

# 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	
a. Full Name <i>Committee to Elect Pamela Parker Maddox</i>	c. ID Number
b. Mailing Address (Include City, State and Zip Code) <i>1202 Masonic Drive Shelby, North Carolina 28150</i>	d. Date Filed
	e. Phone Number <i>704-477-3262</i>

2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>10-26-2023</i>	4. Period End Date (mm/dd/yy) <i>12-31-23</i>	5. Treasurer Full Name <i>Pamela Parker Maddox</i>
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<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>9. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:							
<b>8. Number of Fundraisers this Report</b>				<b>10. Special Report Name</b>			

10. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Trust</i>	b. Purpose <i>Committee Funds</i>	a. Financial Institution Full Name	b. Purpose
c. Account Code <i>100</i>	d. Period Begn Balance <i>\$ 131.31</i>	c. Account Code	d. Period Begn Balance

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**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.

*Pamela Parker Maddox* *Pamela P. Maddox* *1/18/2024*  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: <i>01/19/2024</i>	Employee: <i>Emma Sain</i>	Delivery Method:
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input 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

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

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b> <i>Committee to Elect Pamela Parks Madden</i>	<b>2. Type of Report</b> <i>Organizational</i>	<b>3. ID Number</b>
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<b>Start of Election Cycle:</b> <i>January 1, 2023</i>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>	\$ <i>131.31</i>	\$ <i>1716.00</i>

## RECEIPTS

<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$	\$
<b>6) Contributions from Individuals</b> (CRO-1210)	\$ <i>100.00</i>	\$ <i>1716.00</i>
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$	\$
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$	\$
<b>9) Loan Proceeds</b> (CRO-1410)	\$	\$
<b>10) Refunds/Reimbursements to the Committee</b> (CRO-1240)	\$	\$
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$	\$
<b>11b) Contributions from Not-For-Profit Organizations</b> (CRO-1250)	\$	\$
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$	\$
<b>11d) Legal Expense Fund - Other Sources</b> (CRO-1270)	\$	\$
<b>11e) Exempt Purchase Price Sales</b> (CRO-1265)	\$	\$
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <i>100.00</i>	\$ <i>1716.00</i>

## EXPENDITURES

<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b> (CRO-1310)	\$ <i>161.24</i>	\$ <i>1639.93</i>
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$	\$
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$	\$
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$	\$
<b>15) Loan Repayments</b> (CRO-1420)	\$	\$
<b>16) Refunds/Reimbursements from the Committee</b> (CRO-1320)	\$	\$
<b>17) In-Kind Contributions</b> (CRO-1510)	\$	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>161.24</i>	\$ <i>1639.93</i>
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ <i>70.07</i>	\$ <i>70.07</i>

## ADDITIONAL INFORMATION

<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$	
<b>22) Debts and Obligations owed by the Committee</b> (CRO-1610)	\$	
<b>23) Debts and Obligations owed to the Committee</b> (CRO-1620)	\$	
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$	
<b>25) Administrative Support</b> (CRO-1710)	\$	\$
<b>26) Forgiven Loans</b> (CRO-1440)	\$	\$
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)	\$	\$
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$	\$

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# 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) **Committee to Elect Pamela Parker Maddox** 2. ID Number

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Joey Jerome Maddox**  
**1202 Masonic Drive**  
**Shelby, NC 28150**

b. Job Title/Profession  
**Owner/Transportation**

c. Employer's Name/Specific Field  
**Self-employed**

d. Comments

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"/>	100	Cash		11/20/2023	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
**Pamela Parker Maddox**  
**1202 Masonic Drive**  
**Shelby, NC 28150**

b. Job Title/Profession  
**Assistant Principal/Education**

c. Employer's Name/Specific Field  
**RCS**

d. Comments

e. Election Sum to Date  
**\$ 350.00**

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	100	check		07/24/2023	\$ 100.00
<input checked="" type="checkbox"/>	100	check		09/11/2023	\$ 200.00
<input type="checkbox"/>	100	Cash		11/20/2023	\$ 50.00

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date  
 \$

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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ **100.00**

5. Total of ALL CRO-1210 Pages \$ **100.00**  
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

# 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 Pamela Parker Maddox 2. ID Number

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
USPS  
Shelby, NC 28150

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$ 662.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>100</u>	<u>Debit Card</u>	<u>I</u>	<u>10/30/2023</u>	<u>\$ 51.00</u>	

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Delras-Annette and Rene Ballard  
Le Brunson Street  
Bluffton, SC 29910

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date  
 \$ 110.24

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>100</u>	<u>Debit Card</u>	<u>0</u>	<u>11/21/2023</u>	<u>\$ 110.24</u>	<u>T-shirts</u>

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County:  
 State  Municipality:

d. Comments

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
				\$	
				\$	

5. Total only this Page

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)

\$ 161.24  
 \$ 161.24

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)

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# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Committee Name:

Committee to Elect Pamela Parker Maddox

Treasurer Name:

Pamela Parker Maddox

Treasurer Address:

1202 Masonic Drive

(include city, state, & zip)

Shelby N.C. 28150

Treasurer Phone:

704-477-3262

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

1/18/2024  
Date Signed

Pamela P. Maddox  
Signature

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