

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

CLEVELAND COUNTY BO
 FEB 27 '24 AM 10:05

1. Committee Information	
a. Full Name Committee to Elect Denise Wright	c. ID Number
b. Mailing Address (include City, State and Zip Code) 116 Quail Hollow Dr Kings Mountain, NC 28086	d. Date Filed 02/27/2024
	e. Phone Number 704-692-2859

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 01/01/2024	4. Period End Date (mm/dd/yy) 02/27/2024	5. Treasurer Full Name Sheila Spangler
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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"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	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 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 Fidelity Bank	b. Purpose	a. Financial Institution Full Name	b. Purpose
c. Account Code 01	d. Period Begin Balance \$ 250.00	c. Account Code	d. Period Begin Balance \$ 250.00

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.

Denise Wright Printed Name of Signer Sheila Spangler Signature of Appointed Treasurer 2/27/2024 Date

FOR OFFICE USE ONLY

Date Received: 2-27-24 Employee: BSP **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ 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

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	
Committee to Elect Denise Wright		Organizational			
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$ 250.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1450.00		\$ 1450.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 6043.00		\$ 6043.00	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 3000.070		\$ 3250.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 10,493.00		\$ 10,743.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 7953.56		\$ 7953.56	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7953.56		\$ 7953.56	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,539.44		\$ 2,789.44	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

CLEVELAND COUNTY BO
 FEB 27 2024 10:05

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input 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	
Committee to Elect Denise Wright						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Marvin Biddix 1204 Oak Grove Rd Kings Mountain, NC 28086			Real Estate Broker		CLEVELAND COUNTY BOE FEB 27 '24 AM 10:05	
			c. Employer's Name/Specific Field Remax Select/Real Estate			
					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"/>	DMW	Check		01/10/2024	\$ 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	
Mike Philbeck 1805 Arbor Way Dr Shelby, NC 28150			Real Estate Broker			
			c. Employer's Name/Specific Field Coldwell Banker Cominon/ Real Estate			
					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"/>	DMW	Check		01/12/2023	\$ 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	
Lorene Rogers 111 Quail Hollow Dr Kings Mountain, NC 28086			Retired			
			c. Employer's Name/Specific Field			
					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"/>	DMW	Check		01/23/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1450.00	

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	
Committee to Elect Denise Wright						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sarah Faunce 301 Roxford Rd Kings Mountain, NC 28086			Retired		CLEVELAND COUNTY BO FEB 27 '24 AM 10:05	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DMW	Cash		01/12/2024	\$ 50.00	
<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	
David Faunce 301 Roxford Rd Kings Mountain, NC 28086			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DMW	Cash		01/12/2024	\$ 50.00	
<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	
Kale Meade 4407 Fallston Rd Shelby, NC 28150			Engineer			
			c. Employer's Name/Specific Field			
			Duke Engineer		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"/>	DMW_	Check		01/12/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1450.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input 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	
Committee to Elect Denise Wright						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jamie Petty 929 College Ave Shelby, NC 28152			Field Liaison		CLEVELAND COUNTY BOI FEB 27 '24 AM 10:05	
			c. Employer's Name/Specific Field			
			Farm Bureau/Insurance		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"/>	DMV	Check		01/23/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rick Moore 104 Montcliff Dr Kings Moungtain, NC 28086						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 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"/>	DMW	Check		02/02/2024	\$ 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	
Susan Allen 110 Harbor Point Dr Cherryville, NC 28021			Retired			
			c. Employer's Name/Specific Field			
					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"/>	DMW	Electronic		01/22/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1450.00	

Loan Proceeds

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Denise Wright					
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	
Denise Wright 116 Quail Hollow Dr Kings Mountain, NC 28086		Real Estate Broker12			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				01/02/2024	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		01	Check	\$ 3000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 3000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

CLEVELAND COUNTY BOI
 FEB 27 '24 AM 10:06



NORTH CAROLINA

STATE BOARD OF ELECTIONS

CLEVELAND COUNTY BOE
FEB 27 '24 AM 10:06

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Committee to Elect Denise Wright
- Person or committee to make loan: Denise Wright
- Date of loan to committee: 1/2/2024
- Name of lending institution (source):

- Amount of loan: 3000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

I, Denise Wright, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Denise Wright
Signature of Lender

2/27/2024
Date Signed

Denise Wright
Signature of Treasurer of Committee

2/27/2024
Date Signed

Contributions from Political Party Committees

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) Committee to Elect Denise Wright						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						CLEVELAND COUNTY BOE FEB 27 '24 AM 10:06	
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
NC REALTORS PAC 4511 Waybridge Lane Greensboro, NC 27407							
						c. Election Sum to Date	
						\$ 6043.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
DMW	Check		01/23/2024	\$ 6043.00			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
4. Total only this Page						\$ 6043.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>						\$ 6043.00	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Political Party Executive Committee Exempt Sales Plan

Committee Name: Committee to Elect Denise Wright
 Plan Description: NC Realtors PAC
 Dates Covered: 01/23/2024
 Treasurer Name: Sheila Spangler
 Treasurer Address: 110 Benjamin Court Shelby, NC 28152
 Treasurer Phone/FAX: 704-418-2521

Item Description	Fair Market Value	Price Party will Charge	Quantity (maximum)	Anticipated Income (maximum)
Campaign Donation				6043.00

I understand that no purchaser may make total purchases exceeding \$50. I further understand that the total amount raised from sales under all plans by this committee cannot exceed \$20,000 per election cycle.

I understand that the committee must disclose the number of items sold from this sale, the total amount raised from this sale, and the election cycle sum-to-date of all exempt sales on its next disclosure report (CRO-1265). I further understand that all in-kind contributions made to the committee for this sale must be disclosed on the committee's next disclosure report.

I certify that all of the information provided is complete, true and correct.

2/29/2024
Date Signed

Denise Wright
Signature of Treasurer

Office Use Only

Approved

Denied

Date Signed

SBOE Authorized Signature

Disbursements

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
Committee to Elect Denise Wright					
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 <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
GoBigPrint 616 S Morgan St Shelby, NC 28150				CLEVELAND COUNTY BO FEB 27 '24 AM 10:05	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,670.89	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Check	B	01/03/2024	\$1335.44	Signs
DMW	Check	B	01/08/2024	\$1335.45	Signs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
GoBigPrint 616 S Morgan St Shelby, NC 28150					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3,183.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Check	B	01/15/2024	\$512.40	Large Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Zazzle.com					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 482.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	B	01/25/2024	\$482.36	Campaign Cards
				\$	
5. Total only this Page					\$ 3665.65
6. Total of ALL CRO-1310 Pages					\$ 7953.56
<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)

Disbursements

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

CLEVELAND COUNTY BOE
FEB 27 24 AM 10:05

1. Committee Full Name (and Fund if applicable) Committee to Elect Denise Wright	2. ID Number
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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 Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GoBigPrint 616 S Morgan St Shelby, NC 28150	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 3,610.29
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Check	B	01/27/2024	\$427.00	Signs
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Headrick One Freedom Square Laurel, Mississippi 39440	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 675.00
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Check	A	01/31/2024	\$675.00	Billboard
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Westmoreland Printing 2020 E Dixon Boulevard Shelby, NC 28150	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 2833.78
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Check	B	02/14/2024	\$1329.78	Mailer
DMW	Check	I	02/14/2024	\$1504.00	Mailer Postage

5. Total only this Page \$ 3935.78

6. Total of ALL CRO-1310 Pages
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(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)
 \$ 7953.56

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)

Disbursements

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) Committee to Elect Denise Wright					2. ID Number
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) Facebook.com			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 30.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	A	02/16/2024	\$10.00	Ad Ad
DMW	Debit	A	02/20/2024	\$20.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook.com			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	A	02/21/2024	\$15.00	Ad
DMW	Debit	A	02/26/2024	\$15.00	Ad
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Zazzle.com			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 774.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DMW	Debit	B	02/26/2024	\$292.13	Campaign Crds
				\$	
5. Total only this Page					\$ 352.13
6. Total of ALL CRO-1310 Pages					\$ 7953.56
<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 BO
FEB 27 '24 AM 10:06