

## Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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 Janet Rose
Treasurer Name:	Janet Rose
Treasurer Address:	212 Payners Rd
(include city, state, & zip)	Majock, NC 27958
Treasurer Phone:	252-202-2921
until the end of the election expenditures during this election and file required THIS DECLARATION CAI	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.  Signature



# **Candidate Designation of Committee Funds**

	This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).
	This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.
	Candidate Name: Janet Williams Rose
!	Committee Name: Committee to Elect Janet Rose
	Treasurer Name: Janet Williams Rose
	If Candidate is own treasurer, designate an agent to carry out designations:
	Committee ID #: 1CFISK
	Level Registered: [State] [County] If county, specify: Curribuck
En.	(Name of Candidate), hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).
Q	Name of Entity (Select from §163-278.16B(a))  Plan for Disbursement (eg. Amount or %)  2.  3.
	By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.
	Signature of Candidate:  Date:



### **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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 Janet Rose
Treasurer Name:	Janet Rose
Treasurer Address:	212 Painers Rd
(include city, state, & zip)	Mayork NC 27958
Treasurer Phone:	252-202-2921
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file require- THIS DECLARATION CA	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports.  NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled	Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously to fit the current election cycle. I further agree to file all future reports required.
, ,	/^

Disalogura Danart Cover		Amendment				
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.	ion, must be signed and suc	initied frong with other detailed forms.				
1. Committee Information						
a. Full Name	<u> </u>	c. ID Number				
To Carrie Day		ICEHCY				
Janet Williams Kosc		d. Date Filed				
b. Mailing Address (include City, State and Zip Code)		u. Date riieu				
212 Poyners Rd		2127124				
Majock NC 27958		e. Phone Number				
Mayor NC 21938		252-202-2921				
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Per	iod End Date (mm/dd/yy) 5	. Treasurer Full Name				
2024 01-01-24 0	1-27-24	Janet Williams Rose				
	1 2 1	ype of report from one category)				
Candidate Campaign Party Municipal	State/County	Referendum				
PAC Referendum Organiz	ational Organizatio	nal Organizational				
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-f	ive day Quarterly	Pre-referendum				
Legal Expense Fund Pre-prin	nary First	Final				
☐ Pre-elec	ction Second	Supplemental Final				
7. Type of Fund (if applicable, check one) Pre-rune	off	Annual				
Booster Fund Semi-ar	nual 🔲 Fourth	Special				
Building Fund Mi	id Year Semi-annua	]				
☐ Ye	earEnd 🔲 MidY					
Other: Final	Year E	nd				
8. Number of Fundraisers this Report	Final					
0	☐ Special					
11. Account Information	11. Account Informs	tion				
a. Financial Institution Full Name	a. Financial Institution F	ull Name				
State Employees Cordtla						
b. Purpose c. Account Code	b. Purpose	c. Account Code				
12.00						
Campaign d. Period Begin Balance						
d. Period Begin Balance	. —	d. Period Begin Balance				
\$		\$				
CERTIFICATION						
I certify that the Committee or Fund is in compliance with all	l applicable provisions of Artic	ele 22A, 22B & 22D-22M of Chapter 163				
of the NC General Statutes and that no funds are commingled						
report is complete, true and correct and that I have been train						
	, · · · · · ·	Δ				
Jonet Williams Rose	anto lellians	Kre 2/27/24				
Printed Name of Signer	Signature of Appointed Treasur	er Dale				
FOR OFFICE USE ONLY						
Date Received: Er	nployee:	Delivery Method				

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.

Employee:

Employee:

Employee:

Date Postmarked:

Date Data Entered:

Date Scanned:

CRO-1000

■ Normal Mail Registered Mail

☐ Hand Delivered ☐ Electronically Filed

August 2008

Amendment **Contributions from Individuals** Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 203 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Ilect In. + Rose

<b>H</b>			<del>191-14</del>	معيد		لسلم	
1	itributor Inform	The second secon	L	] Add [	☐ Rêmove	-	
	a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Tit	tle/Profession	d. (	Comments
(Incine	de City, State, & Lip,	· <u> </u>		$\dashv$			
		<i>ι</i> τ.Λ		c. Employ	yer's Name/Specific Field	1	
	N'	1/19			<u> </u>	1_	
	/ )	( /   '		-		e. E	Election Sum to Date
	-					\$	· · · · · · · · · · · · · · · · · · ·
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	intion	j. Date (mm/dd/yy		k. Amount
	B. 12550	111 1 1111 11 11 11 11	I ANTARIAN DODGE	ption	J. 1980 (HBIRMEN)	33,	
							\$
							\$
							\$
3. Conf	tributor Informa	ation		Add [	Remove		
	Name, Mailing Addre			b. Job Titl	le/Profession	d. C	Comments
(includ	de city, state, & zip)		·	_			
İ				c Employ	er's Name/Specific Field	4	
				C. Lampau,	and the state of t	-	
						e. E	lection Sum to Date
				}		\$	
f. Prior	g. Account Code	The Form of Dogmant	i. In-Kind Descrip	_4	Li Posto (mandaldimi	<u> </u>	To A
	g. Account Code	h. Form of Payment	1. In-Kina Descrip	tion	j. Date (mm/dd/yy)	<b>yy)</b> !	k. Amount
	<u> </u>		<b></b>				S
							s
						_	\$
3. Cont	tributor Informa	ation		Add [	Remove		No. of the second
	ame, Mailing Addres			b. Job Titl	e/Profession	d. C	comments
(includ	le city, state, & zip)				<del></del>		
ĺ				c Employ	er's Name/Specific Field	┨	Į.
i				C. Employe	1 8 Name/Specific Freig	1	
					ı	e. El	lection Sum to Date
					l	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y) 1	k. Amount
							\$
							\$
							\$
4. Tota	al only this Pa	age				\$	
		O-1210 Pages				-	
		of Detailed Summary Par	see CRO-1100)			\$	-/(-

CRO-1210

#### **Detailed Summary**

Amendment Yes

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Total this Total this Start of Election Cycle: January 1, 2024 **Reporting Period Election Cycle** 4) Cash on Hand at Start <u> 3319.03</u> 苹 \$ RECEIPTS 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) **EXPENDITURES** 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) \$ 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 \$ 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)

Disbursen	nents				p <sub>a</sub> ) of	2	Amendment  Yes No
Use this form to	to report expenditures	from the commit	ttee for (	operating ex	penses, contribut	ions	to candidate/political
committees and	d coordinated party ex Full Name (and Fun	xpenditures					
γ		Q II abbiicanie)		- 0		<u>.</u>	2. ID Number
	ittee to l	=kct 1	Ivo	ct 50	35C		ICFHSK
3. Type of Dish		e use separate Ck					- <del> </del>
Operating Exp  4. Payee Inform		ntributions to Candida		Add		rdinat	ted Party Expenditures
	Mailing Address & Ph	none	بك		Remove		d. Comments
(include city, state.	e, & zip)				to Commence		u. Commento
Meighbo	rhood Signs Amberton I	+ Stickers	LLC	1	- :		
1.1.25	Anherton	scive. Sui	ätch	c. Level Register	istered (Specify)  County:		
				State	Municipa	dity:	e. Election Sum to Date
Elknd	a MD 21	075		<del></del>			600 2 22
f. Account Code	1		I. m-4n (	(116	<del> </del>	1. rg.	* YLO, DU
	g. Form of Payment		1			<del></del>	equired Remarks
Ø 1312	cocott and	<u> </u>	DINE	<u> </u>	\$ 840,00	٠	Signs
7	<u> </u>		┸┯		\$		
4. Payee Inforn	mation ling Address & Phone	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Remove		
a. run Name, Man include city, stat)	_		!	b. Coordinate	ed Committee Name		d. Comments
		FL Mers	<u>f.</u>	[			
mome r	Sepot-So. peake, Vo	IN CHUSE	pcare	c. Level Regis	stered (Specify)		
Chesa	meake, VC	h	1	Federal State	County:  Municipal	1111/1	e. Election Sum to Date
		•		- State	L. Promerpa.	111y.	* \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	<del></del>	·		<u></u>			\$ 1141.13
	†	h. Purpose Code	1	mm/dd/yyyy)			quired Remarks
1215	creditored	F	61/2	8 /2024	\$281.13	ρz	<del>sts</del>
	l'				\$	_	
. Payee Inform				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments
(include city, state				l			
Sweetpe	ea Designs Re Young L NC 2799		ŀ	c. Level Regis	stered (Specify)	$\dashv$	
Caratok	ie Huy			Federal	County:		
Marinel	11 2795	<u>- T</u>	]	State	Municipali	ity: e	e. Election Sum to Date
myour	- NC ZI	0	Ī	ı			\$ 1279.91
Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy) j	j. Amount	k. Red	quired Remarks
1215	Check	B	אן כח	ואמכור	\$138,78	Vi	incl application
			<del></del>	<del></del>	\$		
. Total only thi	is Page				<u> </u>	$\neg$	\$ 1279.41
	CRO-1310 Pages						<u> </u>
	line 13a of Detailed Sum	mary Page CRO-110	10 if Opera	ating Expenses	s)		en .
(This line goes in l	line 13b of Detailed Summ	mary Page CRO-1100	00 if Contr	rib to Candidat	tes/Political Comm)		\$
(This line goes in /	line 13c of Detailed Sumn	nary Page CRO-110	0 if Coord	linated Party E	Expenditures)	$\perp$	, i

O\* Other

A\* - Media

E - Salaries

I - Postage

C\* - Fundraising

G - Political Party

**K\*** - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

F\* - Equipment

B\* - Printing

J - Penalties

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

			• 2	Amendment	,
Pg	_	of		☐ Yes	X No

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

Lecommittee Ault Name (and Fund Lapplicable)							2. ID Number
Committee to Elect Janet Rose							
Z MOZOL TO		aise separate Cr		7			
Operating Exp		tributions to Candida				xordina	ted Party Expenditures
TANGSTHOE				Atid 🗆	The state of the s		
1	Iailing Address & Ph	one		b. Coordinat	ed Committee Nar	ne	d. Comments
(include city, state,							
OfficeM	ax			c Level Begi	stered (Specify)	-	
-1	11 Act 1	1 77 904		Federal	County:		
12ab	eth City N	C 2/101		State	Municip		e. Election Sum to Date
				<del>                                    </del>		j	\$ 13>10.11
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
1215	CC	R		12/2024	\$ 46,25	1	Aniec
12.15		<u>                                    </u>	121	12/2029	f /61/23		opies
				and the second second	Þ		
4. Payeer more					Remove	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
•	ing Address & Phone			b. Coordinate	ed Committee Nan	16	d. Comments
(include city, stat	· · · · · · · · · · · · · · · · · · ·			-			
Office 1	May			c I avel Penis	stered (Specify)		
	<i>F</i>			Federal	County:	-	
Elizab	ethery	NC 2790	ç	State	Municip	ality:	e. Election Sum to Date
-1,200	Z A		•		<del></del>		· 12 > > 2.1
							\$ 1327.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount		equired Remarks
1215	cash	B	כלכם	1/2024	\$ 1.08	,	CONT
			-2-,		\$		<b>1</b>
Part of the second			- 1 - 1	ere verse 🕳 🖫	Ψ <b></b>		
- Andrews Co. Co. Str. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	ation 200	de la		CARTES AND	Remove		d. Comments
(include city, stat	ng Address & Phone			n. Coordinate	d Committee Nam	ie :	a. Comments
(include city, state	с, с. ыр,					ľ	
				c. Level Regis	tered (Specify)	$\neg$	
				Federal	County:		
				State	Municip	ality:	e. Election Sum to Date
						l	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	guired Remarks
	<u> </u>				\$	<b> </b>	
<u> </u>					<u></u>	<del> </del>	
					\$		
Sardenonie in	stage - Te		13.73	1. 1. 1	and the		s 47.33
of the fane. Van	EROSEMENTO E	A PROPERTY.		Second Second			البيان المرابع
(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)							
	A Elladore: society Lastrelate a spendimenta de likiny apore)						
A* - Media	B* - Printin	•		ındraising	<b>D</b> - To	Anoth	ner Candidate
E - Salaries	• • • • • • • • • • • • • • • • • • • •						
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
	* Other Godes require detailed explanation in required temarks field (k)						
s codes nequire	guetaned explanation	on in required to	marks	neld (k)	45 - 5 - 32	1	A STATE OF THE STA

Disbursem					Pg _	of		Yes	□ No
	o report expenditures		itee for o	perating exp	enses, c	ontributi	ions 1	to candidate/poli	itical
	coordinated party ex Full*Name (and Fun		No. 1944			<del></del>		2. ID Number	
	AUI THE PARTY NAMED IN	MANAGEMENT OF THE PARTY OF THE	<u>\$</u> .00 .30	•• 🚅 • • •		/. <u>-</u>		The state of the s	E 21 - Constructive .
3. Type of Dist	Sursement (Pleas	e use separate Ci	ŘO÷1310	forms for e	ach type	e of Dist	urse	ment.)	
Operating Exp	penses Cor	ntributions to Candid					rdinat	ted Party Expenditui	res
4. Payee Intort				Add 🗆	The Marian Color				
	Mailing Address & Pl	none	_	b. Coordinate	ed Commi	ittee Name	e	d. Comments	
(include city, state	, & zip)			4				ł	
				c. Level Regi	stered (Sp	ecify)		f	
				Federal		County:		<u> </u>	
				State		Municipa	ality:	e. Election Sum to	Date
								\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amour	ıt .	k.R	equired Remarks	
		T	1		\$				
	<u> </u>		†		\$				
4. Pavee Infort	L Marian	I was the		Add	Remove	e	, j. (	The state of the s	The second
AND THE PARTY OF T	ling Address & Phone	A THE STATE OF THE STATE OF		b. Coordinate	2. The	-	e	d. Comments	A.C. Carrier
(include city, sta									
				c. Level Regi:	stered (Sp				
				Federal	님	County: Municipa	· lies:	e. Election Sum to	Thata
				State		Municipa	anty.		Date
				ļ				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amour	nt	k R	equired Remarks	
					\$			-	
<del></del>	<del>                                     </del>		+		\$		+		
							2,0		: 3
4. Payeelinon				1 ATTENDED	Remove	Control of the Control of the Control	J		
	ling Address & Phone			b. Coordinate	ed Commi	ittee Name	e	d. Comments	
(include city, sta	te, & zip)								:
				c. Level Regis	stered (Sp	ecify)			
				Federal		County:			
				State		Municipa	ality:	e. Election Sum to	Date
								\$	
	<del></del>	In the second Code	1. 10.4-7	(136:)	i,	4	lı. D		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amour	it	K. A.	equired Remarks	
			<u> </u>		\$			<del></del>	
		ļ	l		\$				
Se Committee	nspate.			· 1000 1000 1000 1000 1000 1000 1000 10	1-) Sand 1-121		30 c. s. 37 - s.	\$	
or hain a.v.			1.0	A. C.		Nord State			
	n line 13a of Detailed Sur	mmary Page CRO-1	100 if Ope	rating Expense	es)	•		\$	
(This line goes in	n line 13b of Detailed Sui	mmary Page CRO-11	100 if Con	trib to Candide	ates/Politi		)	3	
(This line goes in	n line 13c of Detailed Sur	nmary Page CRO-11	100 if Coo	rdinated Party	Expendite	ures)			
7. Purpose C	Oles Dist detailed	iexoelojiji jest	eiff(h.)	ábové)	4 ja		31.7	Talk it dige governing the	Haran Man
A* - Media	B* - Printi	The state of the last of the l	C* · F	undraising				ther Candidate	
E - Salaries	F* - Equip			litical Party				ng Public Office	-
I - Postage	J - Penalti	ies	K* - O	office Expen	ises	Q* - D	onati	ion to Legal Ex	pense Funa
O* Other	en annoch sateri. Se tha sateri sa	ion in required i	er serie a a <b>t</b> ar	cienta des					Angel Commence

Amendment

# **CANDIDATE FILING PACKET / CHECKLIST**

# FILING FORMS AND DOCUMENTS

- اری Notice of Candidacy, Nickname Affidavit (if applicable)
- Filing Fee (must pay by check if filing fee is \$50 or more)
- ✓ Signage and Electioneering Information
- √ Littering statutes

### **CAMPAIGN FINANCE**

Additional forms can be found at www.ncsbe.gov in the Campaign Finance section.

- ✓ Statement of Organization (CRO-2100A)\*\* (The Certification of Treasurer form has been
   combined into Statement of Organization form-one document for BOTH)
- Treasurer Training Schedule or www.ncsbe.gov Campaign Finance section
- Certification of Financial Account Information (CRO-3500)\*\*
- Candidate Designation of Committee Funds (CRO-3900)\*\*

# Candidates OVER \$1,000 Threshold:

- Disclosure Report Cover (CRO-1000)\*\*\*
- Detailed Summary (CRO-1100)\*\*
- o Organizational Disclosure Report (due within 10 days) www.ncsbe.gov

Candidates <u>UNDER</u> \$1,000 Threshold:

(If eligible)

Certification of Threshold (CRO-3600)\*\*

2024 Candidate's Guide to Campaign Finance in North Carolina.

\*\*Forms must be completed and returned to Board of Elections within 10 days of filing. Your forms must be received by Candidate acknowledges receipt of this information

Candidate T	
Candidate Jonet Rose D	ate Filed_12-15-23
<ul> <li>Statement of Organization (CRO-2100A)**</li> </ul>	Data Batumad 10 200
	Date Returned 12-27-33
<ul> <li>Certification of Financial Account Number (CRO-3500)**</li> </ul>	Date Returned 12-27-23
Certification of Treasurer (CRO-3100)**	
	Date Returned
<ul> <li>Candidate Designation of Committee Funds (CRO-3900)**</li> </ul>	Date Returned 12-27-23
(	- Late Metallieu - Ca - Ca 7 - Ca 7
Candidates OVER \$4 000 Throat at 1	
Candidates OVER \$1,000 Threshold:	
<ul> <li>Disclosure Report Cover (CRO-1000)**</li> </ul>	Date Returned NA
○ Detailed Summary (CRO-1100)**	1
5 Dotailed Guiffinary (CRO-1700)**	Date Returned NA
Organizational Disclosure Report	Date Returned NA
·	Date Returned 10 13 7
Candidates LINDED 64 and 7	
Candidates <u>UNDER</u> \$1,000 Threshold: (if eligible)	
<ul> <li>Certification of Threshold (CRO-3600)***</li> </ul>	Date Returned 12-28-23
	- La rotalinea <u>A AO</u> OU

Notes: