

Disclosure Report Cover

Amendment
 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.

1. Committee Information		c. ID Number
a. Full Name CAMPAIGN TO ELECT BETSY S HARNAGE		-LCBR90--
b. Mailing Address (include City, State and Zip Code) 1501 LACKEY ST SHELBY, NC 28152		d. Date Filed 10/26/2024
		e. Phone Number

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/2024	4. Period End Date (m.m/dd/yy) 10/19/2024	5. Treasurer Full Name PAMELA D KELLER
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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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (If applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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	
8. Number of Fundraisers this Report 0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name HOME TRUST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 252.51		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

Pamela D Keller Pamela D Keller 10/26/2024
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>10-30-24</u>	Employee: <u>(CA)</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input checked="" type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	3. ID Number	
CAMPAIGN TO ELECT BETSY S HARNAGE	2024 Third Quarter	-LCBR90--	
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 252.51	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 1,050.00	\$ 1,050.00
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
11e) 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)		\$ 1,050.00	\$ 1,050.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 100.00	\$ 1,190.84
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 188.11	\$ 458.11
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)		\$ 288.11	\$ 1,648.95
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,014.40	\$ (598.95)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,000.00	
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

CLEVELAND COUNTY BOE
08/08/24 10:55

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
CAMPAIGN TO ELECT BETSY S HARNAGE						-LCBR90--	
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	
JOHNNY HUTCHINS 1436 PHIFER RD KINGS MOUNTAIN, NC 28086				COMMISSIONER			
				c. Employer's Name/Specific Field CLEVELAND COUNTY			
						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		09/24/2024	\$ 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	
STEVEN SELZNICK 2237 ALAQUA DR LONGWOOD, FL 32779				NO PROFESSION			
				c. Employer's Name/Specific Field NO EMPLOYER			
						e. Election Sum to Date	
						\$ 250.00	
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		08/01/2024	\$ 250.00		
<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	
WES WESTMORELAND 849 W. MARION STREET SHELBY, NC 28150				PRINTER		CLEVELAND COUNTY BOE OCT 30 '24 P 5:55	
				c. Employer's Name/Specific Field WESTMORELAND			
						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		07/16/2024	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,050.00	

Contributions from Individuals

Pg 2 of 2

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
CAMPAIGN TO ELECT BETSY S HARNAGE				-LCBR90--	
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
TRACY WHISNANT 1203 D NORTHGATE DR SHELBY, NC 28150			REAL ESTATE		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			SELF		
					\$ 500.00
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		07/16/2024	\$ 500.00
<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>					\$ 1,050.00

CRO-1210

NC State Board of Elections

April 2007

CLEVELAND COUNTY BOE
OCT 30 '24 PM5:55

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
CAMPAIGN TO ELECT BETSY S HARNAGE				-LCBR90--	
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
CLEVELAND COUNTY REPUBLICAN PARTY BUILDING FUND PO BOX 1236 SHELBY, NC 28151					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	G	08/05/2024	\$ 100.00	
				\$	
5. Total only this Page					\$ 100.00
6. Total of ALL CRO-1310 Pages					\$ 100.00
<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>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

CLEVELAND COUNTY BOE
OCT 30 '24 PM5:55

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CAMPAIGN TO ELECT BETSY S HARNAGE						-LCBR90--	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	G	07/01/2024	\$ 50.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	G	07/01/2024	\$ 50.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	G	07/01/2024	\$ 20.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	K	07/30/2024	\$ 18.11	CHECKS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	O	07/12/2024	\$ 50.00	DONATION	
4. Total only this Page					\$	188.11	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	188.11	
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund	
O* - Other							
* Codes require detailed explanation in required remarks field (g)							

CRO-1315

NC State Board of Elections

December 2009

CLEVELAND COUNTY BO
OCT 30 '24 PM5:55

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
CAMPAIGN TO ELECT BETSY S HARNAGE			-LCBR90--
3. Lender 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
BETSY HARNAGE 1501 LACKEY ST SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BADCOCK	12/15/2015
			f. End Date (mm/dd/yyyy)
			12/31/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 700.00	\$ 700.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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
BETSY HARNAGE 1501 LACKEY ST SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BADCOCK	01/03/2016
			f. End Date (mm/dd/yyyy)
			12/31/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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
BETSY HARNAGE 1501 LACKEY ST SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BADCOCK	11/03/2019
			f. End Date (mm/dd/yyyy)
			12/31/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 2,000.00

CLEVELAND COUNTY BOE
02/09/2008 PM5:55