Disclosgre	Report Cover
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Ámendment		
Yes Yes	\boxtimes	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

The Marketine and the second and the second						
,1. Committee Information.						
a. Full Name	4. · · · · · · · · · · · · · · · · · · ·		· •	c. ID Number		
FRIENDS OF ALA	-QBC115 ⁷					
b. Mailing Address (include City, State and Zip Code) d. Date Filed						
568 OAK GROVE CLOVER HILL CH ROAD LAWNDALE, NC 28090				07/20/2023		
				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				reasurer Full Name		
2023	01/01/2023	06/3	30/2023 BR	EANNE NORMAN MILLER		
6. Type of Committ	ee (Check One)	9. Type of Report	(check only one	type of report from one category)		
Candidate Campa		Municipal s	State/County	Referendum		
PAC	Referendum	Organizationa		<u></u>		
Independent	H	1 =	- '	l≒ ¹		
Expenditure	☐ Joint Fundraiser	Thirty-five day	y Quarter	ly Pre-referendum		
Legal Expense Fu		<u> </u>		_		
7. Type of Fund	(if applicable, check one)	Pre-primary		rst Final		
Booster Fund"		Pre-election	🔲 s	cond Supplemental Final		
Building Fund		Pre-runoff		hird Annual		
- -		Semi-annual		ourth Special		
		Mid Yea	-	- 1		
Other:		Year End	 -	id Year 10. Special Report Name		
		Final		ear End		
8 Number of Fund	raisers this Report	Special	Final			
or ranner or trainer	0	ال الم	Special			
11 Appoint Factor			<u> </u>			
11. Account Information 11. Account Information						
1 1 1 10000						
a. Financial Institution I	Pull Name		a. Financial Institution			
a. Financial Institution I	Full Name		a. Financial Institution	Full Name		
a. Financial Institution I ALLIANCE BANK b. Purpose	Pull Name					
a. Financial Institution I	c. Account Code		a. Financial Institution	Full Name		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN	c. Account Code	ıı	a. Financial Institution	Full Name		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN	c. Account Code	ıı	a. Financial Institution	Full Name		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN	c. Account Code , 0 d. Period Begin Balanc	ıı	a. Financial Institution	Full Name c. Account Code d. Period Begin Balance		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES	c. Account Code d. Period Begin Balance \$ 31,650.78	I ce	a. Financial Institution b. Purpose	c. Account Code d. Period Begin Balance		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Con	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78	liance with all applica	a. Financial Institution b. Purpose ble provisions of Art	d. Period Begin Balance \$ icle 22A, 22B, & 22D-22M of Chapter 163 of		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General State	c. Account Code d. Period Begin Balance \$ 31,650.78 mmittee or Fund is in complutes and that no funds are completed.	liance with all applica	a. Financial Institution b. Purpose ble provisions of Arthibited or other non-di	d. Period Begin Balance \$ icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General State is complete, true and	c. Account Code d. Period Begin Balance \$ 31,650.78 connected that no funds are connected and that I have been	liance with all applications ommingled with probability trained by the NC S	a. Financial Institution b. Purpose able provisions of Art nibited or other non-di State Board of Election	d. Period Begin Balance \$ icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins.		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General State	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 complete or Fund is in completes and that no funds are collected and that I have bee	liance with all application on trained by the NC	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance sicle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins.		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 committee or Fund is in completes and that no funds are collected and that I have been the correct and the c	liance with all application on trained by the NC	a. Financial Institution b. Purpose able provisions of Art nibited or other non-di State Board of Election	d. Period Begin Balance sicle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins.		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General State is complete, true and	c. Account Code d. Period Begin Balance \$ 31,650.78 connect and that no funds are concert and that I have been himself to be a superior of the superior of t	liance with all applications ommingled with probes trained by the NC S	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance sicle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-73 Bauter Date		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 committee or Fund is in completes and that no funds are collected and that I have been the correct and the c	liance with all application on trained by the NC	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance d. Period Begin Balance sicle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-72 asurer Delivery Method Normal Mail		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General State is complete, true and	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 committee or Fund is in completes and that no funds are collected and that I have been the correct and the c	liance with all applications ommingled with probes trained by the NC S	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance d. Period Begin Balance sicle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-72 asurer Date Delivery Method Normal Mail Registered Mail		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Expand	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 committee or Fund is in completes and that no funds are collected and that I have been the correct and the c	liance with all application ommingled with proben trained by the NC S	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance d. Period Begin Balance \$ icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-72 Baurer Date Delivery Method Normal Mail Registered Mail Hand Delivered		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Expand	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 committee or Fund is in completes and that no funds are collected and that I have been the correct and the c	liance with all application ommingled with proben trained by the NC S	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance d. Period Begin Balance s icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-72 asurer Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Executed: Date Received: Date Postmarket	c. Account Code c. Account Code d. Period Begin Balance \$ 31,650.78 committee or Fund is in completes and that no funds are collected and that I have been the correct and the c	liance with all application trained by the NC SE Employee:	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance d. Period Begin Balance s icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-73 Baurer Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Executed: Date Received: Date Postmarket	c. Account Code d. Period Begin Balance \$ 31,650.78 mmittee or Fund is in completes and that no funds are collected and that I have been a correct and th	liance with all application trained by the NC SE Employee:	a. Financial Institution b. Purpose able provisions of Art hibited or other non-di State Board of Election	d. Period Begin Balance d. Period Begin Balance s icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-26-72 asurer Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Events FOR OFFICE USE Of Date Received: Date Postmarket Date Scanned:	c. Account Code d. Period Begin Balance \$ 31,650.78 connect and that no funds are collected and that I have bee N. Miller Printed Name of Signer ONLY 7/17/2023 d::	liance with all applications ommingled with proben trained by the NC SEMPLOYEE: Employee: Employee: Employee:	a. Financial Institution b. Purpose able provisions of Art bibited or other non-d State Board of Election Charles Appointed Treation	d. Period Begin Balance s icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-72 But Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Evanual FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned:	c. Account Code d. Period Begin Balance \$ 31,650.78 mmittee or Fund is in completes and that no funds are collected and that I have been the correct and th	liance with all application ommingled with probent trained by the NC SEMPLOYEE: Employee: Employee: Employee: Employee:	a. Financial Institution b. Purpose able provisions of Art nibited or other non-d State Board of Election When he was a state of Appointed Tree RAB	d. Period Begin Balance s icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-73 Baurer Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mommittee address, treasurer, assistant treasurer,		
a. Financial Institution I ALLIANCE BANK b. Purpose CAMPAIGN FINANCES CERTIFICATION I certify that the Conthe NC General Statis complete, true and Events FOR OFFICE USE Of Date Received: Date Postmarket Date Scanned:	c. Account Code d. Period Begin Balance \$ 31,650.78 mmittee or Fund is in completes and that no funds are collected and that I have been a correct and th	liance with all application ommingled with proben trained by the NC SE Employee: Employee: Employee: Employee: Employee: Employee:	a. Financial Institution b. Purpose able provisions of Artable or other non-distate Board of Election Grant A. M. Signature of Appointed Tree CARS Transition such as the cotton, or account inform	d. Period Begin Balance s icle 22A, 22B, & 22D-22M of Chapter 163 of isclosed funds. I further certify that this report ins. 7-20-73 Baurer Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mommittee address, treasurer, assistant treasurer,		

CRO-1000

Detailed Summary

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)			3. ID Number 2
FRIENDS OF ALAN NORMAN	2023 MID YEAR		-QBC115
Start of Election Cycle: January 1,	2023	Total this Reporting Period	-
4) Cash on Hand at Start		\$ 31,650.78	\$ 31,600.78
RECEIVES.			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0,00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 0.00
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 Organization	ons <i>(CRO-1250)</i>	\$ 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	c, 11d and 11e)	\$. 0.00	\$ 0.00
DEXPENDITURES.	ш в ь Д у Я цоно	324 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 1	
13) Disbursements		<u></u>	
13a) Operating Expenditures	(CRO-1310)	\$ 200.00	\$ 200,00
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$ 2,100.00	\$ 2,100.00
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, 1.	5, 16 and 17)	\$ 2,300.00	\$ 2,300.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$ 29,350.78	\$ 29,300.78
ADDITIONALINEORMATION	a 2 K	r i	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$ 0.00	2 N
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00	20 a 20 a 20
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		\$ 0.00	\$ 0.00
40) Court inditions to be Kermided	(CRO-1215)	φ 0.00	φ <u>υ.υυ</u>

Disbyrsements

 $Pg \qquad \underline{1} \qquad \qquad of \quad \underline{2}$

Amendment

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) 2. ID Number 2. ID Number 2. ID Number 2. ID Number 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.						
FRIENDS OF ALAN NORMAN					-QBC115	
3. Type of Disbu	rsement (Plea	ent.)				
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses						
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N		d. Comments	
(include city, state, &	-		b. Coordinated Committee;			
BREANNE NO		· · · · · ·				
			a Lavel Desistand (Charles)			
217 EASTRIDG			c. Level Registered (Specify)			
LAWNDALE, N	NC 28090			County:	· · · · · · · · · · · · · · · · · · ·	
704-466-9988			State	Municipality:	e. Election Sum to Date	
		,			\$ 200.00	
		1.5		T	•	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks	
01	CHECK	E/O	02/16/2023	\$200.00	BOOKKEEPER	
01	OHEGIC		02,10,2025	0200.00		
				\$		
				۳		
4. Payee Inform			Add	Remove	- 1	
a. Full Name, Mailir	ig Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state, &	& zip)				`	
	· · · · · · · · · · · · · · · · · · ·					
			c. Level Registered (Specify)			
		i	Federal	County:	,	
			State	Municipality:	e. Election Sum to Date	
				manorpani,	District Sala to Sala	
					\$	
C tt-Coda	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j, Amount	k Required Remarks	
f. Account Code	g. rorm of rayment_	a. r arpose cone	i. Date (innuewyyyy)	J. Attiount	K: Required Kemarks	
				S		
		 		-	,	
				\$		
	. 195					
4. Payee Inform			Add	Remove	the section of the se	
	ng Address & Phone	:	b. Coordinated Committee I	Name	d. Comments	
(include city, state,	& zip)					
						
			c. Level Registered (Specify)	1		
			Federal County:			
			State	Municipality:	e. Election Sum to Date	
					\$	
					υp	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				6		
				\$		
				\$		
5. Total only this Page					\$ 200.00	
						
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
	-			ical Comm)	\$ 2,300.00	
(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)						
					Public Office Expenses	
1 - Postage	J - Penalties		ee Expenses		n to Legal Expense Fund	
O* - Other	1	i			· · · · · · · · · · · · · · · · · · ·	
	e detailed explanat	ion in required re	emarks field (k)		THE REPORT OF THE PROPERTY OF	

Disbursements

Pg <u>2</u>

of <u>2</u>

Amendment		
☐ Yes	X	No

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

	ull Name (and Fund	l if applicable)			in in in	2. ID Number
FRIENDS OF A	LAN NORMAN					-QBC115
3. Type of Disbu	ırsement <i>(Plea</i>	se use separate C	RO-1310 forn	is for each t	vpe of Disbur	sement.)
Operating E		Contributions to Car				Coordinated Party Expenditures
4. Payee Information Add Remove					**************************************	
a. Full Name, Mailing Address & Phone			b. Coordinated	Committee N	**************************************	d. Comments
(include city, state,			No Cool Gillare			- Joseph Grandellin
HAWKINS FO		·				
			a Lavel Dagiet	ared (Specify):		
CHAD HAWKINS 192 CAROLINA DRIVE c. Level Registered (Specify) Federal County:			 			
			l ≔==		County:	
CHERRYVILL	E, NC 28021		State		Municipality:	e. Election Sum to Date
			\$ 100.00			
5 4 C. 4.	- F	h. Purpose Code	1.5.4	****	1	
f. Account Code	g. Form of Payment	a, rurpose Code	i. Date (mn	vaa/yyyy)	j. Amount	k. Required Remarks
01	CHECK	D	05/10/20	23	\$100.00	
					-	
					 \$	
4. Payee Inform			Add		Remove	
	ng Address & Phone		b. Coordinated	l Committee N	ате	d. Comments
(include city, state,	& zip)					
ELECT SALLY	TURNER JUDGE					<u> </u>
SALLY TURNI	ER		c, Level Regist	ered (Specify)		······································
3048 RIVER RO	DAD		Federa	X	County:	 -
SHELBY NC 2			State	Ħ	Municipality:	e. Election Sum to Date
704-477-9040					,,	
704-477-7040						\$ 2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	/dd/vvvv)	j. Amount	k. Required Remarks
1, recount code					1	to regard a sterior
01	CHECK	D	06/08/20	23	\$2,000.00	
 			-		+	
					S	
4. Payee Inform	unting.		Add:		Remove	The control of the co
	ng Address & Phone	<u> </u>	h. Coordinate		· · · · · · · · · · · · · · · · · · ·	d. Comments
(include city, state,	_		n. Coordinates	Commuce N	ame	a. Cuniments
(include city, state,			ļ			
				¥ . :		
			c. Level Regis			
			Federa	\ \	County:	<u></u>
			State		Municipality:	e. Election Sum to Date
						l s
		I"	L_,			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	ı/dd/yyyy)	i j. Amount	k. Required Remarks
ļ					 \$	
<u> </u>					Ψ	
1					s	
5. Total only th	is Page					\$ 2,100.00
_6. Total of ALL	CRO-1310 Pages		-			
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating Ex	penses)		\$ 2,200,00
(This line goes in	line 13b of Detailed Sun	ımary Page CRO-110	0 if Contrib to Co	indidates/Politi	cal Comm)	\$ 2,300.00
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)	-		
A*-Media D-To Another Candidate					nother Candidate	
				ding Public Office Expenses		
I - Postage	J - Penalties		ee Expenses			nation to Legal Expense Fund
O* - Other	1					
* Codes require detailed explanation in required remarks field (k)						