

Disclosure Report Cover

Yes No

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

CLEVELAND COUNTY BOE
MAY 6 '22 PM 1:21

1. Committee Information	
a. Full Name FRIENDS OF ALAN NORMAN	c. ID Number -QBC115--
b. Mailing Address (include City, State and Zip Code) 568 OAK GROVE CLOVER HILL CH ROAD. LAWNDALE, NC 28090	d. Date Filed 05/06/2022
	e. Phone Number (704) 472-6480

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/2022	04/30/2022	BREANNE NORMAN MILLER

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name ALLIANCE BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCES	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 31,604.28		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Breanne Norman Miller Breanne N. Miller 5-6-22
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>5/6/22</u>	Employee: <u>RJZ</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

Yes No

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		ID Number
FRIENDS OF ALAN NORMAN		2022 FIRST QUARTER		QBC115--
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 31,604.28	\$ 29,519.65	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00	\$ 100.00	
6) Contributions from Individuals	(CRO-1210)	\$ 2,120.00	\$ 10,770.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,220.00	\$ 10,770.00	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1,367.00	\$ 5,882.37	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 2,000.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00	
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,367.00	\$ 7,882.37	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 32,457.28	\$ 32,407.28	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00		
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS OF ALAN NORMAN						-QBC115--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOSEPH ROMES 8429 BLACKWOLF DRIVE MADISON, WI. 53717				VP			
				c. Employer's Name/Specific Field			
				ARCHWAY SERVICE			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	CHECK		02/12/2022	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LISA WHISNANT 206 LUTZ ROAD LAWNDALE, NC 28090				NURSE			
				c. Employer's Name/Specific Field			
				ATRIUM HEALTH			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	CHECK		02/26/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RODGER DIXON 1117 NEW PROSPECT CHURCH RD SHELBY, NC 28150				RETIRED			
				c. Employer's Name/Specific Field			
				GASTON COLLEGE			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	CHECK		02/28/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,120.00	

CLEVELAND COUNTY BOARD OF ELECTIONS
MAY 22, 2022

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
FRIENDS OF ALAN NORMAN					-QBC115--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM THOMPSON JR 587 OAK GROVE CLOVER HILL CH RD. LAWNDALE, NC 28090			AGENT			
			c. Employer's Name/Specific Field			
			NC DEPT. OF AGRICULTURE		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	CHECK		02/28/2022		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JODY SEAGLE 8711 RAMSEY ROAD CONNELLY SPRINGS, NC 28612			LAW ENFORCEMENT			
			c. Employer's Name/Specific Field			
			CLEVELAND COUNTY		e. Election Sum to Date	
					\$ 1,020.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	CHECK		03/01/2022		\$ 1,020.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAULA G. PRUETT PO BOX 823 ELLENBORO, NC. 28040			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	CHECK		04/28/2022		\$ 400.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1,620.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,120.00	

CLEVELAND COUNTY BOARD OF ELECTIONS
MAY 6 2022 10:27

Aggregated Contributions from Individuals

Page

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1

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)		ID Number	
FRIENDS OF ALAN NORMAN		-QBC115--	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	01	CASH		02/28/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	CASH		02/28/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 100.00
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5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 100.00
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WILSON COUNTY BE
MAY 6 22 1:27

Disbursements

Yes No

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

1. Committee Full Name (and Fund if applicable) FRIENDS OF ALAN NORMAN					2. ID Number -QBC115--
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
KRISTEN HAMRICK 249 BENTON ROAD KINGS MOUNTAIN, NC 28086				c. Level Registered (Specify)	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
				e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	O	01/14/2022	\$150.00	BOOK KEEPER
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
CLEVELAND COUNTY BOARD OF ELECTIONS 215 PATTON DR. SHELBY, NC 28150				c. Level Registered (Specify)	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
				e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	O	02/28/2022	\$1,017.00	FILING FEE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WILL THOMPSON 587 OAKGROVE CLOVER HILL CH RD LAWNDALE, NC. 28090				c. Level Registered (Specify)	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
				e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	O	03/31/2022	\$200.00	REFUND
				\$	
5. Total only this Page					\$ 1,367.00
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1,367.00
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

* Codes require detailed explanation in required remarks field (k)