

# 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 ☐ No

|                                                       |                 |
|-------------------------------------------------------|-----------------|
| <b>I. Committee Information</b>                       |                 |
| a. Full Name                                          | c. ID Number    |
| Committee to Elect Heather Lemmond                    |                 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed   |
| 104 E. Ridge Street<br>Kings Mountain, NC 28086       | 02/05/2026      |
|                                                       | e. Phone Number |
|                                                       | 704.840.8535    |

|                |                                   |                                 |                      |
|----------------|-----------------------------------|---------------------------------|----------------------|
| 2. Report Year | 3. Period Start Date (MM/DD/YYYY) | 4. Period End Date (MM/DD/YYYY) | 5. Name of Candidate |
| 2025           | 10/20/2025                        | 12/31/2025                      | Heather Lemmond      |

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Type of Committee (Check One)</b><br><input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser |  | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input checked="" type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| <b>7. Type of Fund</b><br><input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |
| <b>8. Number of Fundraisers in Report</b><br>_____                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |

|                                    |                                    |
|------------------------------------|------------------------------------|
| <b>II. Account Information</b>     |                                    |
| a. Financial Institution Full Name | a. Financial Institution Full Name |
| Bank of America                    |                                    |
| b. Purpose                         | b. Purpose                         |
| Campaign Supplies                  |                                    |
| c. Account Code                    | c. Account Code                    |
|                                    |                                    |
| d. Period Begin Balance            | d. Period Begin Balance            |
| \$216.05                           | \$                                 |

## 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.

Heather Lemmond

Printed Name of Signer



Signature of Appointed Treasurer

02/05/2026

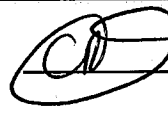
Date

## FOR OFFICE USE ONLY

Date Received:

2/6/26

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.

# Detailed Summary

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

|                              |                             |
|------------------------------|-----------------------------|
| Amendment                    |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|                                                                              |  |                                    |  |                                  |  |
|------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| Committee to Elect Heather Lemmond                                           |  | Final                              |  |                                  |  |
| <b>Start of Election Cycle:</b> January 1, 2025                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                     |  | \$216.05                           |  | \$                               |  |
| <b>RECEIPTS</b>                                                              |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                                 |  | \$                               |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$                                 |  | \$                               |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$                                 |  | \$                               |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$                                 |  | \$                               |  |
| 9) Loan Proceeds (CRO-1410)                                                  |  | \$                                 |  | \$                               |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$                                 |  | \$                               |  |
| 11) Other Receipt Sources                                                    |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$                                 |  | \$                               |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$                                 |  | \$                               |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$                                 |  | \$                               |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$                                 |  | \$                               |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$                                 |  | \$                               |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$0.00                             |  | \$                               |  |
| <b>EXPENDITURES</b>                                                          |  |                                    |  |                                  |  |
| 13) Disbursements                                                            |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$                                 |  | \$                               |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$                                 |  | \$                               |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$                                 |  | \$                               |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$                                 |  | \$                               |  |
| 15) Loan Repayments (CRO-1420)                                               |  | \$                                 |  | \$                               |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$216.05                           |  | \$                               |  |
| 17) In-Kind Contributions (CRO-1510)                                         |  | \$                                 |  | \$                               |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$                                 |  | \$                               |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$0.00                             |  | \$                               |  |
| <b>ADDITIONAL INFORMATION</b>                                                |  |                                    |  |                                  |  |
| 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)                                  |  | \$                                 |  | \$                               |  |

# Refunds/Reimbursements From the Committee

pg 1 of 1

|                              |                             |
|------------------------------|-----------------------------|
| Amendment                    |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

|                                                                                                   |                                   |                                                                                                                                                       |           |                            |  |
|---------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|--|
| 1. Committee Full Name (and full name of treasurer)                                               |                                   |                                                                                                                                                       |           | 2. Treasurer               |  |
| Committee to Elect Heather Lemmond                                                                |                                   |                                                                                                                                                       |           |                            |  |
| 3. Payee Information <input type="checkbox"/> Active <input type="checkbox"/> Retiree             |                                   |                                                                                                                                                       |           |                            |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                                   | d. Type of Committee                                                                                                                                  |           | h. Original Receipt Date   |  |
| Heather Lemmond<br>104 E. Ridge Street<br>Kings Mountain, NC 28086                                |                                   | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC                                                                            |           | 09/04/2025                 |  |
|                                                                                                   |                                   | <input type="checkbox"/> Referendum <input type="checkbox"/> Party                                                                                    |           |                            |  |
|                                                                                                   |                                   | e. Level Registered                                                                                                                                   |           | i. Original Receipt Amount |  |
|                                                                                                   |                                   | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |           | \$ 250.00                  |  |
| f. Purpose Code                                                                                   |                                   | j. Election Sum to Date                                                                                                                               |           |                            |  |
|                                                                                                   |                                   | \$                                                                                                                                                    |           |                            |  |
| b. Job Title/Profession                                                                           | c. Employer's Name/Specific Field | g. Comments                                                                                                                                           |           | k. Account Code            |  |
| Paralegal                                                                                         |                                   |                                                                                                                                                       |           |                            |  |
| l. Form of Payment                                                                                | m. Required Remarks               | n. Date (mm/dd/yyyy)                                                                                                                                  | o. Amount |                            |  |
| Funds Transfer                                                                                    | Candidate Personal Funds          | 02/05/2026                                                                                                                                            | \$ 216.05 |                            |  |
| 3. Payee Information <input type="checkbox"/> Active <input type="checkbox"/> Retiree             |                                   |                                                                                                                                                       |           |                            |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                                   | d. Type of Committee                                                                                                                                  |           | h. Original Receipt Date   |  |
|                                                                                                   |                                   | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC                                                                                       |           |                            |  |
|                                                                                                   |                                   | <input type="checkbox"/> Referendum <input type="checkbox"/> Party                                                                                    |           |                            |  |
|                                                                                                   |                                   | e. Level Registered                                                                                                                                   |           | i. Original Receipt Amount |  |
|                                                                                                   |                                   | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |           | \$                         |  |
| f. Purpose Code                                                                                   |                                   | j. Election Sum to Date                                                                                                                               |           |                            |  |
|                                                                                                   |                                   | \$                                                                                                                                                    |           |                            |  |
| b. Job Title/Profession                                                                           | c. Employer's Name/Specific Field | g. Comments                                                                                                                                           |           | k. Account Code            |  |
|                                                                                                   |                                   |                                                                                                                                                       |           |                            |  |
| l. Form of Payment                                                                                | m. Required Remarks               | n. Date (mm/dd/yyyy)                                                                                                                                  | o. Amount |                            |  |
|                                                                                                   |                                   |                                                                                                                                                       | \$        |                            |  |
| 3. Payee Information <input type="checkbox"/> Active <input type="checkbox"/> Retiree             |                                   |                                                                                                                                                       |           |                            |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                                   | d. Type of Committee                                                                                                                                  |           | h. Original Receipt Date   |  |
|                                                                                                   |                                   | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC                                                                                       |           |                            |  |
|                                                                                                   |                                   | <input type="checkbox"/> Referendum <input type="checkbox"/> Party                                                                                    |           |                            |  |
|                                                                                                   |                                   | e. Level Registered                                                                                                                                   |           | i. Original Receipt Amount |  |
|                                                                                                   |                                   | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |           | \$                         |  |
| f. Purpose Code                                                                                   |                                   | j. Election Sum to Date                                                                                                                               |           |                            |  |
|                                                                                                   |                                   | \$                                                                                                                                                    |           |                            |  |
| b. Job Title/Profession                                                                           | c. Employer's Name/Specific Field | g. Comments                                                                                                                                           |           | k. Account Code            |  |
|                                                                                                   |                                   |                                                                                                                                                       |           |                            |  |
| l. Form of Payment                                                                                | m. Required Remarks               | n. Date (mm/dd/yyyy)                                                                                                                                  | o. Amount |                            |  |
|                                                                                                   |                                   |                                                                                                                                                       | \$        |                            |  |
| 4. Total on this Page                                                                             |                                   |                                                                                                                                                       |           | \$                         |  |
| 5. Total of ALL CRO-1320 Pages<br>(This includes the amount from Refund Summary Page 1 of 1.)     |                                   |                                                                                                                                                       |           | \$ 216.05                  |  |
| 6. Purpose Codes (List detailed description and code in all caps)                                 |                                   |                                                                                                                                                       |           |                            |  |
| L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit |                                   |                                                                                                                                                       |           |                            |  |
| P* - Reimbursement of In-Kind      O* Other                                                       |                                   |                                                                                                                                                       |           |                            |  |
| Codes required detailed explanation of refund code in all caps                                    |                                   |                                                                                                                                                       |           |                            |  |



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name: Committee to Elect Heather Lemmond  
Treasurer Name: Megan Mallamas  
Treasurer Address: 1966 Castlegate Court  
(include city, state, & zip) Rock Hill, SC 29730  
  
  
Treasurer Phone: 828.361.8547

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

01/21/2026

Date Signed

  
Signature