

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information

1. Committee Information	
a. Full Name <i>Tracy Ross for CC Board of Education</i>	c. ID Number <i>2C BN 93</i>
b. Mailing Address (include City, State and Zip Code) <i>749 Vale St. Shelby NC 28150</i>	d. Date Filed
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<i>2024</i>	<i>2/18/24</i>	<i>6/30/24</i>	<i>Annette Toms</i>

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
<i>1</i>		<i>CLEVELAND COUNTY BOE JUL 8 '24 PM3:20</i>		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Home Trust Bank</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign Finance</i>	c. Account Code <i>1999</i>
b. Purpose	b. Purpose	d. Period Begin Balance <i>\$ 1567.68</i>	d. Period Begin Balance

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Annette Toms _____ *Annette Toms* _____ *7/8/24* _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *7-8-2024* Employee: *CP*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Elect TRoss for CC School Bd		Quarter 2		2 CB N 93	
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1567.68		\$ 1567.68	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 4761.00		\$ 4863.01	
6) Contributions from Individuals (CRO-1210)		\$ 4185.00		\$ 6085.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ - 0 -		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ - 0 -		\$	
9) Loan Proceeds (CRO-1410)		\$ - 0 -		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 175.00		\$ 175.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ - 0 -		\$ - 0 -	
11c) Outside Sources of Income (CRO-1250)		\$ - 0 -		\$ - 0 -	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ - 0 -		\$ - 0 -	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ - 0 -		\$ - 0 -	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 9121.00		\$ 11728.01	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3814.18		\$ 4073.88	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 592.90		\$ 772.53	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ - 0 -		\$	
17) In-Kind Contributions (CRO-1510)		\$ 739.26		\$ 739.26	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5216.34		\$ 5585.67	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5472.34		\$ 6970.02	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ - 0 -		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ - 0 -		\$	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ - 0 -		\$	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 30.00		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$ - 0 -		\$	
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ - 0 -		\$	
28) Contributions to be Refunded (CRO-1215)		\$ - 0 -		\$	

CLEVELAND COUNTY BO
 JUL 8 '24 PM 3:20

Aggregated Contributions from Individuals

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	
Elect Tross for CC School Bd				ZCBN93	
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		AB ✓		2/23/24	\$ 10 Stormy Mongiello
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add		AB ✓		2/25/24	\$ 10 Jason Mitchell
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		2/5/24	\$ 25. ⁰⁰ B. Dwyer
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		3/5/24	\$ 40. ⁰⁰ G. Summitt ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		2/23/24	\$ 40. ⁰⁰ D. Beglar ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		2/23/24	\$ 20. ⁰⁰ C. Tolson ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB ✓		2/20/24	\$ 10. ⁰⁰ R. Powell ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB ✓		2/4/24	\$ 25. ⁰⁰ D. Lawrence ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		5/10/24	\$ 20 Noah M. Grogan ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		5/17/24	\$ 10 Roger Herron ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		5/17/24	\$ 20 Terry Stind ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash		5/17/24	\$ 20 Kevin Gibson ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		3/19/24	\$ 25 Colleen ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		3/20/24	\$ 10 Rod Powell ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		3/23/24	\$ 10 Stormy Mongiello ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		4/20/24	\$ 10 R Powell ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		4/23	\$ 10 Stormy Mongiello ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		5/2/24	\$ 10 K. Sugar ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		5/20	\$ 10 R Powell ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		5/23	\$ 10 S. Mongiello ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		5/27	\$ 25 Tolson ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB	tickets	5/30	\$ 20 L. Henderson ✓
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		6/3	\$ 5 K. Grogan ✓
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 405.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

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 CC BD of Educational				ZCBN93	
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		CK		5-3-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		5-3-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		5-10-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		5-10-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		5-10-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		5-10-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		5-24-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		5-31-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		5-31-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-1-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-1-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-7-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-7-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-15-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-21-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-21-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-21-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-21-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-21-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-8-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-8-24	\$ 40
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 920.00
5. Total of ALL CRO-1205 Pages					\$ 1415
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Allen
Allen
Jackson
C Jackson
C Jackson
Hopper
starr
Corry
Corry
Jarrerson
sRoss
R. Ross
Clark
A Smith
M. Wall
C. Howell
K. Mitchell
M. Dorsey
m Farris
R Powell
K Powell
C Gibson
m. Gibson

Aggregated Contributions from Individuals

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 CC BD of Educational				ZCBN93	
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		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-14-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-18-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-16-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-18-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-18-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-20-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-20-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-20-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-20-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-24-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-26-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-26-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-26-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-26-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-26-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-28-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-28-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-28-24	\$ 40
4. Total only this Page					\$ 920.00
5. Total of ALL CRO-1205 Pages					\$ 2335
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

L. Dawkins
Ellerbe
Short
Davis
Baiber
C. Spikes
G Spikes
G Kee
B Earley
C Earley
J. Brook
J. Brook
D. McDow
L. Vinson
G. Wilson
Ruff
Morehead
Wells
B-Wells
S. Surret
G. Alexander
L. Alexander
L. Lawrence

Aggregated Contributions from Individuals

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 CC BD of Educational				ZCBN93	
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		C		6-25-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-25-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-25-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-25-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-25-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-25-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-21-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-21-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-21-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-16-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-16-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-17-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-17-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-17-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-22-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-22-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-22-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-23-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		AB		6-23-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-23-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		6-23-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-24-24	\$ 40
<input type="checkbox"/> Add <input type="checkbox"/> Remove		C		6-23-24	\$ 40
4. Total only this Page					\$ 920.00
5. Total of ALL CRO-1205 Pages					\$ 3255
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

P. Betty
R. Hooker
R. Hooker
R. Hooker
R. Hooker
R. Hooker
R. Hooker
J. Williams
S. Burns
S. Burns
D. Hines
S. Mamb
Burks
Beaver
Beaver
G. Bullock
B. Bullock
C. Davis
Bell
A. Woods
F. Webber
H. Webber
A. Borders
J. Kelly

Aggregated Contributions from Individuals

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 CC BD of Educational				ZCBN93	
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		AB		6-25-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-25-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-26-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-27-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-27-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-27-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		AB		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		OK		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		C		6-28-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-29-24	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		CK		6-29-24	\$ 40
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 920
5. Total of ALL CRO-1205 Pages					\$ 4175
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

P. Devoe
Todd
S Sharpe
C Barringer
C. Barringer
Camp
Roy
Roy
C. Maddox
E. Hunt
E. Schenck
Perry
Coleman
Beam
Williamson
D. Tomms
C. Shivers
C. Flack
T. Brown
Y. Allen
A. Sumrath
V. Maddox
W. Gardn

Aggregated Contributions from Individuals

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 CC BD of Educational		ZCBN93			
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		CK		6-29-24	\$ 46
<input type="checkbox"/> Remove		CK		6-29-24	\$ 46
<input type="checkbox"/> Add		CK		6-29-24	\$ 40
<input type="checkbox"/> Remove		CK		6-29-24	\$ 46
<input type="checkbox"/> Add		CK		6-29-24	\$ 40
<input type="checkbox"/> Remove		CK		6-29-24	\$ 40
<input type="checkbox"/> Add		CK		6-29-24	\$ 46
<input type="checkbox"/> Remove		CK		6-29-24	\$ 40
<input type="checkbox"/> Add		CK		6-29-24	\$ 46
<input type="checkbox"/> Remove		CK		6-29-24	\$ 40
<input type="checkbox"/> Add		CK		6-29-24	\$ 40
<input type="checkbox"/> Remove		C		6-30-24	\$ 40
<input type="checkbox"/> Add		C		6-30-24	\$ 40
<input type="checkbox"/> Remove		AB		6-28-24	\$ 20
<input type="checkbox"/> Add		AB		6-15-24	\$ 25
<input type="checkbox"/> Remove		AB		6-10-24	\$ 10
<input type="checkbox"/> Add		AB		6-24-24	\$ 41
<input type="checkbox"/> Remove		AB		6-23-24	\$ 10
<input type="checkbox"/> Add		AB		6-12-24	\$ 40
<input type="checkbox"/> Remove		AB		6-12-24	\$ 40
<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					\$ 586.00
5. Total of ALL CRO-1205 Pages					\$ 4761.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

T Maddox
M Maddox
T Fuller
B King
T Ross
J Ross
L Ross
L. Knauna
M. Ross
S. Ross
Rogers
P. Devoe
P Powell
P Devoe
St. Manjil
L. Flowers
L. Powers

2nd copy

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
Elect Tross for CC Bd of Education	ZCBN93

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
Kathleen Mitchell 205 Laundry Dr. Kern NC 28086	Not employed
	c. Employer's Name/Specific Field
d. Comments	
e. Election Sum to Date	
\$ 1900.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		ck		2/20/24	\$ 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
Twanette Davenport 301 Cleveland Ave Shelby NC 28150	Chibbons
	c. Employer's Name/Specific Field
d. Comments	
e. Election Sum to Date	
\$ 1950	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		AB		2/19/24	\$ 100.00
<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
Charlotte Jackson 1809 Country Garden Dr. Shelby NC 28150 charco1809@gmail.com	Not employed
	c. Employer's Name/Specific Field
d. Comments	
e. Election Sum to Date	
\$ 2050	

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

4. Total only this Page	\$ 250.00
-------------------------	-----------

5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 2150
---	---------

CLEVELAND COUNTY BOARD OF ELECTIONS
JUL 8 24 PM 3:21

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Elect Tross for CC Bd of Education						2C BN93	
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	
Eva Canontas 415 James St. Carrboro, NC 27510				N Profit			
				c. Employer's Name/Specific Field			
				Health NGO		e. Election Sum to Date	
						\$ 2150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		AB		2/25/24	\$ 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	
Goldene Kee 244 Tobe Bridge Rd Kings Mt NC 28086							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Cash		2/20/24	\$ 50.00		
<input type="checkbox"/>					\$ CLEVELAND COUNTY BO		
<input type="checkbox"/>					\$ JUL 8 '21 PM3:21		
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	
Paul Boykins 256 Leabitter Rd Spindale NC 28160							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Cash		2/20/24	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 160	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2310	

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	
Tracy Ross for Cle. Co. Bd of Education						ECBN 93	
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	
Mary Thurnen 80 Box 1476 Shelby NC 28151 704 692-6737				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 2310	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		ck		2/26/24	\$ 180. 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	
Karen Wiley PO Box 1344 Shelby NC 28151 704 692 8113				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 2410	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		cash		2/28/24	\$ 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	
Larry Wiley PO Box 1344 Shelby NC 28151 704 692 - 8113				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 2460	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Cash		2/28/24	\$ 50. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2510	

CLEVELAND COUNTY BOI
JUL 8 '24 PM 3:21

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Tracy Ross for Cleve. Co. Bd. of Educ.						ECBN 93	
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	
Harold Parrish 202 E. Ross Grove Rd Shelby NC 28150 704 466-6385				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2570	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Cash		2/5/24	\$ 50 ⁰⁰		
<input checked="" type="checkbox"/>		Cash		3/5/24	\$ 50 ⁰⁰		
<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	
Betsy Kendrick 2224 Taylor Rd Shelby NC 28152				RN			
				c. Employer's Name/Specific Field			
				Atrium Health		e. Election Sum to Date	
						\$ 2610	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		AB		2/27/24	\$ 100 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	
Tammy Lysinger PO Box 27 Junction NC 28042				NOT employed			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2710	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		AB		3/3/24	\$ 50 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250	
5. Total of ALL CRO-1210 Pages						\$ 2760	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

CLEVELAND COUNTY BOE
JUL 8 '24 4:21

✓
✓

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 Bd of Education						ECBN93
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	
Dorothy + James Williams 704 493-5757			Pastor		PrincetonFleet @ beelsmith.net	
			c. Employer's Name/Specific Field			
			Christian Homes BC		e. Election Sum to Date \$ 2760	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		3/16/24	\$ 100. 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	
James + Doris Hopper Carroll St. Shelby NC 28152			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 2860	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		3/18/24	\$ 100. 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	
Leonard Comy 1613 Bear Dr. Shelby NC 28152			Barber		CLEVELAND COUNTY BO JUL 8 '21 PM3:21	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 2960	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck		07/22/24	\$ 50 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 250
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3010

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	
Elect Tross for CC School Bd						ZCBN 93	
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	
Golden Williamson 8241 N. Morgan St. Shelby NC 28150				Retired		e. Election Sum to Date	
						\$ 3010	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		ck		6/3/24	\$ 100 ✓		
<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	
Julie Brooks 633 Chapel Dr. Shelby NC 28152				Retired		e. Election Sum to Date	
						\$ 3110	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		AB		3/10/24	\$ 75		
<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	
Janet Derald 2204 Kingstown Rd Shelby NC 28150				Mayor Kingstown City Hall 220 Kingstown Rd Shelby NC 28150		e. Election Sum to Date	
						\$ 3185	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		AB		4/24/24	\$ 100 ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 275	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3285	

CLEVELAND COUNTY BOE
JUL 8 24 PM3:21

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Elect Dross for Cleveland Co. Bd of Education						ZCBN 93	
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	
Gerald Loul / Kid's World 1152 Wyke Rd Shelby NC 28150 204 471-1217				Childcare			
				c. Employer's Name/Specific Field Kid's World CDC			
						e. Election Sum to Date \$ 3285	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		ck		6/21/24	\$ 500 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	
Severn Budd 503 Crawford St. Shelby NC 28150				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ 3785	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		ck		6/27/24	\$ 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	
Macedonia BC 235 A W Block St Cherryville NC 28021 704 435-9842							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ 3835	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>				4/15/24	\$ 300 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 850	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 4135	

CLEVELAND COUNTY BOE JUL 6 '24 PM3:22

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	
Elect TRM for CC Bd of Edu.						ZC BN 93	
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	
Florence Stevenson 211 Mt. Sinai Church Rd Shelby NC 28152				Retired			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 4135.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		ck		4/24/24	\$ 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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 4185	
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"/>					\$ CLEVELAND COUNTY BOE ✓		
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	
				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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 4185.00	

Aggregated Non-Media Expenditures

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) Tracy Ranz for CC School Bd **2. ID Number**

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		CC	K	3/14/24	\$ 30.42	Campaign supplies ink
<input type="checkbox"/> Add <input type="checkbox"/> Remove		cash	K	3/25/24	\$ 7.78	file folders
<input type="checkbox"/> Add <input type="checkbox"/> Remove		cash	B	2/22/24	\$ 4.16	printing
<input type="checkbox"/> Add <input type="checkbox"/> Remove		cash	O	3/26/24	\$ 5.66	mtg. water/pens
<input type="checkbox"/> Add <input type="checkbox"/> Remove		cash	O	4/8/24	\$ 6.72	mtg. supplies
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<550>	cash	O	4/24/24	\$ 14.50	mtg refreshments
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	B	4/14/24	\$ 9.59	Amazon - labels
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	K	4/27/24	\$ 14.83	Thank you cards
<input type="checkbox"/> Add <input type="checkbox"/> Remove		DC	O	4/27/24	\$ 25.00	speaking w/agent gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	B	4/29/24	\$ 28.44	ticket printing - FK
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	O	5/1/24	\$ 30.00	gas for candidate
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	B	5/11/24	\$ 12.76	supplies - label magnet
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	B	5/7/24	\$ 21.30	supplies - stamp
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	O	5/16/24	\$ 20.54	Campaign supplies
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	B	5/17/24	\$ 23.75	keys for Podes - campaign
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	O	5/3/24	\$ 42.96	campaign mtg refreshments
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	O	6/27/24	\$ 14.24	campaign mtg refreshment
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	O	6/20/24	\$ 35.70	campaign meeting refreshments
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	O	6/15/24	\$ 38.65	ice cooler for June tenth event
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CC	C	6/24/24	\$ 15.93	off nox - FK supplies bubble wrap

4. Total only this Page \$ 402.93

5. Total of ALL CRO-1315 Pages \$ 402.93
(This line must be on line 14 of Detailed Summary Page CRO-1100)

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)

Aggregated Non-Media Expenditures

Amendment
 Yes No

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

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

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		<u>cash</u>	<u>C</u>	<u>6/11/24</u>	<u>\$ 4000</u>	<u>to pay DG w/a</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		<u>dc</u>	<u>B</u>	<u>6/17/24</u>	<u>\$ 40.55</u>	<u>office max</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		<u>dc</u>	<u>B</u>	<u>6/17/24</u>	<u>\$ 48.67</u>	<u>office max</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		<u>dc</u>	<u>B</u>	<u>6/24/24</u>	<u>\$ 40.55</u>	<u>office max</u>
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add		<u>DC</u>	<u>O</u>	<u>6/28/24</u>	<u>\$ 20.20</u>	<u>Campaign mtg - exps. Ingle</u>
<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					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	

4. Total only this Page	\$ <u>189.97</u>
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ <u>592.90</u>

6. Purpose Codes (List detailed expenditure code in (d) above)			
<input type="checkbox"/> B* - Printing	<input type="checkbox"/> C* - Fundraising	<input type="checkbox"/> D - To Another Candidate	
<input type="checkbox"/> E - Salaries	<input type="checkbox"/> F* - Equipment	<input type="checkbox"/> G - Political Party	<input type="checkbox"/> H* - Holding Public Office Expenses
<input type="checkbox"/> I - Postage	<input type="checkbox"/> J - Penalties	<input type="checkbox"/> K* - Office Expenses	<input type="checkbox"/> Q* - Donations to Legal Expense Fund
<input type="checkbox"/> O* - Other			

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

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)						2. ID Number	
Tracy Ross for Clew Co Bd of Education						2C BN 93	
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)				b. Coordinated Committee Name		d. Comments	
Annette Toms Office Mat East Rd Shelby NC 28150						Office/campaign supplies	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	Credit card	K	3/13/24	\$ 159.00	refund for supply order 2/26/24		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Office mat 423 East Rd Shelby NC 28150						Campaign flyers	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	CC	B	3/21/24	\$ 178.70	Printing of flyers - FR ✓		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACAE - Jo Jonyas Petty 200 W Marion St. Shelby NC 28150 204 888 1272						Fundraiser Caterer	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	CC	C	4/1/24	\$ 400.00	Dep for FR caterer ✓		
				\$			
5. Total only this Page						\$ 735.70	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) 0-</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) - 0 -</i>							
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

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)						2. ID Number	
Elet TR for CC School Bd						2CBN93	
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)				b. Coordinated Committee Name		d. Comments	
WPCS - 90 Jim Hall Sutcliffe St Shelby NC 28150						FR DJ deposit	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	cash	C	4/25/24	\$ 150.00	FR - DJ		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
A-CNE - % Longa Betty 200 W marion St Shelby NC 28150 704 858-1272						FR catering payment	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	CC	C	5/1/24	\$ 325.00	Payment # 2 for FR on 4/25		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Officer May East Rd Shelby NC 28150							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	CC	B	5/2/24	\$ 64.26	FR printing slips		
				\$			
5. Total only this Page						\$ 539.86	
6. Total of ALL CRO-1310 Pages						\$	
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

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)						2. ID Number
Elect Tracy Ross for CE School Board						2CBW93
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)				b. Coordinated Committee Name		d. Comments
Office Map Earl Rd Shelby NC 28150						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input 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	
	CC	B	5/13/24	\$ 112.52	Banner Printing ✓	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Office Map Earl Rd Shelby NC 28150						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input 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	
	DC	B	6/2/24	\$ 76.06	Flyer printing ✓	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Office Map Earl Rd Shelby NC 28150						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input 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	
	CC	B	2/21/24	\$ 166.77	printing of flyers ✓	
				\$		
5. Total only this Page						\$ 255.35
6. Total of ALL CRO-1310 Pages						\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
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

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)						2. ID Number
Elect TR for CC School Bd						2CBW93
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)				b. Coordinated Committee Name		d. Comments
ACAB - Tonya Petty { 200 W Merion St. Shelby NC 28150						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input 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	
	cc	C	6/4/24	\$ 600.00	FR-Catering dep - #3 ✓	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Christy Popkes 623 S New Hope Rd Apt 1 Gastonia NC 28054						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input 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	
	CC	C	6/4/24	\$ 927.00	FR-Decorating ✓	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Peak Premier Enterprises 215 Chestnut St. Shelby NC 28150						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input 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	
	cash	C	6/10/24	\$ 70.00	DJ.dep. ✓	
				\$		
5. Total only this Page						\$ 1597.00
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

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)						2. ID Number ZCBW93	
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)				b. Coordinated Committee Name		d. Comments	
The Le Dunde Center Marion St. Shelby NC 28158						Audraiser Venue	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	cc	C	3/27/24	\$ 216.33			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Office map Eard Rd Shelby NC 28150						Banner for Campaign	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	cc	A	5/14/24	\$ 120.12	Banner ✓		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Pen's Express 10701 State Rt. 34 #196 Matawan NJ 07747						FR giveaway	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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		
	cc	C	6/3/24	\$ 53.77	pen for FR ✓		
				\$			
5. Total only this Page						\$ 590.22	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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)							

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Eleet Tracy Ross for CC School Bd						ZCBN93	
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)				b. Coordinated Committee Name		d. Comments	
Officinarox Box Rd Shelby NC 28750						Campaign fees	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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	
		cc	B	6/24/24	\$ 57.88	campaign fees	
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Act Blue						fees from Act Blue account.	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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	
		cc		2/29-6/26	\$ 44.87	Act Blue fees + cc fees on Act	
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input 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	
					\$		
					\$		
5. Total only this Page						\$ 96.05	
6. Total of ALL CRO-1310 Pages						\$ 3864.18	
(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 (Last 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)							

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable) <i>Tracy Ross for Cle. Co. Bd of Education</i>	2. ID Number
--	---------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Tracy Ross</i>	d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments <i>Was \$100; paid \$75</i>		
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Expenditure Date <i>2/10/24</i>		
		i. Original Expenditure Amt \$ <i>100.00</i>		
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose <i>podcast fee. < 25 ></i>		j. Election Sum to Date \$
k. Account Code	l. Form of Payment <i>Cash</i>	m. In-Kind Description	n. Date (mm/dd/yyyy) <i>2/26/24</i>	o. Amount \$ <i>25.00</i>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>W P BS</i>	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments		
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Expenditure Date <i>4/25/24</i>		
		i. Original Expenditure Amt \$ <i>150.00</i>		
b. Job Title/Profession	c. Employer's Name/Specific Field <i>Jim Hall</i>	f. Purpose <i>Referendy D.J. Dep fee</i>		j. Election Sum to Date \$
k. Account Code	l. Form of Payment <i>Cash</i>	m. In-Kind Description	n. Date (mm/dd/yyyy) <i>6/25/24</i>	o. Amount \$ <i>150.00</i>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments		
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Expenditure Date		
		i. Original Expenditure Amt \$		
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$

4. Total only this Page	\$ <i>175.00</i>
5. Total of ALL CRO-1240 Pages	\$ <i>175.00</i>

(This line must be on line 10 of Detailed Summary Page CRO-1100)

CLEVELAND COUNTY BOE
JUL 8 '24 PM 3:24

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Tracy Ross for Clev. Com. Bd of Education		2CBN93	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Office Max Office Depot Store # 06682 423 Earl Rd, Shelby NC 28150 704 480-6327		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		Campaign Printer	
		d. Election Sum to Date	
		\$ - 0 -	
e. Description		f. Date (mm/dd/yyyy)	
Office printer		2/25/24	
		g. Fair Market Amount	
		\$ 129.99	
		\$	
		\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Discorany Nissan 90 Travis Lewis, GM 631 S. Post Rd Shelby NC 28150 980 295-1600		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		Laptop for Campaign	
		d. Election Sum to Date	
		\$ 129.99	
e. Description		f. Date (mm/dd/yyyy)	
Laptop for Treasurer for campaign finance reporting		2/26/24	
		g. Fair Market Amount	
		\$ 219.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Evelyn Morehead 25020 N. White Oak Dr. Shelby NC 28150 704 473-8955		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		FR Raffle	
		d. Election Sum to Date	
		\$ 348.99	
e. Description		f. Date (mm/dd/yyyy)	
Board game		3/8/2024	
		g. Fair Market Amount	
		\$ 21.00	
		\$	
		\$	
4. Total only this Page		\$ 369.99	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Elect Tross for CC Bd of Education			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Kathleen Mitchell 205 Laundry Str. KM NC 28086 704 457-1001		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	FR raffle donation
			d. Election Sum to Date
			\$ 369.99
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Relaxation furniture 3 PC Bkake set; Roku w/dlg 2x5 pic frame for FR		5/3/24	\$ 80.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Mary Hopper 749 Vale St. Sheepy NC 28150 704 481-8887		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	FR raffle donation
			d. Election Sum to Date
			\$ 428.99
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Home decor		5/10/24	\$ 28.33
			\$ CLEVELAND COUNTY BOE
			\$ JUL 6 '24 13:24
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
La Donna Clark 114 Victoria Park Dr Sheepy NC 28150 704 533-4804		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	FR raffle donation
			d. Election Sum to Date
			\$ 450.32
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Children's book		6/8/24	\$ 14.95
			\$
			\$
4. Total only this Page			\$ 116.28
5. Total of ALL CRO-1510 Pages			\$ 467.27

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Elect TRoss for CC Bd of Education		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Ronald Harrell 2311 Holly Lane Shelby NC 28150 704 487-0257	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	FR raffle donation
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 Books	6/11/24	\$ 3500
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Angel Carpenter 2884 Wilkshire Dr. Shelby NC 28150 704 297-6243	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	FR raffle donation
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Butterfly necklace set	6/25/24	\$ 21.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Idealing Health + Wellness 323 S. Washington St. Shelby NC 28150 704 457-1001	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	FR raffle donation
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Vs. parson Herbal Air diffuser	6/26/24	\$ 24.99
		\$
		\$
4. Total only this Page		\$ 80.99
5. Total of ALL CRO-1215 Pages		

CLEVELAND COUNTY BOE
 JUL 8 '24 4:24

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Those for CC Bd of Education		ZCBN93	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Peyton Rogers Jr 22 Blackburg Rd Greene 28072		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		FR raffle donation	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
Kitchen BOA, crystal glass chime		6/28/24	
		g. Fair Market Amount	
		\$ 80.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Timmy Bean 1580 Leason Dr. Apt, 281 Gastonia NC 28054 704-677-6580		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		FR raffle donation	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
book		6/5/24	
		g. Fair Market Amount	
		\$ 20.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Kerba Hobbs 1920-E Marion St. Shelby NC 28150 704-600-6213		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Other Receipt Source	
		c. Comments	
		FR raffle donation	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
30 min massage		6/28/24	
		g. Fair Market Amount	
		\$ 45.00	
		\$	
		\$	
4. Total only this Page		\$ 145.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$	

CLEVELAND COUNTY BOE
JUL 8 '24 4:24

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
TR for CC Bd of Education			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Brouda King 209 Vauxhall Dr. Shelby NC 28150 704473-4499		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Bubble bath works candle		6/29/24	\$ 27 ⁰⁰
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	CLEVELAND COUNTY BOE JUL 8 '24 13:24
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 27	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 12 of Detailed Summary Page CRO-1100)</small>		\$ 739.26	