

# 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

<b>1. Committee Information</b>	
a. Full Name <i>Tracy Rob for CC School Board</i>	c. ID Number <i>ECBN/93</i>
b. Mailing Address (include City, State and Zip Code) <i>749 Vale St. Shelby, NC 28150</i>	d. Date Filed <i>1/13/25</i>
	e. Phone Number <i>704 473-3787</i>

<b>2. Report Year</b> <i>2024</i>	<b>3. Period Start Date (mm/dd/yy)</b> <i>2/19/24</i>	<b>4. Period End Date (mm/dd/yy)</b> <i>6/30/24</i>	<b>5. Treasurer Full Name</b> <i>Annette Tom</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building 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	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> <i>0</i>				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Home Trust Bank</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	b. Purpose
b. Purpose <i>Finance</i>	c. Account Code <i>1999</i>	c. Account Code	c. Account Code
	d. Period Begin Balance \$		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.

*Annette Tom* Printed Name of Signer      *[Signature]* Signature of Appointed Treasurer      *1/13/25* Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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  
 Yes  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	
Tracy Ross for CC School Board	Qtrly 2	ECBN 93	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1567.68	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 5705.26	\$ 5207.27
6) Contributions from Individuals	(CRO-1210)	\$ 2285.00	\$ 4785.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 175	\$ 175
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)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 7565.26	\$ 9597.27
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3580.31	\$ 3865.01
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 592.90	\$ 772.53
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 157.00	\$
17) In-Kind Contributions	(CRO-1510)	\$ 739.26	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5069.47	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4063.47	\$
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 BOE  
 JAN 13 '25 PM 3:00

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> <i>Elect Tross for CC Bd of Education</i>	<b>2. ID Number</b> <i>2CBN93</i>
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Kathleen Mitchell 205 Landry Dr. Km NC 28086</i>	<b>b. Job Title/Profession</b> <i>Not employed</i>	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b> \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>ck</i>		<i>2/20/24</i>	<i>\$ 50.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Twanette Davenport 301 Cleveland Ave Shelby NC 28150</i>	<b>b. Job Title/Profession</b> <i>Chubbcon</i>	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> <i>Twanette Davenport</i>	
		<b>e. Election Sum to Date</b> \$ <i>100</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>AB</i>		<i>2/19/24</i>	<i>\$ 100</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) <i>Charlotte Jackson 1809 Country Garden Dr. Shelby NC 28150 charlco1809@gmail.com</i>	<b>b. Job Title/Profession</b> <i>Not employed</i>	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b> \$ <i>0</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>AB</i>		<i>2/25/24</i>	<i>\$ 100.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ <i>250.00</i>
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ <i>2285</i>

CLEVELAND COUNTY BOE  
JAN 13 25 PM 2:21

CLEVELAND COUNTY BOE  
JUL 8 24 PM 3:21

# 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

<b>1. Committee Full Name (and Fund if applicable)</b> Elect Tross for CC Bd of Education	<b>2. ID Number</b> ZC BN93
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Eva Canontas 415 James St. Carrboro, NC 27510		<b>b. Job Title/Profession</b> N Profit		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> Health NGO		<b>e. Election Sum to Date</b> \$ 50.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b> AB	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b> 2/25/24	<b>k. Amount</b> \$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Evelene Kee 244 Toke Bridge Rd Kings Mt NC 28086		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b> Cash	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b> 2/20/24	<b>k. Amount</b> \$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Paul Boykins 256 Leebetter Rd. Spindale NC 28160		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$ 2150	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b> Cash	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b> 2/20/24	<b>k. Amount</b> \$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 160
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 2310

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Tracy Ross for Cle. Co. Bd of Education					ECBN 93	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Mary Thurnen PO Box 1476 Shelby NC 28151 704 692-6737						
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		ck		2/26/24	\$ 100.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Karen Wiley PO Box 1344 Shelby NC 28151 704 692 8113						
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		cash		2/28/24	\$ 50.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Larry Wiley PO Box 1344 Shelby NC 28151 704 692 - 8113					CLEVELAND COUNTY BOE JUL 8 '24 4:21 ✓	
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 100 ✓	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		Cash		2/28/24	\$ 50.00 ✓	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 200	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 2510	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Tracy Ross for Clev. Co. Bd. of Edu.					ECBN 93	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Harold Parrish 202 E. Ross Grove Rd Shelby NC 28150 204 466-6385				Retired		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
						\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		Cash		2/5/24	\$ 50 <sup>00</sup>	
<input checked="" type="checkbox"/>		Cash		3/5/24	\$ 50 <sup>00</sup>	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Betsy Kendrick 2224 Taylor Rd Shelby NC 28152				RN		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
				Atrium Health		\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		AB		2/27/24	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Lanney Lysinger PO Box 27 Junction NC 28042				Not employed		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
						\$
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		AB		3/3/24	\$ 50 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 250	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

CLEVELAND COUNTY BOE  
JUL 8 '24 10:21

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Tracy Ross for CC Bd of Education						ZCBN93	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Dorothy + James Williams				Pastor		preacherfleet @ bellsouth.net	
704 493-5757				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				Christian Homes BC		\$ - - -	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		check		3/16/24	\$ 100. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
James + Doris Hopper				Retired			
Carlos St. Shelby NC 28152				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ - - -	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		check		3/18/24	\$ 100. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Leonard Conroy				Barber			
1613 Beam Dr. Shelby NC 28152				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ - - -	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		ck		5/22/24	\$ 50 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 250	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ - - -	

CLEVELAND COUNTY BOE  
APR 21 PM 3:21

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Elect Tross for CC School Bd					ZCBN 93	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Golden Williamson 841 N. Morgan St. Shelby NC 28150			Retired			
					<b>e. Election Sum to Date</b>	
					\$ 3010	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		ck		6/3/24	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Julie Brooks 633 Chapel Dr. Shelby NC 28152			Retired			
					<b>e. Election Sum to Date</b>	
					\$ 3110	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		AB		3/10/24	\$ 75	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Janet Derald 2204 Kingstown Rd Shelby NC 28150			Mayor			
			Kingstown City Hall 220 Kingstown Rd Shelby NC 28150		<b>e. Election Sum to Date</b>	
					\$ 3185	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		AB		4/24/24	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 275	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 3285	

CLEVELAND COUNTY BOE  
JUL 8 2024  
PM3:21



# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Elect Press for Cleveland Co. Bd of Educatn						ZCBN 93	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Gerald Lail / Kid's World 1152 Wyke Rd Shelby NC 28150 204 471-1217				Childcare			
				<b>c. Employer's Name/Specific Field</b>			
				Kid's World CDC			
						<b>e. Election Sum to Date</b>	
						\$ 3285	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		ck		6/21/24	\$ 500 <sup>00</sup> ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Severn Budd 503 Crawford St. Shelby NC 28150				Retired			
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 3785	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		ck		6/27/24	\$ 50.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Macalonia BC 235 A W Block St Cherryville NC 28021 704 435-8842							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 3835	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>				4/15/24	\$ 300 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 850	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4135	

CLEVELAND COUNTY BOE  
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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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Elect TRM for CC Bd of Edu.						ZCBN93	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Florence Stevenson 211 Mt. Sinai Church Rd Shelby NC 28152				Retired			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ 4135.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>		ck		4/24/24	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$ 4185	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
						\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 4185.00	

CLEVELAND COUNTY BOE  
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