☐ Federal ☐ County: ☐ State ☐ Municipality:	8/17 Event - Door prize	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	O	7/30/24	$ 28.82	Door prizes 8/17 event
				$	

5. Total only this Page	$ 115.17
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)*	$

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

 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
Elect Ross for CC School Bd	ECBN 93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Office Mart Burl Rd Shelby NC 28150		☐ Federal ☐ County: ☐ State ☐ Municipality:	Door prize 8/17 Breakfast	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	O	7/31/24	$ 92.73	8/17 Event Dr. Prize
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Dollar Tree 1141 E Marion St. Shelby NC 28150 980 295 2491		☐ Federal ☐ County: ☐ State ☐ Municipality:	8/17 Breakfast Table cloths	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	O	7/31/24	$ 32.03	8/17 Event supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LaGrande Ctr Marion St.		☐ Federal ☐ County: ☐ State ☐ Municipality:	FR Event Balance	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	C	7/19/24	$ 80.06	Event payment
				$	

5. Total only this Page	$ 204.82
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)*	$

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

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
Elect Tracy Rose for CC School Board	ECBN93

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
Office Max Earl Rd Shelby NC 28152 704 480 6327	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Flyers for event adv. 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
	DC	B	8/10/24	$ 98.74	8/17 Event Printing
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Pleasant City 833 S. Lafayette St. Shelby NC 28150	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Lunch mtg w/ Star project 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
	DC	O	8/12/24	$ 21.94	Lunch Mtg
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Sam's Club Franklin Blvd Gastonia NC	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Food supplies for 8/17 Brkfast 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
	DC	O	8/14/24	$ 57.41	8/17 Brkfast supplies
				$	

5. Total only this Page	$ 117.59
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)*	$

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)

OCT 29 '24 PM5:01

Disbursements

Pg 7 of ___ 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
Elect Tony Ross for CC School Board	ECBN93

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
Beverly Wright Young	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	C	O	8/17/24	$25.00	pics for 8/20 Breakfast
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Nicole May 2508 Shook Creek Ch. Rd Shelby NC 28152	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
	C	O	8/2/24	$ 120.00	Breakfast Event order
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Gaston Downtown Foundation	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	Dole attendance as candidate 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
	DC	O	7/30/24	$ 57.25	Event Dues
				$	

5. Total only this Page	$ 196.25
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)*	$

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

 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
Elect Tracy Rose for CC School Board	ECBN 93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
The Doc Show 167 W Main Ave Gastonia NC 28052		☐ Federal ☐ County: ☐ State ☐ Municipality:	8/17 Breakfast event Podcast	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	A	8/17/24	$ 75.00	Podcast
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Lowe's 425 Earl Rd Shelby NC 28152 704 484 9883		☐ Federal ☐ County: ☐ State ☐ Municipality:	Locks for Banner	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DE	B	8/19/24	$ 10.89	Media Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Headrick Outdoor Media 600 N Morgan St. Shelby NC 28150 704 487-5971		☐ Federal ☐ County: ☐ State ☐ Municipality:	Printing of Campaign Billboard	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DE	A	9/5/24	$ 1550.00	Billboard
				$	

5. Total only this Page	$ 1635.89
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)*	$

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 12 of

Amendment Yes No

CLEVELAND COUNTY BOE
OCT 29 '24 PM5:01

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
Elect Tracy Ross for CC School Board	ZCBN93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Office Max Earl Rd Shelby NC 28152 704 480-6327		☐ Federal ☐ County: ☐ State ☐ Municipality:	File folders	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	K	9/9/24	$ 8.32	Office supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
The Doc Show - Boss Talk		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	cash	A	9/13/24	$ 95.00	podcast
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Hendrick Outdoor Media		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	A	9/20/24	$ 700.00	Billboard 6 wk contract
				$	

5. Total only this Page	$ 783.32
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)*	$

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

 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
Tracy Ross for CC School Bd	ZCBN93

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
Wal Mart 550 Hwy 17N N. Myrtle Beach SC 29582 843 281 8352	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	pics from 7/20 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
	DC	G	8/23/24	$ 22.74	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Shelby NC Pride Shelby NC 28150	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Parade - candidate activity 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
	B/C	G	8/27/24	$ 30.00	Candidate attendance
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Office Max Depot Earl Rd Shelby NC 28150	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Copies for 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
	DC	B	9/25/24	$ 84.33	Copies + flyers
				$	

5. Total only this Page	$ 137.09
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)*	$

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

 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
Tracy Ross for CC Board of Edu	ECBN 93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GT Media LLC 109 Cameron Dr. Kings Mtn, NC 28086 704 477-9125	-	☐ Federal ☐ County: ☐ State ☐ Municipality:	Billboard photos	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	A	10/11/24	$ 53.00	Billboard Photos
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Walmart 705 E Dixon Blvd Shelby NC 28152 704 484-0021		☐ Federal ☐ County: ☐ State ☐ Municipality:	Speaking engagement @ Pride Festival	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	O	10/12/24	$ 34.90	Pride Festival candy
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Doc Show		☐ Federal ☐ County: ☐ State ☐ Municipality:	Marketing of campaign	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	C	O	10/12/24	$ 75.00	Podcast marketing
				$	

5. Total only this Page	$ 162.90
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)*	$

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

 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
Trees Roar for CC Board of Education	ECBN 93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Sam's Club Gastonia NC 2 704 866-4752	-	☐ Federal ☐ County: ☐ State ☐ Municipality:	Chairs/Seats for poll workers	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	DC	F	10/14/24	$ 279.76	Chairs for polls
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Brenda King Shelby NC 28150		☐ Federal ☐ County: ☐ State ☐ Municipality:	Campaign flyer printing	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	- C	B	10/18/24 (10/21/24 pay out)	$ 85.00	Campaign flyer 10'
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$ 60.00	T-Shirts
				$	

5. Total only this Page	$ 424.76
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)*	

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)**

CLEVELAND COUNTY BOE
OCT 24 PM 5:01

Disbursements

Pg 16 of ___ Amendment? ☐ Yes

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
Elect Trey Ross for CC School Board	ZCBN 93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Trey Ross		☐ Federal ☐ County: ☐ State ☐ Municipality:	Donation to Rod Powell campaign	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	AB	D	7/15/24	$ 25.00	Rod Powell donation
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Trey Ross		☐ Federal ☐ County: ☐ State ☐ Municipality:	Donation to Stormy Morgiello	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	AB	D	7/26/24	$100.00	Stormy Morgiello campaign
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Trey Ross		☐ Federal ☐ County: ☐ State ☐ Municipality:	Donation to Frances Webster campaign	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	AB	D	7/29/24	$ 50.00	Frances Webster campaign
				$	

5. Total only this Page	$ 175.00
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)*	$

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)**

CLEVELAND COUNTY BOE
OCT 21 '24 PM5:01

Disbursements

Pg 17 of ___ 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
Elect Trey Ross for CC School Bd	ZCBA93

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Tracy Ross		☐ Federal ☐ County: ☐ State ☐ Municipality:	Angela Woods campaign donation	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	AB	D	7/29/24	$ 50.00	Angela Woods donation
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Tracy Ross		☐ Federal ☐ County: ☐ State ☐ Municipality:	Justin Mat	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	AB	D	7/29/24	$ 25.00	Justin Mat
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Tracy Ross		☐ Federal ☐ County: ☐ State ☐ Municipality:	Donation to E. Hunt campaign	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	AB	D	8/5/24	$ 50.00	Emanuel Hunt campaign
				$	

5. Total only this Page	$ 125
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)*	$

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 18 of ___ Amendment ☐ Yes ☐ No

CLEVELAND COUNTY BOE
OCT 29 24 PM5:01

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
Elect Trois to CC School Board	ZCBN93

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
Justin Matthews Casar, NC	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	Donations to Justin Matthews campaign
		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
	AB	D	8/12/24	$ 20.00	Justin Matthews campaign
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ActBlue	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	Account fees
		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
	AB	K	7/1-10/20/24	$ 61.39	AB monthly fees
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ 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
				$	
				$	

5. Total only this Page	$
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)*	$ 9165.95 320.00 280.11

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)