

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information						
a. Full Name <u>The Committee to Elect Gloria Sherman</u>		c. ID Number				
b. Mailing Address (include City, State and Zip Code) <u>1651 Wesson Rd Shelby NC 28152</u>		d. Date Filed <u>12-14-23</u>				
		e. Phone Number <u>704-477-4183</u>				
2. Report Year <u>2024</u>	3. Period Start Date (mm/dd/yy) <u>1-17-24</u>	4. Period End Date (mm/dd/yy) <u>2-17-24</u>	5. Treasurer Full Name <u>Pamela Wolfe Patterson</u>			
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Municipal <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width:50%; vertical-align: top;"> State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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 </td> </tr> </table>			Municipal <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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
Municipal <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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					
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name 				
8. Number of Fundraisers this Report						
11. Account Information		11. Account Information				
a. Financial Institution Full Name <u>Fidelity Bank</u>		a. Financial Institution Full Name <u>FEB 27 2024</u>				
b. Purpose <u>Campaign</u>	c. Account Code <u>01</u>	b. Purpose	c. Account Code			
	d. Period Begin Balance <u>\$ 8600.00</u>		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.						
<u>Pamela Wolfe Patterson</u> Printed Name of Signer		<u>Pamela Wolfe Patterson</u> Signature of Appointed Treasurer		Date		
FOR OFFICE USE ONLY						
Date Received:	<u>2-27-24</u>	Employee:	<u>JP</u>	Delivery Method		
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail		
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail		
Date Data Entered:	_____	Employee:	_____	<input checked="" 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.						

COUNTY BOE AM 10:46

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) <i>The Committee to Elect Gloria Sherman</i>		2. Type of Report <i>Organizational</i>		3. ID Number	
Start of Election Cycle: <i>January 1, 2024</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>8600.00</i>		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <i>300.00</i>		\$	
6) Contributions from Individuals (CRO-1210)		\$ <i>8300.00</i>		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ <i>2212.28</i>		\$	
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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <i>10812.28</i>		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <i>3839.33</i>		\$	
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)		\$ <i>2212.28</i>		\$	
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)		\$ <i>6051.61</i>		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>4760.67</i>		\$	
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)		\$		\$	

COUNTY BC
AM 10:47

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) 2. ID Number
3. Contributor Information
a. Amend b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount
4. Total only this Page
5. Total of ALL CRO-1205 Pages

CLEVELAND COUNTY BOE
FEB 27 '24 AM 10:47

Contributions from Individuals

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

CLEVELAND COUNTY BOI
FEB 27 '24 AM 10:47

1. Committee Full Name (and Fund if applicable) The Committee to Elect Gloria Sherman 2. ID Number

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Brenda Curtis
PO Box 251
Shelby NC 28151

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

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 checked="" type="checkbox"/>	<u>01</u>	<u>check</u>		<u>1-1-24</u>	\$ <u>500.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
William S. Sherman
PO Box 1322
Boiling Springs, NC 28017

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

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"/>	<u>01</u>	<u>check</u>		<u>1-7-24</u>	\$ <u>100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Solia Y. Reynolds
209 Deer Chase Rd
Shelby NC 28150

b. Job Title/Profession
Home Engineer

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>01</u>	<u>check</u>		<u>1-7-24</u>	\$ <u>150.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 750.00

5. Total of ALL CRO-1210 Pages \$ 8300.00

(This line must be on line 6 of Detailed Summary Report CRO-110)

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) The Committee to Elect Gloria Sherman 2. ID Number

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Sharon B. Barnette
357 Huntington Ridge Lane
Shelby NC 28150

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

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 checked="" type="checkbox"/>	<u>01</u>	<u>check</u>		<u>1-8-24</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Michael D. Philbeck
1805 Arborway Dr
Shelby NC 28150

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

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"/>	<u>01</u>	<u>check</u>		<u>1-9-24</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Jim Beason
209 wall Avenue
Boiling Springs NC 28017

b. Job Title/Profession
Business Owner

c. Employer's Name/Specific Field
Fiedmont LLC

d. Comments

e. Election Sum to Date
\$ 6000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>01</u>	<u>check</u>		<u>1-4-24</u>	<u>\$ 6000.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 6200.00

5. Total of ALL CRO 1205 \$ 8300.00

(This line must be on line 5 of CRO 1205)

CLEVELAND COUNTY BOI
 FEB 27 '24 AM 10:47

Contributions from Individuals

Pg 3 of 5 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
The Committee to Elect Gloria Sherman						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joseph W. King II P.O. Box 944 Kings Mountain, NC 28086			Lobbyist		CLEVELAND COUNTY BOE FEB 27 '24 AM 10:47	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Old North Strategies		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Check		1-27-24	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cynthia C. Drake P.O. Box 2467 Shelby NC 28151			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"/>	01	Check		1-29-24	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Vicki W. McGill 6525 Torino Lane Myrtle Beach, SC 29572			Retired			
			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"/>	01	Check		1-30-24	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						k. Amount
						\$ 850.00
5. Total of ALL CRO-1205						k. Amount
						\$ 8300.00

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) The Committee to Elect Gloria Sherman 2. ID Number ..

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Nell A. Canipe
118 Victoria Park Dr
Shelby NC 28150

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments
CLEVELAND COUNTY BOE
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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 checked="" type="checkbox"/>	<u>01</u>	<u>check</u>		<u>1-16-24</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Buache L. Tiernan
906 Montrose Dr
Shelby NC 28150

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

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"/>	<u>01</u>	<u>check</u>		<u>1-15-24</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Charlotte P. Teague
1703 Country Garden Dr
Shelby NC 28150

b. Job Title/Profession
Retired

c. Employer's Name/Specific Field

d. Comments

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"/>	<u>01</u>	<u>check</u>		<u>1-22-24</u>	<u>\$ 100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1205 \$ 8300.00
(This line must be on line 5 of CRO-1205)

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) The Committee to Elect Gloria Sherman 2. ID Number: _____

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lori Ledbetter Spurling</u> <u>904 W Double Shoals Rd</u> <u>Lawndale, NC 28090</u>		b. Job Title/Profession <u>Regional Publisher</u>	d. Comments <u>CLEVELAND COUNTY BOE</u> <u>FEB 27 '14 AM 10:47</u>
		c. Employer's Name/Specific Field <u>Paxton Media Group</u>	e. Election Sum to Date <u>\$ 100.00</u>
f. Prior <input checked="" type="checkbox"/>	g. Account Code <u>01</u>	h. Form of Payment <u>Check</u>	i. In-Kind Description
			j. Date (mm/dd/yyyy) <u>2-1-24</u>
			k. Amount <u>\$ 100.00</u>
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Sherry B. Grenier</u> <u>2914 Laura Rd</u> <u>Shelby NC 28150</u>		b. Job Title/Profession <u>Stay @ home Mom</u>	d. Comments
		c. Employer's Name/Specific Field	e. Election Sum to Date <u>\$ 100.00</u>
f. Prior <input type="checkbox"/>	g. Account Code <u>01</u>	h. Form of Payment <u>Check</u>	i. In-Kind Description
			j. Date (mm/dd/yyyy) <u>2-1-24</u>
			k. Amount <u>\$ 100.00</u>
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Election Sum to Date <u>\$</u>
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment	i. In-Kind Description
			j. Date (mm/dd/yyyy)
			k. Amount <u>\$</u>
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

4. Total only this Page \$ 200.00

5. Total of ALL CRO 1205 \$ 8300.00

(This line must be on back of form)

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

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	
The Committee to Elect Gloria Sherman			
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
Gloria Sherman 1651 Wesson Rd Shelby NC 28152		Educator	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Retired	12-14-23
			f. End Date (mm/dd/yyyy)
			1-16-24
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %	2212.28	01	Check
			k. Amount
			\$ 2212.28
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 <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$

CLEVELAND COUNTY BOE
 FEB 27 '24 AM 10:47



NORTH CAROLINA STATE BOARD OF ELECTIONS

Loan Proceeds Statement

CLEVELAND COUNTY BOE
FEB 27 2024 AM 10:47

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: The Committee to Elect Gloria Sherman
- Person or committee to make loan: Gloria Sherman
- Date of loan to committee: 1-16-24
- Name of lending institution (source): _____

- Amount of loan: 2212.28
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____

- Period of loan: _____
- Rate of interest of loan: 0
- Security pledged for loan: _____

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

Gloria Sherman

Signature of Lender

Date Signed

Janella Wolfe Patterson

Signature of Treasurer of Committee

Date Signed

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) <u>The Committee to Elect Gloria Sherman</u>						2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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) <u>Gloria Sherman</u> <u>1651 Wesson Rd</u> <u>Shelby NC 28152</u>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date <u>\$ 95.03</u>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>01</u>	<u>check</u>	<u>H</u>	<u>1-16-24</u>	<u>\$ 38.24</u>	<u>Refreshments for campaign meeting</u>	
<u>01</u>	<u>check</u>	<u>H</u>	<u>1-16-24</u>	<u>\$ 56.79</u>	<u>meal for campaign meeting</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Gloria Sherman</u> <u>1651 Wesson Rd</u> <u>Shelby NC 28152</u>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date <u>\$ 2062.25</u>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>01</u>	<u>check</u>	<u>B</u>	<u>1-16-24</u>	<u>\$ 1962.25</u>	<u>Signs</u>	
<u>01</u>	<u>check</u>	<u>H</u>	<u>1-16-24</u>	<u>\$ 100.00</u>	<u>Pictures for campaign</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Gloria Sherman</u> <u>1651 Wesson Rd</u> <u>Shelby NC 28152</u>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date <u>\$ 55.00</u>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>01</u>	<u>check</u>	<u>A</u>	<u>1-16-24</u>	<u>\$ 30.00</u>	<u>facebook Boost</u>	
<u>01</u>	<u>check</u>	<u>H</u>	<u>1-16-24</u>	<u>\$ 25.00</u>	<u>filing fee</u>	
5. Total only this Page						<u>\$ 2212.28</u>
6. Total of ALL CRO-1310 Pages <small>(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)</small>						<u>\$ 3839.33</u>
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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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) The Committee to Elect Gloria Sherman						2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input 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) Go Big Print 616 S. Morgan St. Shelby NC 28150				b. Coordinated Committee Name		d. Comments CLEVELAND COUNTY BOE FEB 27 '24 AM 10:48
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 \$800.63		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	B	1-29-24	\$400.32	Signs	
01	Debit Card	B	2-6-24	\$400.31	Signs	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brushy Creek Printing 1615 Chatfield Rd Shelby NC 28150				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 \$650.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	check	B	1-24-24	\$341.60	Handout Cards	
01	check	B	1-30-24	\$309.00	Handout cards	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tractor Supply 603 Earl Rd Shelby NC 28152				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 \$175.82		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit card	H	2-3-24	\$175.82	T post for signs	
				\$		
5. Total only this Page						\$1627.05
6. Total of ALL CRO-1310 Pages <small>(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)</small>						\$3839.33
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).						

Loan Repayments

Use this form to report payments on an existing loan.

Pg 1 of Amendment Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
The Committee to Elect Gloria Sherman					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Gloria Sherman 1651 Wesson Rd Shelby NC 28152				CLEVELAND COUNTY BOE FEB 27 '24 AM 10:48	
				c. Original Loan Date	
				12-14-23	
				d. Original Loan Amount	
				\$ 25.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$	01	check	1-16-24	\$ 25.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Gloria Sherman 1651 Wesson Rd Shelby NC 28152					
				c. Original Loan Date	
				1-6-24	
				d. Original Loan Amount	
				\$ 95.03	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$	01	check	1-16-24	\$ 38.24	
\$	01	check	1-16-24	\$ 56.79	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Gloria Sherman 1651 Wesson Rd Shelby NC 28152					
				c. Original Loan Date	
				1-2-24	
				d. Original Loan Amount	
				\$ 1962.25	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$	01	check	1-16-24	\$ 1962.25	
\$				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$	

Loan Repayments

Use this form to report payments on an existing loan.

Pg 2 of Amendment Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
The Committee to Elect Gloria Sherman					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Gloria Sherman 1651 Wesson Rd Shelby NC 28152					
				c. Original Loan Date	
				1-15-24	
				d. Original Loan Amount	
				\$ 130.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$	01	check	1-16-24	\$ 100.00	
\$	01	check	1-16-24	\$ 30.00	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$	

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