

Disclosure Report Cover

Amendment
[] Yes [X] 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.

I. Committee Information
a. Full Name: Tracy Ross for Cleveland Co. Board of Education
c. ID Number:
b. Mailing Address: 749 Vale St. Shelby NC 28150
d. Date Filed: 2/27/24
e. Phone Number: 704 284 0047

2. Report Year: 2024 (1st)
3. Period Start Date: 1/3/2024
4. Period End Date: 2/17/2024
5. Treasurer Full Name: Annette Toms

6. Type of Committee: [X] Candidate Campaign
9. Type of Report: [X] Organizational Quarterly First
7. Type of Fund: [] Booster Fund
8. Number of Fundraisers: 0
10. Special Report Name: CLEVELAND COUNTY BOE

11. Account Information
a. Financial Institution Full Name: Home Trust Bank
b. Purpose: Campaign Finance
c. Account Code: 1999
d. Period Begin Balance: \$ 500

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...
Annette Toms
Signature of Appointed Treasurer
2/27/24
Date

FOR OFFICE USE ONLY
Date Received: 2-27-24
Employee: BP
Delivery Method: [X] Hand Delivered

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	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Bd of Education		Organizational			
Start of Election Cycle: January 1, <u>2024</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <u>5.00</u>		\$ <u>5.00</u>	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <u>102.01</u>		\$ <u>102.01</u>	
6) Contributions from Individuals (CRO-1210)		\$ <u>1900.00</u>		\$ <u>1900.00</u>	
7) Contributions from Political Party Committees (CRO-1220)		\$ <u>0</u>		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ <u>0</u>		\$	
9) Loan Proceeds (CRO-1410)		\$ <u>0.00</u>		\$	
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)		\$ <u>0</u>		\$ <u>CLEVELAND COUNTY BOE</u>	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$ <u>FEB 27 '24</u>	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ <u>0</u>		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <u>2007.01</u>		\$ <u>2007.01</u>	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <u>259.70</u>		\$ <u>259.70</u>	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ <u>179.63</u>		\$ <u>179.63</u>	
15) Loan Repayments (CRO-1420)		\$ <u>0</u>		\$	
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)		\$ <u>439.33</u>		\$ <u>439.33</u>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>1567.68</u>		\$ <u>1567.68</u>	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ <u>30.00</u>			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ <u>30.00</u>			
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)		\$ <u>0</u>		\$	
28) Contributions to be Refunded (CRO-1215)		\$ <u>0</u>		\$	

CLEVELAND COUNTY BOE
FEB 27 '24 PM 12:40

Aggregated Contributions from Individuals

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Tracy Ross for Clev Co Bd of Education					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1999	cash		1/29/24	\$ 2.01
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1999	cash		1/29/24	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1999	AB		Cassandra Howard 1/23/24	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		AB ✓		Stormy Morganello 1/23/24	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		AB		Pam Riddup 1/25/24	\$ 10
<input type="checkbox"/> Add <input type="checkbox"/> Remove		AB ✓		Erin Murrells 2/8/24	\$ 25
<input type="checkbox"/> Add <input type="checkbox"/> Remove		AB ✓		Martin Morganello 2/5/24	\$ 10
<input type="checkbox"/> Add <input type="checkbox"/> Remove	First	Other			
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 102.01
5. Total of ALL CRO-1205 Pages					\$ 1022.01
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

CLEVELAND COUNTY BOE
FEB 27 '24 PM 12:41

Contributions from Individuals

Pg 1 of 7

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) Tracy Ross for Cleveland Co Bd of Education	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) (1) Scott Marble 210 Osborne St. Shelby NC 28150 704 481-9145	b. Job Title/Profession Retired	d. Comments CLEVELAND COUNTY BOI FEB 27 '21 PM 12:40
c. Employer's Name/Specific Field		e. Election Sum to Date \$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cash		1/16/24	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) (2) Denise Marble 210 Osborne St. Shelby NC 28150 704 481 9145	b. Job Title/Profession Stylist	d. Comments
c. Employer's Name/Specific Field Maigie Creations		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"/>		Cash		1/16/24	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) 3) Fred Mitchell 304 Palm St. Apt 6 Shelby NC 28150 704/300 3232	b. Job Title/Profession Retired	d. Comments
c. Employer's Name/Specific Field		e. Election Sum to Date \$ 50.00

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

4. Total only this Page \$ 150

5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 2 of 7

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
 Tracy Ross for Cle. Co. Board of Education

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) (4) Jason Mitchell 304 Palmist Apt 6 Shelby, NC 28155 818 330 1266	b. Job Title/Profession Machinist c. Employer's Name/Specific Field Manufacturing	d. Comments CLEVELAND COUNTY BOE FEB 27 '24 PM 12:40
		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"/>		Cash		2/2/24	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) (5) Rod Powell 252 Conith Ch. Rd Casey, NC 28020	b. Job Title/Profession Not employed c. Employer's Name/Specific Field	d. Comments rodpowell@icloud.com
		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"/>		AB		1/22/24	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) (6) Carl Hughes 738 W. Sumter St. Shelby NC 28150 704 300 3574 carlh49@gmail.com	b. Job Title/Profession Not employed c. Employer's Name/Specific Field	d. Comments
		e. Election Sum to Date \$ 180

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		AB		1/22/24	\$ 180
<input type="checkbox"/>		AB		2/20/24	\$ 180
<input type="checkbox"/>					\$

4. Total only this Page \$ 300

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

(4)
(10)

CLEVELAND COUNTY BOE
 FEB 27 '24 PM 12:40

✓

✓

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 BOE
FEB 27 '24 PM 12:40

1. Committee Full Name (and Fund if applicable) _____ 2. ID Number _____

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 (7) Monique Hill
 9760 Skydrive Ct.
 Jacksonville, FL 32221
 904 657 8782

b. Job Title/Profession
 CT Technologist

c. Employer's Name/Specific Field
 Ascension Health

d. Comments
 lometrius@aol.com

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"/>		AB		1/24/24	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 (8) Kenneth Hunt
 1108 Hemlock Dr
 Speakey NC 28150
 704 472 2235

b. Job Title/Profession
 Not Employed

c. Employer's Name/Specific Field

d. Comments
 khunt@46@yahoo.com

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"/>		AB		1/24/24	\$ 250
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 (9) Pamela Dente
 130 Deth Park Dr
 Speakey NC 28150
 704 466-1531

b. Job Title/Profession
 Not Employed

c. Employer's Name/Specific Field

d. Comments
 miss dente24@gmail.com

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"/>		AB		1/24/24	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 350.00

5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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)						2. ID Number	
Tracy Ross for CC Board of Edu							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jaegaline Brooks 733 Sandy Run Church Rd Moorestown NC 28114				Lab Supervisor		Jasatalithfarm@gmail.com	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Brown & Root Industrial Svcs		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	154475	AB		1/26/24	\$50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Devulus Borders 849 Lord Nelson Blvd Jacksonville, FL 32218 devulus3@msn.com				Security		CLEVELAND COUNTY BOE FEB 27 '24 PM 12:40	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				AAA		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	154475	AB		2/14/24	\$50		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Henry Ellerbee 14871 Meadow Ave Trail Houston TX 77049 henry.ellerbee@hokoi.com				NOT employed			
				c. Employer's Name/Specific Field		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"/>		AB		2/10/24	\$50 ^{a)}		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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)	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Spencer Stogge 144 Castle Pines Ln Statesville NC 28625 Spencer_stogge@yahoo.com	Manager	CLEVELAND COUNTY BOE FEB 27 '24 PM 12:40
	c. Employer's Name/Specific Field Lovered Company	
		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"/>		AB		2/7/24	\$ 150 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Phillip Williams 100 Ashley St. Shelby NC 28150 704 300 1581	not employed	
	c. Employer's Name/Specific Field	
		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"/>		Cash		2/7/24	\$ 50 ⁰⁰
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Lisa + Julian Byrd Stagecoach Rd Shelby NC 28150	not employed	
	c. Employer's Name/Specific Field	
		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"/>		CK		2/7/24	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 250
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5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$
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Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Mahey Hopper 749 Vale St Shelby NC 28150 704 481 8887	not employed	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

CLEVELAND COUNTY BOE
FEB 27 24 PM 12:40

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cash		2/7/24	\$ 50
<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
Gerard Ross 749 Vale St Shelby NC 28150 704 488 2748	Lead Tech	
	c. Employer's Name/Specific Field	
		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"/>		Cash		2/7/24	\$ 50.00
<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
Jessie Dowkins 1003 Henlock Dr. Shelby NC 28150 704 482 1065	not employed	
	c. Employer's Name/Specific Field	
		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"/>		check		2/7/24	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 600

5. Total of ALL CRO-1210 Pages \$

Contributions from Individuals

Pg 7 of 7

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
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Ailee Borders 1647 Friendship Rd Shelby NC 28150 704 473-1981	not employed	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cash		2/9/24	\$ 50.00
<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
Theodius Price Stony Pt Rd Shelby NC 28160 704/692 8113	not employed	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

l. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Cash		2/14/24	\$ 50.00
<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
		\$

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

4. Total only this Page \$ 100

5. Total of ALL CRO-1210 Pages \$ 1900.00

CLEVELAND COUNTY BOE
 FEB 27 24 PM 12:40

RV

Aggregated Non-Media Expenditures

Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) <i>Tracy Ress for Cleveland Co Bd of Education</i>	2. ID Number
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3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1999	POS (om)	B	1/31/24	\$ 21.87	Bus. cards @ Ress
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1999	POS (om)	B	2/2/24	\$ 42.70	Printing fliers
<input type="checkbox"/> Add <input type="checkbox"/> Remove		POS (om)	B	2/9/24	\$ 41.63	Printing
<input type="checkbox"/> Add <input type="checkbox"/> Remove		POS (om)	K	2/7/24	\$ 42.69	Tax
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash	B	1/3/24	\$ 13.66	Printing
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash	B	1/4/24	\$ 17.08	printing
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	

CLEVELAND COUNTY BOE
FEB 27 '24 PM 12:41

4. Total only this Page	\$ 179.63
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5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 179.63
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6. Purpose Codes (List detailed expenditure code in (d) above)			
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund
* Codes require detailed explanation in required remarks field (g)			

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>Tracy Ross for Cleo Co Bd of Education</u>	2. ID Number
--	--------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) **CLEVELAND COUNTY BO**
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures **FEB 27 2 4 PM 12:40**

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Act Blue PO Box 441146 Somerville, MA 02144-0031</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>A.B</u>	<u>0</u>	<u>2/1/24</u>	<u>\$ 10.93</u>	<u>Jan 24 fees</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Mongiell Sig Pur San Jose, CA 9506 704 490 3947</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>POS/Pay Pal</u>	<u>A</u>	<u>2/5/24</u>	<u>\$ 105.00</u>	<u>FB/graphic design</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>The Doc Shekely - WPCIS Shekely NO 28150</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>cash</u>	<u>A</u>	<u>2/10/24</u>	<u>\$ 75.00</u>	<u>Comp. doesn't accept checks or cards.</u>
				\$	

5. Total only this Page \$ 190.43

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$

7. Purpose Codes (List detailed expenditure code in (h.) above)
- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment
 Yes No

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) <i>Trey Ross for Cleveland Co Bd. of Educatn</i>	2. ID Number
---	--------------

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

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Office Max 423 E Apple Rd Shelby NC 28150 704 480 6327</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$

CLEVELAND COUNTY BOI
 FEB 27 '24 PM 12:40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<i>POS</i>	<i>B</i>	<i>2/7/2024</i>	<i>\$ 53.64</i>	<i>Fees</i>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Act Blue</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<i>A.B</i>	<i>0</i>	<i>2/18/24</i>	<i>\$ 15.63</i>	<i>1/31-2/18 AB fees</i>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page \$ *69.27*

6. Total of ALL CRO-1310 Pages
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ *259.76*

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)