

10/30

# 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: Committee to Elect Pamela Parker Maddox c. ID Number: \_\_\_\_\_

b. Mailing Address (Include City, State and Zip Code):  
1202 Masonic Drive  
Shelby, North Carolina 28150 d. Date Filed: 10/27/2023

e. Phone Number: 764-477-3262

2: Report Year: 2023 3: Period Start Date (mm/dd/yy): 09/27/2023 4: Period End Date (mm/dd/yy): 10/25/2023 5: Treasurer Full Name: Pamela Parker Maddox

6: Type of Committee (Check One)  
 Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

7: Type of Fund (if applicable, check one)  
 Booster Fund  
 Building Fund  
 Other: \_\_\_\_\_

8: Number of Fundraisers this Report: \_\_\_\_\_

9: Type of Report (check only one type of report from one category)  
 Municipal:  Organizational,  Thirty-five day,  Pre-primary,  Pre-election,  Pre-runoff,  Semi-annual,  Mid Year,  Year End,  Final,  Special  
 State/County:  Organizational,  Quarterly,  First,  Second,  Third,  Fourth,  Semi-annual,  Mid Year,  Year End,  Final,  Special  
 Referendum:  Organizational,  Pre-referendum,  Final,  Supplemental Final,  Annual,  Special

10: Special Report Name: \_\_\_\_\_

**11: Account Information**

a. Financial Institution Full Name: Truist

b. Purpose: Committee Funds c. Account Code: 100

d. Period Begin Balance: \$ 252.34

**11: Account Information**

a. Financial Institution Full Name: \_\_\_\_\_

b. Purpose: \_\_\_\_\_ c. Account Code: \_\_\_\_\_

d. Period Begin Balance: CLEVELAND COUNTY BOI  
10/27/23 4:26

**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 10/25/2023  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 10/27/2023 Employee: Ernie Saunders Delivery Method:  Normal Mail,  Registered Mail,  Hand Delivered,  Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

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

|  |  |                             |  |                           |  |
|--|--|-----------------------------|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                              |  | 2. Type of Report           |  | 3. ID Number              |  |
| Committee to Elect Paul Bricker Maddox                                       |  | Organizational              |  |                           |  |
| Start of Election Cycle: January 1, 2023                                     |  | Total this Reporting Period |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start   |  | \$ 252.34                   |  | \$ 1610.00                |  |
| <b>RECEIPTS</b>  |  |                             |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                          |  | \$                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 460.00                   |  | \$ 1610.00                |  |
| 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)                       |  | \$                          |  | \$                        |  |
| 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) |  | \$ 460.00                   |  | \$ 1610.00                |  |
| <b>EXPENDITURES</b>  |  |                             |  |                           |  |
| 13) Disbursements  |  |                             |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 581.03                   |  | \$ 1478.69                |  |
| 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)          |  | \$ 581.03                   |  | \$ 1478.69                |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 131.31                   |  | \$ 131.31                 |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                             |  |                           |  |
| 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) Forgven Loans (CRO-1440)   |  | \$                          |  | \$                        |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$                          |  | \$                        |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$                          |  | \$                        |  |

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

Page 1 of 5

Amendment  
 Yes  No

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):  
Ruth Parker  
247 Roseborough Rd  
Grover, NC 28073

b. Job Title/Profession: Not Employed

c. Employer's Name/Specific Field: N/A

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"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>06/06/2023</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
Evelyn Morehead  
2502 N White Oak Dr  
Shelby, NC 28150

b. Job Title/Profession: Not Employed

c. Employer's Name/Specific Field: Not Employed

d. Comments: \_\_\_\_\_

e. Election Sum to Date: \$ 25.00

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10-06-2023</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
Kathleen Champion  
405 West Mountain St  
Kings Mtn, North Carolina 28886

b. Job Title/Profession: Retired

c. Employer's Name/Specific Field: Retired

d. Comments: \_\_\_\_\_

e. Election Sum to Date: \$ 20.00

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10/06/2023</u>    | <u>\$ 20.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

4. Total only this Page: \$ 95.00

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

LEVELAND COUNTY BO  
 23 PM4:26

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

3. Contributor Information  Add  Remove

|   |  |  |
|---|--|--|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>BJ Zamora<br/>504 Country Club Acres<br/>Shelby, NC 28152</u> | b. Job Title/Profession<br><u>Not Employed</u>           | d. Comments                                |
|   | c. Employer's Name/Specific Field<br><u>Not Employed</u> | e. Election Sum to Date<br><u>\$ 50.00</u> |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10-07-2023</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

|   |   |  |
|---|---|--|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Margaret (Betsy) Wells<br/>725 Dixon School Rd<br/>Kings Mtn, NC 28086-9278</u> | b. Job Title/Profession<br><u>Retired</u>           | d. Comments                                |
|   | c. Employer's Name/Specific Field<br><u>Retired</u> | e. Election Sum to Date<br><u>\$ 50.00</u> |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10-07-2023</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

|  |  |  |
|--|--|--|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Charlotte Jackson<br/>1809 Country Garden Drive<br/>Shelby, NC 28150</u> | b. Job Title/Profession<br><u>Not Employed</u>           | d. Comments                                |
|  | c. Employer's Name/Specific Field<br><u>Not Employed</u> | e. Election Sum to Date<br><u>\$ 25.00</u> |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10-07-2023</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

4. Total only this Page \$ 125.00

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

CLEVELAND COUNTY BOI  
OCT 27 23 PM 4:26

**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 Pamela Parker Maddox  |                 |                    |                        |                                   |           |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Marie Jackson<br>201 S Washington St. #304<br>Shelby, NC 28150                                     |                 |                    |                        | Sexton                            |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|  |                 |                    |                        | Shelby Presbyterian               |           | \$ 20.00                |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>   | 100             | electronic         |                        | 10-07-2023                        | \$ 20.00  |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Joyce Coleman<br>407 Kildare Dr<br>Shelby, NC 28150  |                 |                    |                        | Not Employed                      |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|  |                 |                    |                        | Not Employed                      |           | \$ 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"/>   | 100             | Electronic         |                        | 10-07-2023                        | \$ 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<br>(Include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Debra Williamson<br>1118 Fallston Rd<br>Shelby, NC 28150   |                 |                    |                        | Management                        |           |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|  |                 |                    |                        | RHA Health Services               |           | \$ 10.00                |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>   | 100             | electronic         |                        | 10-07-2023                        | \$ 10.00  |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total only this Page  |                 |                    |                        |                                   |           | \$ 130.00               |  |
| 5. Total of ALL CRO-1210 Pages   |                 |                    |                        |                                   |           | \$                      |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                    |                 |                    |                        |                                   |           | \$                      |  |

CLEVELAND COUNTY BO  
 8 PM4:26

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

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Pam Harman  
805 McGowan Rd  
Shelby, NC 28150

b. Job Title/Profession  
Business Services

c. Employer's Name/Specific Field  
Self Thru Creative Business Essentials, LLC

d. Comments

e. Election Sum to Date  
 \$ 10.00

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>Electronic</u>  |                        | <u>10/07/2023</u>    | \$ <u>10.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Kent Blevins  
2511 Rockford Road  
Shelby, NC 28150

b. Job Title/Profession  
Not Employed

c. Employer's Name/Specific Field  
Not 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"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10-08-2023</u>    | \$ <u>50.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)  
Donna Baker  
7816 Eagle's Landing Ct  
Columbus, GA 31909

b. Job Title/Profession  
HR

c. Employer's Name/Specific Field  
Synovus

d. Comments

e. Election Sum to Date  
 \$ 25.00

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10-03-2023</u>    | \$ <u>25.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

4. Total only this Page \$ 85.00

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

CLEVELAND COUNTY BOE  
 OCT 27 '23 PM 4:26

# Contributions from Individuals

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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): Committee to Elect Pamela Parker Maddox 2. ID Number: \_\_\_\_\_

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):  
Rhea Evans  
121 Stella Ct.  
Kingstown, NC 28150

b. Job Title/Profession: Student Minister

c. Employer's Name/Specific Field: Mt. Calvary

d. Comments: \_\_\_\_\_

e. Election Sum to Date: \$ 25.00

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <u>100</u>      | <u>electronic</u>  |                        | <u>10/20/2023</u>    | \$ <u>25.00</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: \_\_\_\_\_

c. Employer's Name/Specific Field: \_\_\_\_\_

d. Comments: \_\_\_\_\_

e. Election Sum to Date: \$ \_\_\_\_\_

| 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"/> |                 |                    |                        |                      | \$        |

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: \$ \_\_\_\_\_

| 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: \$ 25.00

5. Total of ALL CRO-1210 Pages: \$ 460.00  
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

CLEVELAND COUNTY BOE  
 OCT 27 '23 PM 4:26

# 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)<br><b>Committee to Elect Pamela Parker Maddox</b>  |                    |                 |                      |  |                        | 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<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name  |                        | d. Comments                         |
| USPS<br>Shelby, NC 28150   |                    |                 |                      | c. Level Registered (Specify)  |                        | e. Election Sum to Date             |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | \$ 561.00                           |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks    |                                     |
| 100  | debit card         | I               | 10-19-2023           | \$ 357.00  |                        |                                     |
| 100  | debit card         | I               | 10-20-2023           | \$ 204.00  |                        |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |  |                        |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name  |                        | d. Comments                         |
| Act Blue<br>PO. Box 441146<br>Somerville, MA 02144-0031  |                    |                 |                      | c. Level Registered (Specify)  |                        | e. Election Sum to Date             |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | \$ 6.92                             |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks    |                                     |
| 100  | Electronic         | O               | 10/24/2023           | \$ 6.92  | fee                    |                                     |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                 |                      |  |                        |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name  |                        | d. Comments                         |
| Stripe, Inc<br>354 Oyster Point Blvd<br>South San Francisco, CA 94080-1912   |                    |                 |                      | c. Level Registered (Specify)  |                        | e. Election Sum to Date             |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                        | \$ 13.11                            |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks    |                                     |
| 100  | Electronic         | O               | 10/24/2023           | \$ 13.11   | payment processing fee |                                     |
| 5. Total only, this Page   |                    |                 |                      |  |                        | \$ 581.03                           |
| 6. Total of ALL CRO-1310 Pages   |                    |                 |                      |  |                        | \$ 581.03                           |
| 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   |                    |                 |                      |  |                        |                                     |
| 8. Codes require detailed explanation in required remarks field (k)  |                    |                 |                      |  |                        |                                     |

CLEVELAND COUNTY BOE  
OCT 27 2023 PM 4:26