| Disclosure Report Cover  |  | Amendment  |                             |
|--|--|--|-----------------------------|
| Use this form for general report and commi   | ittee information, must be scaned and subm   | The No   |                             |
| 100 march 100 ma | and the signed and summ  | med along with other detailed for  | ms.                         |
| 1. Committee Information a. Full Name  |  |  |                             |
|  |  | c. II) Number  |                             |
| Lommittee to   | Elect Coleman F  | tnat   |                             |
| b. Mailing Address (include City, State and Zip Co.  | dei  | d. Date Filed  |                             |
| 101 Country Cr   | cek Dr.  | WE AND THE PROPERTY OF THE PRO |                             |
| Kings mtn. ,   | VL 28086   | e. Phone Number  |                             |
| 2. Report Year 3. Period Start Date (mm/d  |  |  |                             |
| 2022   | 4. 1 et tou End Date (mm/dd/yy) 5. 1   | reasurer Full Name   |                             |
| o. Type of Committee (Check One)   | 9-6-2022 C   | oleman Hant  |                             |
| Candidate Campargo Parts   | Y A J Pe of Keport (Check only one type  | of report from one category)   |                             |
| PAC Referendum   | Viunicipal   State/County   Organizational   Organizational  | Referendum   |                             |
| Independent Expenditure I Joint Fundraiser   | Thirty-five day Quarterly  | Organizational Pre-referendum  |                             |
| Legal Expense Fund   | Pre-primary First  | Final  |                             |
| 7. Type of Fund (if applicable, check one)   | Preselection Second  | Supplemental Final   |                             |
| Booster Fund   | Pre-runoff   | ☐ Annual   | 1                           |
| Building Fund  | Semi-annual Fourth  Mid Year Semi-annual   | Special  |                             |
|  | Name of the second annual  |  | _]                          |
| Other:   | Final Mid Year Find Year End   | 10. Special Report Name  |                             |
| 8. Number of Fundraisers this Report   | Special Final  |  | M COUNTY BOE<br>7 22 PH3:34 |
|  | ☐ Special  | **************************************   | E4 FMD.04                   |
| 11. Account Information a. Financial Institution Full Name   | 11. Account Information  |  |                             |
| ~ 1 1 1  | a, Financial Institution Full Na   | me   | 4                           |
| Fidelity BANK  |  | a main — paragonille a mai deser la la main de la main a main de la main de l |                             |
| b. Purpose c. Account Code   | b. Purpose   | I. America I   | 1                           |
|  |  | c. Account Code  | . [                         |
| d Post d P   |  |  |                             |
| d. Period Begin  | Balance  | d. Period Begin Balance  | 1                           |
| CERTIFICATION \$   |  | \$   |                             |
|  |  |  |                             |
| I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are co.  | re with all applicable provisions of Article 22A   | 22B & 22D-27M of Chamarates  |                             |
| of the NC General Statutes and that no funds are correport is complete, true and correct and that I have be  | mmingled with prohibited or other non-disclose   | ed funds. I further certify that this  |                             |
|  | neen trained by the NC State Board of Elections  | i.   |                             |
| Coleman tount  | ( Lenn Idan)   | į  |                             |
| Printed Name of Segner   | Signature of Appointed Treasurer   | <del>\</del>   |                             |
| OR OFFICE USE ONLY   | The state of the s | <b>D</b> ate   |                             |
| Date Received: $9-7-22$  |  | Delivery Method  |                             |
| Date Postmarked:   | Employee:  | Normal Mail Registered Mail  |                             |
| Date Scanned:  | Employee:  | Hand Delivered Electronically Filed  |                             |
| Date Data Entered:   | Employee:  | Signer has not received  |                             |
| Please Note: This form cannot be used to   | nuo l'accessione   | mandatory training   |                             |
| Please Note: This form cannot be used to an assistant treasurer, custodic  | send committee information such as the co  | mmittee address, treasurer.  |                             |
| You must amend the Statement of O  | an of books information, or account inform<br>organization (CRO-2100A-E) to make com   | nation.  |                             |
| O-1000   | rganization (CRO-2100A-E) to make com  | mittee changes.  |                             |

| ☐ Yes |  |
|-------|--|
|-------|--|

| Detailed Summary Use this form to summarize all disclosure reporting forms and to total a                     |                                | Amendment  Ves No                        |
|---|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) [2. Type  | nonetary information of Report | 3. 1D Number                             |
| Committee to Elect Coleman Hunt   |                                |  |
| Start of Election Cycle: January 1, 2022  | Total this                     | Total this                               |
| 4) Cash on Hand at Start  | Reporting Period               | Election Cycle                           |
| RECEIPTS  |                                |  |
| 5) Aggregated Contributions from Individuals (CRO-120)  | 51 5 149.72                    | \$   \$                                  |
| 6) Contributions from Individuals (CRO-1210   |                                |  |
| 7) Contributions from Political Party Committees (CRO-122)  | 1100/5                         | 5  |
| 8) Contributions from Other Political Committees (CRO-1230)   |                                | \s\ \s\ \\ \s\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| 9) Loan Proceeds (CRO-141)  |                                | \$                                       |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)  |                                | \$                                       |
| 11) Other Receipt Sources   |                                | 2 TV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 11a) Interest on Bank Accounts (CRO-1250)   | S                              | **************************************   |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)   | 1 **                           | \$                                       |
| 11c) Outside Sources of Income (CRO-1250)   |                                | S  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)  |                                |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)   |                                | \$                                       |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)                                       |                                | \$                                       |
| EXPENDITURES  | ड जिसकाड                       | \$ .                                     |
| 13) Disbursements   |                                |  |
| 13a) Operating Expenditures (CRO-1310)  |                                | S  |
| 13b) Contributions to Camilidates/D. Rei C  | \$                             | \$                                       |
| 13c) Coordinated Party Expenditures (CRO-1310)  | S                              | \$                                       |
| 14) Aggregated Non-Media Expenditures (CRO-1315)  | S                              | \$                                       |
| 15) Loan Repayments (CRO-1420)  | \$                             | ; OLLVEIMD (                             |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)  | S                              | \$ 5EP 772                               |
| 17) In-Kind Contributions   | S                              |  |
| S) TOTAL EXPENDITUDES (CARE AND   | \$                             | \$                                       |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)                                   | 5 1249.75                      | \$                                       |
| ADDITIONAL INFORMATION  | 1,019,101                      | 3  |
| l de la companya de | 5                              |  |
|   | 5                              |  |
| 2) Debts and Obligations owed by the Committee (CRO-1610)   |                                |  |
| 3) Debts and Obligations owed to the Committee (CRO-1620)   |                                |  |
| 4) Account Transfers Within the Committee (CRO-1720) S  | , 5<br>(c)                     |  |
| 5) Administrative Support (CRO-1719), 5   | (4.5)                          | S  |
| 5) Forgiven Loans (CRO-1440) \$   |                                | 5  |
| 7) 48-Hour Notice Reports Sum (CRO-2220) 5  |                                | 3  |
| Contributions to be Refunded (CRO-1215) \$  | 4                              |  |

| Aggregated Cont                              | tributions from                       | n Individuals                   | Page of  | Amendment Yes | □ No                 |
|--|---------------------------------------|---------------------------------|--|---------------|----------------------|
| Optional form used to 1. Committee Full Name | and Fund if anni-                     | rablas                          | AND RESIDENCE MANAGEMENT OF THE PROPERTY OF TH |               |                      |
| Commo 'Ha                                    | . 4. 71                               | 24 Colemi                       | 7 . 1  | 2. ID Number  |                      |
| 3. Contributor Informat                      | 2 10 E16                              | CA COlemi                       | an Hunt  |               |                      |
| a. Amend b. Account Cod                      |                                       | d. In-Kind Description          |  |               |                      |
| Add  | · · · · · · · · · · · · · · · · · · · | a uracid Description            | e. Date immedd yy  | (y) f. Amount |                      |
| Remove Add                                   | CASh                                  |                                 | 9-1-2  | x SO.         | 00                   |
| Remove                                       | CASh                                  |                                 | 9-1-22   | s S 4 · 4     |                      |
| ∐ Add<br>□ Remove                            | ALTUINE                               |                                 |  |               |                      |
| Add  |                                       |                                 | 9-6-23   | 1 5 49,7      | S                    |
| Remove                                       |                                       |                                 |  | 5             |                      |
| ∐ Add<br>□ Remove                            |                                       |                                 |  | \$            |                      |
| Add  |                                       |                                 |  |               |                      |
| Remove Add                                   |                                       |                                 |  | S             | l                    |
| Remove                                       |                                       |                                 |  | \$            |                      |
| ☐ Add<br>☐ Ramove                            |                                       |                                 |  |               |                      |
| Add  |                                       |                                 |  | \$            |                      |
| Remove Add                                   |                                       |                                 |  | s             |                      |
| Remove                                       |                                       |                                 |  | S             |                      |
| Add  |                                       |                                 |  | .,            |                      |
| Remove Add                                   |                                       |                                 |  | 5             |                      |
| Remove                                       |                                       |                                 |  | 5             |                      |
| Add Remove                                   |                                       |                                 |  | l CIF         | <u>VELAND</u> COUNTY |
| Add  |                                       |                                 |  | \$            | SEP 7'22 PH3:3       |
| Remove                                       |                                       |                                 |  | S             |                      |
| Add<br>Remove                                |                                       |                                 |  |               |                      |
| 1.1.1  |                                       |                                 |  | \$            | 1                    |
| Remove Add                                   |                                       |                                 |  | \$            |                      |
| Remove                                       |                                       |                                 |  | 5             |                      |
| Add<br>Remove                                |                                       |                                 |  | · ·           |                      |
| Add  |                                       |                                 |  | \$            |                      |
| Remove                                       |                                       |                                 |  | \$            |                      |
| Add<br>Remove                                |                                       |                                 |  |               |                      |
| Add .  |                                       |                                 |  | \$            |                      |
| Remove Add                                   |                                       |                                 |  | \$            |                      |
| Ramov e                                      |                                       |                                 |  | 5             | _                    |
| Add<br>Remove                                |                                       |                                 |  | )             |                      |
| otal only this Page                          |                                       |                                 |  | D             | 1                    |
| otal of ALL CRO-120.                         | - D                                   |                                 | : \$   | 149.75        |                      |
| is line must be on line 5 of Detailed        | o Mages<br>d Summaro Poss Const. co   |                                 | \$   |               |                      |
| -1205  |                                       | (00)<br>(ate Board of Elections | ·  |               |                      |

|          |   | nort individual contrib           |   | ar cante                              | l<br>iberiase es | Pgof               | CPO 1      | Yes No                                |                            |
|----------|---|-----------------------------------|---|---------------------------------------|------------------|--------------------|------------|---------------------------------------|----------------------------|
| 1.       | Committee Full                          | Name (and Fund if                 | applicable)                                   | or count                              | orgentis ut      | iuci 5.97 (Frofil) |            | D Number                              |                            |
|          | Commi                                   | thee to E                         | lect Co                                       | len                                   | ~~ 1             | 1, ,}              |            |                                       |                            |
| .3, (    | Contributor Inf                         | ormation                          |   | ☐ Add                                 |                  | emove              |            | <del>"</del>                          |                            |
|          | ull Name, Mailing nelude city, state, & |                                   |   | b. Jo                                 | b Tide/Pro       | fession            | d. Ca      | mments                                |                            |
|          |   | 1 Hooker                          | 704 692-7                                     | 1440                                  | bonds            | man                |            |                                       | 1                          |
|          | CI CINHA                                | 4 (1.00)                          | <u>, , , , , , , , , , , , , , , , , , , </u> | c. En                                 | nployer's Na     | ame/Specific Field |            |                                       |                            |
|          | 220 KI                                  | y MAHMY                           | Ct.   | H                                     | ooker            | BAIL               | e. Ele     | ction Sum to Date                     |                            |
| {        | shelby, 1                               | us Arthur<br>VZ 28152             | -   | 1                                     | zond             | 1                  | \$         |                                       |                            |
|          | or g. Account Co                        |                                   |   |                                       |                  | j. Date (mm/dd/y)  | yyy) k     | . Amount                              |                            |
|          | Oì                                      | Check                             |   |                                       |                  | 9/2/22             | <b>)</b> _ | \$ 500.00                             |                            |
|          | 1                                       |                                   |   |                                       |                  |                    |            | \$                                    |                            |
|          |   |                                   |   | A A A A A A A A A A A A A A A A A A A |                  |                    |            | \$                                    |                            |
|          | ontributor Info                         |                                   |   | Add                                   | ☐ Rei            | nove               |            |                                       | -1                         |
| (inc     | lude city, state, & z                   | igress & Phone<br>ip)             |   | b. Job                                | Title/Profe:     | ssion              | d. Con     | unents                                |                            |
|          |   | Bradley<br>2bble Crea<br>NC 2815: | 04 484-94                                     | 87                                    |                  |                    |            |                                       |                            |
| Y        | narty                                   | Bradley                           |   | c. Emp                                | loyer's Nan      | ne/Specific Field  |            |                                       |                            |
| ;        | 2632 Pa                                 | ebble Cre                         | ek Dr.  | BY                                    | Adle             | γ′ς ,              | e. Elect   | ion Sum to Date                       |                            |
|          | Shelby,                                 | NC 2815                           | <b>}</b>                                      | 150                                   | rcen             | Printing           | \$         |                                       |                            |
|          | g. Account Code                         | n. Form of Payment                | i. In-Kind Descri                             | ption                                 |                  | j. Date (mm/dd/yyy |            | Amount                                |                            |
|          | 01                                      | Check                             |   | Table                                 |                  | 9-2-22             | \$         | 500.00                                |                            |
|          |   |                                   |   |                                       |                  |                    | \$         | · · · · · · · · · · · · · · · · · · · | 1                          |
|          |   |                                   |   |                                       |                  |                    | \$         |                                       |                            |
|          | tributor Inform                         |                                   |   | Add                                   | ☐ Remo           |                    |            |                                       | AND COUNTY E<br>Propriesas |
|          | de city, state, & zip                   |                                   |   |                                       | tle/Professi     |                    | I. Comm    |                                       | _ ALFMO:OH                 |
| 1        |   | 704 4-                            | 17-3393                                       |                                       | tire             |                    |            |                                       |                            |
| 1 6      | Soger.                                  | Harris,<br>bee Rd.                | • • •   | c. Emplo                              | yer's Name       | Specific Field     |            |                                       |                            |
| ון ויִ   | 13 BAY                                  | bee Rd.                           |   |                                       |                  | e.                 | . Electio  | n Sum to Date                         |                            |
| . 51     | relph' W                                | 'C 28150                          |   |                                       |                  |                    | \$         |                                       | -                          |
| f. Prior | g. Account Code                         | h. Form of Payment                | i. In-Kind Descript                           | ion                                   | j.               | Date (mm/dd/yyyy)  | k. Aı      | nount                                 | -                          |
|          | 01                                      | check                             |   |                                       | 9                | 1-2-22             | \$         | 100.60                                |                            |
|          |   |                                   |   |                                       |                  |                    | \$         |                                       | 1                          |
|          |   |                                   |   |                                       |                  |                    | \$         |                                       | 1                          |
|          | al only this Pa                         |                                   |   |                                       |                  | \$                 | 5 1 7      | 100.00                                |                            |
| 5. Tota  | d of ALL CR                             | O-1210 Pages                      |   |                                       |                  |                    |            |                                       | ĺ                          |
| CRO-12   |   | of Detailed Summary Pag           | e CRO-1100)<br>NC State Board                 | of Florida                            |                  | \$                 | <u>l, </u> | 100,00                                |                            |
|          |   |                                   | ··· state board                               | or enecino                            | us               |                    |            | April 2007                            |                            |

Amendment

April 2007