Use his form for general report and committee information.   Committee Information	Disclosure Repo	ort Cover				Amendment  Yes Pl-No
Do not use this form to update information.  1. Committee Information  5. Pull Name  C. D. Namber  C. C. Committee (Check Only)  C. D. Yee  C. Account Code  C. Type of Fund  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. D. Type of Fund  C. C. Committee of Fundament Separational  C. C. Committee of Fundament Separational  C. C. Type of Fund  C. C. Committee of Fundament Separational  C. C. Type of Fund  C. C. Committee of Fundament Separational  C. C. Type of Fund  C. C. Type of Fund  C. C. Committee of Fundament Separational  C. C. Type of Fundament Separational  C. C. Type of Fundament Separational  C. C. Type of Fundament Separational  C. C. C. Committee Of Fundament  C. Type of	Use this form for general	al report and committee i	nformation, must	be signed and si	ubmitted alo	ng with other detailed forms
Description	Do not use this form to	update information.				
Description		tion				
Report Year   3. Period Start Date (mon/ddy)   4. Period End Date (mon/ddy)   5. Treasurer Full Name   3C3 C 19 15 55   4C4	a. Full Name	-				c. ID Number
Report Year   3. Period Start Date (mon/ddy)   4. Period End Date (mon/ddy)   5. Treasurer Full Name   3C3 C 19 15 55   4C4	The Constitution	a la chad.	-2.0. <del>.</del>			
Report Year   3. Period Start Date (mon/ddy)   4. Period End Date (mon/ddy)   5. Treasurer Full Name   3C3 C 19 15 55   4C4	b. Mailing Address (include	City, State and Zip Code)	ansex 6	10 Mg	<del> </del>	d. Date Filed
2. Report Year   3. Period Start Date (mm/dd/yr)   4. Period End Date (mm/dd/yr)   5. Treasurer Full Name    2	· · · ·		- · <del></del> - ·		···— — ·	
252 C.19 (552)  2. Report Year   3. Period Start Date (mm/dd/yr)   4. Period End Date (mm/dd/yr)   5. Treasurer Full Name   QQ   Y-V-Y-Z-Y   C-Yo-2V   Teason   Teaso	101 ENTEROLZ	case counted	F NC 4	1433		
2. Report Year 3. Period Start Date (convlotify) 4. Period End Date (maw/dd/y) 5. Treasurer Full Name    Quad						e. Phone Number
C-SO-24   C-SO						327 018 1227
S. Type of Committee (Check One)   9. Type of Report (check only one type of report from one category)   Candidate Campain   Party   Municipal   State/County   Referendum   Organizational   O	2. Report Year 3. Perio	od Start Date (mm/dd/yy)	4. Period End I	)ate (mm/dd/yy)	5. Treasure	er Full Name
S. Type of Committee (Check One)   S. Type of Report (check only one type of report from one category)   Candidate Campain   Party   Municipal   Organizational   Organization	2024 2-14	¥- 24	6-30-	่อง	-100	and the state of
Cardidate Campain		Check One) 9.				
Independent Expenditure   Joint Fundraiser   Thirty-five day   Pre-primary   First   Final   Pre-referendum   Pre-referendu					77.	
Legal Expense Fund			Organizational	Organizati	onal	Organizational
Pre-cluction   Second   Supplemental Final   Annual   Special   Booster Fund   Booster Fund   Boilding Fund   Mid Year   Semi-annual   Special	I <b>=</b> '	☐ Joint Fundraiser ☐	Thirty-five day	Quarterly		Pre-referendum
Type of Fund   (if applicable, check one)	Legal Expense Fund		Pre-primary	☐ First		Final
Booster Fund   Building Fund   Mid Year   Semi-annual			Pre-election	Secon	nd	Supplemental Final
Building Fund		oplicable, check one)	Pre-runoff	Third	l	Annual
Number of Fundraisers this Report   Special   Final   Fina				Fourt	h	Special
CERTIFICATION   I. Account Information   I.	Building Fund	<u>                                     </u>				
8. Number of Fundraisers this Report   Special   Final   Special    11. Account Information   11. Account Information   a. Financial Institution Full Name    A. Financial Institution Full Name   Account Code   b. Purpose   c. Account Code    C. Account Code   b. Purpose   c. Account Code    C. Account Code   d. Period Begin Balance   st. L.	D 0	빌				10. Special Report Name
II. Account Information   II. Account Institution Full Name   II. Account Inst	2 <del></del>				End	
11. Account Information a. Financial Institution Full Name b. Purpose c. Account Code d. Period Begin Balance st. Loss d. Period Beg	o. Number of Fundraise	rs uns keport	Special	Final		
a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance \$1,659  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.  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:  Delivery Method  Normal Mail  Date Postmarked:  Employee:  Date Scanned:  Date Scanned:  Employee:  Date Scanned:  Date Data Entered:  Employee:  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 address, treasurer,	0			L Special		
b. Purpose  c. Account Code  d. Period Begin Balance  \$ 1,655  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.  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  FOR OFFICE USE ONLY  Date Received:  Employee:  Delivery Method  Normal Mail  Date Postmarked:  Employee:  Date Scanned:  Employee:  Date Scanned:  Employee:  Date Date Electronically Filed  Date Date Entered:  Employee:  Date Onta Entered:  Employee:  Date Onta Entered:  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 address, treasurer, page 1844-1846.			11. A	ccount Inform	ation	
b. Purpose  c. Account Code  d. Period Begin Balance \$1,635  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.  Printed Name of Signer  Signature of Appointed Treasurer  Delivery Method   Normal Mail     Registered Mail     Hand Delivered     Date Postmarked:   Employee:   Employee:   Electronically Filed   Date Data Entered:   Employee:   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 in the committee of the c	a. Financial Institution Full N	lame	a. Fin	ancial Institution F	uli Name	
b. Purpose  c. Account Code  d. Period Begin Balance \$1,635  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.  Printed Name of Signer  Signature of Appointed Treasurer  Delivery Method   Normal Mail     Registered Mail     Hand Delivered     Date Postmarked:   Employee:   Employee:   Electronically Filed   Date Data Entered:   Employee:   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 in the committee of the c	M. J. C.	0 ~ A.				
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You must amend the Statement of Organization (CRO-2100A-E) to make complete clayou						
	CRO-1000					

105 1 7024

Amendment

1. Committee Full Name (and Fund if applicable)	2. Type of			ID Numl	er
it committee to about Jase Bands					
Start of Election Cycle: January 1, 2024	.1	1	al this	·	Total this
4) Cash on Hand at Start			ng Period		ection Cycle
RECEIPTS		\$-16	35	\$ -	-0-
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ - 0	<b>'</b>	S	
6) Contributions from Individuals	(CRO-1210)		<u> </u>	s	<u>5~</u>
7) Contributions from Political Party Committees	(CRO-1220)	<u> </u>	<del></del> -	s	<del>                                     </del>
8) Contributions from Other Political Committees	(CRO-1230)	<del>                                     </del>		s	<del> </del>
9) Loan Proceeds	(CRO-1410)	<del>                                     </del>		\$	<del> </del>
io) Refunds/Reimbursements to the Committee	(CRO-1240)	<del></del>		s	
11) Other Receipt Sources	(03.0 12.0)	<b>*</b>			
11a) Interest on Bank Accounts	(CRO-1250)	S	realist seke	\$	
11b) Contributions from Not-For-Profit Organizations				\$	
11c) Outside Sources of Income	(CRO-1250)			\$	
11d) Legal Expense Fund - Other Sources	(CRO-1230)			\$	<del></del>
11e) Exempt Purchase Price Sales	(CRO-12/6)	\$	<u> </u>	<del> </del>	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,			<u> </u>	\$	<del></del>
EXPENDITURES	i i d and i i e j	Þ	ļ	3	<u> </u>
3) Disbursements		en en de de la companya de la compa	47.14.25	h in Site	
13a) Operating Expenditures	(CRO-1310)	\$		\$	
13b) Contributions to Candidates/Political Committees	· '	<u> </u>		s	
13c) Coordinated Party Expenditures	(CRO-1310)			\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	<u> </u>	<del>                                     </del>	\$	
5) Loan Repayments	(CRO-1420)		+	\$	<u> </u>
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$		\$	<del> </del>
7) In-Kind Contributions	(CRO-1510)	· · · · · ·	ļ	\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$		\$	
D) Cash on Hand at End (Add lines 4 and 12 together, then subt				\$	<u> </u>
DDITIONAL INFORMATION	1				15
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$		A. J. 268	
) Debts and Obligations owed to the Committee	(CRO-1620)	\$		78.6	5 38 C (200
) Account Transfers Within the Committee	(CRO-1720)	\$			
i) Administrative Support	(CRO-1710)	\$		\$	
5) Forgiven Loans	(CRO-1440)	\$		\$	
7) 48-Hour Notice Reports Sum	CRO-2220)	\$	/	\$ \	/
<del></del>		\$ -0		\$	٠ -
RO-1100 NC State Out	CEIVI	ED			August 2008

JUL 1 / 2024