

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

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 1/23/2025
	e. Phone Number 704-472-6480

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/2024	4. Period End Date (mm/dd/yy) 12/31/2024	5. Treasurer Full Name BREANNE NORMAN MILLER
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 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	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name COMMERCIAL BANK/ALLIANCE BANK	b. Purpose CAMPAIGN FINANCES	a. Financial Institution Full Name CLEVELAND COUNTY BANK	b. Purpose
c. Account Code 01	d. Period Begin Balance \$ 45,250.78	c. Account Code	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 N. Miller Printed Name of Signer Breanne N. Miller Signature of Appointed Treasurer 1/23/2025 Date

FOR OFFICE USE ONLY

Date Received: 1/23/25 Employee: TS Delivery Method: Hand Delivered

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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

Amendment
CLEVELAND COUNTY BO
JAN 23 25 PM 2:31

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	
FRIENDS OF ALAN NORMAN		2024 END OF YEAR		-QBC115--	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 45,250.78		\$ 31,600.78	
RECEIPTS					
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>		\$ 40.00		\$ 40.00	
6) Contributions from Individuals <i>(CRO-1210)</i>		\$ 6,500.00		\$ 23,440.00	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>		\$ 0.00		\$ 0.00	
9) Loan Proceeds <i>(CRO-1410)</i>		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts <i>(CRO-1250)</i>		\$ 0.00		\$ 0.00	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income <i>(CRO-1250)</i>		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>		\$ 0.00		\$ 0.00	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 6,540.00		\$ 23,440.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures <i>(CRO-1310)</i>		\$ 0.00		\$ 200.00	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>		\$ 0.00		\$ 3100.00	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>		\$ 0.00		\$ 0.00	
15) Loan Repayments <i>(CRO-1420)</i>		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>		\$ 0.00		\$ 0.00	
17) In-Kind Contributions <i>(CRO-1510)</i>		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 0.00		\$ 3,300.00	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 51,790.78		\$ 51,740.75	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>		\$ 0.00			
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>		\$ 0.00			
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>		\$ 0.00			
24) Account Transfers Within the Committee <i>(CRO-1720)</i>		\$ 0.00			
25) Administrative Support <i>(CRO-1710)</i>		\$ 0.00		\$ 0.00	
26) Forgiven Loans <i>(CRO-1440)</i>		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded <i>(CRO-1215)</i>		\$ 0.00		\$ 0.00	

CRO-1100

NC State Board of Elections

August 2008

Contributions from Individuals

Amendment
 Yes No

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	
STEPHEN JONES 113 E GROVER ST SHELBY NC 28150			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 9/17/24	
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		9/17/24		\$ 500.00
<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	
DOUGLAS BROWN 1300 S DEKALB ST SHELBY NC 28152			RETIRED BUSINESS OWNER		CLEVELAND COUNTY BOE JAN 23 '25 PM2:3	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 5,000.00	
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		10/3/24		\$ 5,000.00
<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	
MARY SELLERS 128 SELLERS RD KINGS MTN NC 28086			RETIRED EDUCATOR			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1,000.00	
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		12/13/24		\$ 1,000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 6,500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,500.00	

