Disclosure Report Cover			Amendment Yes No
Use this form for general report and	committee information,	must be signed and subn	nitted along with other detailed forms.
Do not use this form to update inform	nation.		
1. Committee Information a. Full Name			
Dutto 1 Do 1. 1	11100 601	20-1	c. ID Number
Dilley Pauly	(Vote Tor K	Xuley)	1 CQ'166
b. Mailing Address (include City, State and	I Zip Code)		d. Date Filed
1765 Lecan 11eu	lor lare	<u> </u>	2/26/2024
I lemisulle NC 2	17023		e. Phone Number 3310-919-5012
2. Report Year 3. Period Start Dat	te (mm/dd/yy) 4. Period I	End Date (mm/dd/yy) 5.	Treasurer Full Name
2024 11/202	4 22	10/2024 H	Floory Lawery
6. Type of Committee (Check One)	9. Type of Rep	ort (check only one typ	pe of report from one category)
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendu			
Independent Expenditure I Joint Fund			Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable, check		☐ Third	Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	☐ Mid Yea		
C Oaka-	Year End		Av. Special Report Panic
Other:	Final	Year End	
8. Number of Fundraisers this Repo	ort Special	Final	
		☐ Special	
11. Account Information		11. Account Informati	on
a. Financial Institution Full Name		a. Financial Institution Full	Name
first thron Ba	ink		
	ccount Code	b. Purpose	c. Account Code
Managina	BB12		E GOS
d. Pe	eriod Begin Balance		d. Period Begin Balance
\$			\$ 5 _ 100
CERTIFICATION			
I certify that the Committee or Fund is i of the NC General Statutes and that no f report is complete, true and correct and	funds are commingled with	prohibited or other non-dis	sclosed funds. I further certify that this
Printed Name of Signer		Bolly	2/26/2824
FOR OFFICE USE ONLY	Sigi	nature of Appointed Treasurer	Date
			Dating Marked
Date Received:	Employ	/ee:	Delivery Method Normal Mail
Date Postmarked:	Employ	/ee:	Registered Mail Hand Delivered
Date Scanned:	Employ	/ee:	☐ Electronically Filed
Date Data Entered:	Employ	ree:	☐ Signer has not received mandatory training
Please Note: This form cannot	he used to amend comm	ittee information such as	the committee address, treasurer,

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and			Manager of Control of State of
1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Billiany Barley (Vote or barley)	l Yti	<i>>4</i>	100722
Start of Election Cycle: January 1,	<i>±</i>	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 0	\$ O
RECEIPTS	Thu I		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1045.00	\$ 1045.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1038.(1)	\$ 1038.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1			\$
EXPENDITURES	Tu and Tie	φ	ф
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2084.90	4 \$ 2584 94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
	(CRO-1315)	\$	\$
_	(CRO-1420)	\$	\$
	(CRO-1320)	\$	\$
	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 2942.05	
19) Cash on Hand at End (Add lines 4 and 12 together, then subt		\$ 0	\$ 0
ADDITIONAL INFORMATION			1
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	CRO-2220)	\$	\$
28) Contributions to be Refunded (6	CRO-1215)	\$ 887.55	\$ 887.55

		rom Individua		P			Amendment Yes No		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used									
1. Con	nmittee Full Nar	ne (and Fund if app	licable)				D Number		
	Britani	Bailey				17	Canze		
	tributor Inform			Add Re	emove	TEN.			
	Name, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ession	d. C	Comments		
D	atton 1 RO	1011		Realtor					
0	mary en	ing and	0 0		me/Specific Field	1			
	1765 Pearmans Lave				tate Brown	e. E	lection Sum to Date		
		1NC 2706				\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
	13312	Check	Business	Couds	1/16/202	4	\$ 190,00		
					Mrs. 1082		\$		
							\$		
	tributor Inform			Add Re	move		inaliza natika		
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profe	ssion	d. C	omments		
(Includ				Tech So	Printest				
D	sony Lew	eny Hallo Dr.		c. Employer's Nai	me/Specific Field	1			
2	Clot Bus	hallow Dr.							
Ĭ	15 150	27127				e. El	ection Sum to Date		
	14-01 100	0 1100 1				\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount		
	8812	Card	Contribu	tion	24 2024	1	\$ 50.W		
					2 .		\$		
							\$		
	ributor Informa			Add Rer	nove	44			
	ame, Mailing Addre e city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. Co	mments		
		.(1. 1		med to	ch				
V	r level le	why should Dr.		c. Employer's Nan	ne/Specific Field				
2	oved low	signed pr				o Flo	ection Sum to Date		
	W-5, NC	27127				\$	ection Sum to Date		
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyy)	v) li	k. Amount		
	BB12	card	Contrib	then	2/4/202	4	\$ 50.00		
			CO III II	, , , , , , , , , , , , , , , , , , ,	11120		\$		
							\$		
4. Tota	al only this Pa	age				\$	2010 100		
		O-1210 Pages			LINE STATE OF		C-10100		
		of Detailed Summary Pag	ge CRO-1100)			\$	1045.00		

		rom Individua		Pg	g of _		Amendment Yes No
Use th	is form to report	individual contribution	ons over \$50 or c	ontributions und	ler \$50 if form C	RO 1	205 is not used
1. Con	nmittee Full Nar	ne (and Fund if app				2. I	D Number
	Brittan		ute for Ba	iter)		1	CQ722
	tributor Inform			Charles and the same of the same of	move	P33	
	Name, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ession	d. C	omments
	Loning	PRAISIDE		Manna	cist		
,	appyrie	10 CHOREL	. 1201	c. Employer's Na	me/Specific Field	1	
	2106 GU	ultra cillege	e ROL	KADREC	~	o Fi	ection Sum to Date
Happyness Crister 2104 Chilford Chlege Rol. Jamestown, NC 37282				rouge			ection Sum to Date
e m						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount
	18812	Carol	Contriba	ution	1/20/202	4	\$ 30.00
	13/12	Card	contrib	thon	1/21/202	4	\$ 30.00
							\$
0	tributor Informa			Add Rer	nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
	le city, state, & zip)	Nally da a -		mallotina	poporiote		
٦	16011 Carc	portingnouse		c. Employer's Na	ne/Specific Field		
	1269 Be	Bothingholoce evertin Trai	l	Mohalas	it Educ.	a Ele	ection Sum to Date
	WISIM	27103		nymuco	il leute-	\$	Seaton State to Date
f. Prior		h. Form of Payment	. T. T I.D		la =		
	10.10.1	n. Form of Payment	i. In-Kind Descript	non	j. Date (mm/dd/yyy		k. Amount
	6612	Cara	Contille	otion	1 19 202	4	\$ 25.60
							\$
							\$
	ributor Informa			Add 🔲 Ren		P. A	
	ame, Mailing Addre le city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Co	mments
(AAAAAA	Ashley	D0008		tinancial	Rep		
	Inaum	lanedoroRLC	1	c. Employer's Nam	ne/Specific Field		
	CE TOTT Y	andorona	' .'	State En	nployees	e. Ele	ction Sum to Date
	Clemni	MS/NC 271	012	Modit	linon	\$	3.00.00.00.00.00.00.00.00.00.00.00.00.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyy)	y) k	x. Amount
	BB12	rand	untrib	whi	Ilmporu	1	\$ 20 00
		Car (g -	OU WITE	3011010	111100	1	\$
						+	\$
4. Tota	al only this Pa	ıσe	AUT SUMMES			•	10500
		O-1210 Pages				\$	
		of Detailed Summary Pages	ge CRO-1100)			\$	1045.00

		rom Individua		Pg			Yes No
		individual contributio		ontributions und	ler \$50 if form C	7	1205 is not used
1. Con	mittee Full Nar	ne (and Fund if app	licable)	4 . 1	4	2.]	ID Number
2.0	Bott	any Barley	Uste to 1	Bailey)			CQ 722
-	tributor Inform ame, Mailing Addr				move	1	
	de city, state, & zip)			b. Job Title/Profe	ession	d. C	Comments
	Melvin +	linson		c. Employer's Na	me/Specific Field	-	
	1741 RG	ge Bluff Cu	cle	11500	.1.		
	RUM	ige Bluff Cur Hall, MC 27	1045	US Ba	W		lection Sum to Date
6 Th. 1						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount
	6612	cara	Contri	bution	1/11/2021	1_	\$ 25.00
							\$
							\$
-	ributor Inform			Add 🔲 Rei	move		
	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(MCIUC	Malian	o Almat		Retired			
	25/25	describes	nd	c. Employer's Nar	ne/Specific Field		
	2010 11	dependence	KU.			e. El	ection Sum to Date
	W-S1	VC 27106)			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy		k. Amount
	BB12	and	Control.	wha	111207	4	\$ 200.00
	00.10		Corary	ZCA ILI V	1111000	1	\$
							\$
3. Cont	ributor Informa	ition		Add Ren	nove	Out	Call for Small and Small
a. Full Na	ame, Mailing Addre			b. Job Title/Profes		d. Co	omments
(includ	e city, state, & zip)	. () .]		SIDOMS	IV		
	Mulan	abailey		c. Employer's Nan	U 1 ne/Specific Field		- 1
	2621	Willdowek	Rd. 1	Proce De	Histo		
	1.10	NA MINA		tepol box	ring	e. Ele	ection Sum to Date
	MOI	IN STILL		' \	enthus	\$	1
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yy)	y) [k. Amount
	BB12	caed	contribu	thon	1/11/2024	f	\$ 25.00
			ì		. 1		\$
							\$
4. Tota	al only this Pa	ige		HARTE .		\$	250 (V)
		O-1210 Pages					1.112 10
		of Detailed Summary Pa	ge CRO-1100)			\$	1045.00

Contributions to be Kelmbursed			g of _	Yes U No
Use this form to report Contributions of \$1,000 or le	ss to be	reimbursed with	nin 7 days.	
Reimbursements must be disclosed on the Refunds/R	Reimburg	sements Form (C	CRO-1320).	
1. Committee Full Name				2. ID Number
Brittany Bailey Wite	WB	aley)		TCQ722
3. Contributor Information		Add R	emove	
Full Name & Mailing Address of the Payee		Full Name &	Mailing Addres	s of the Reimbursee
(the original vendor)		(the person to	whom the cam	paign check is written)
Britary Bailey		Britta 17165		and Lail
Lemonle NC d'1025		Lem	sillence	£1023
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/	N d. Amount
Turds fir Campaign Acct	110	e/2024	N	\$ 190,00
3. Contributor Information		Add Re	emove	
Full Name & Mailing Address of the Payee		Full Name &	Mailing Address	s of the Reimbursee
(the original vendor)				paign check is written)
Brittary Bailey		Brottz	any Bailer	
1765 Pean Hanorlave		176	5 Pians	hand lave
Levisville, NC 27023		Leu	isulleinc	27023
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Digno e status	2	19/2024	Υ Υ	\$ 501.83
3. Contributor Information		Add Re	move	
Full Name & Mailing Address of the Payee		Full Name &	Mailing Address	of the Reimbursee
(the original vendor)				aign check is written)
Britany Bailey 1765 Recan Manor Love		Brd 17	tory Bail 105 Plain	planortore
a. Contribution Description	l. D.	I H	vuo vuie,	11401000
N - la - a	b. Date	(mm/dd yyyy)	c. Credit Card Y/N	
60chw48	12	19/2024	γ	\$ 195.72
3. Contributor Information	n in in	Add Re	move	
Full Name & Mailing Address of the Payee				of the Reimbursee
(the original vendor)				aign check is written)
			·	
. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
•	2.2346	(ordin Caru 1/N	\$
4. Total only this Page				\$ 887.55
5. Total of ALL CRO-1215 Pages				00 100
(This line goes in line 28 of Detailed Summary Page CRO-110	0)			\$ 887.55

		eal Party Committees s from a political party	Pg of	Amendment Yes No		
	Full Name (and Fund if		× -	2. ID Number		
	BAHANI RA	10.1 1/1/20 For Bola.				
3. Contributor	Treamation	Jey (Vole To Clare		TCQ 722		
	ling Address & Phone	Add D	Remove	Comments		
(include city sto	ita & zin)			o. Comments		
NC D	remocratic A	by Municipal				
Voto	audu					
1000			C	. Election Sum to Date		
				\$		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	r) h. Amount		
	FEC Valuation	Webulder	13/2026	\$ 788,00		
				\$		
				\$		
3. Contributor		Add R	emove			
a. Full Name, Mail (include city, star	ing Address & Phone		b	. Comments		
Blue	box Photograph	ly				
1455	stonelowy ka	D	L			
		110	C.	c. Election Sum to Date		
Clerry	nn), No 270) lot		\$		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	h. Amount		
		Phangraphy	2/4/2024	\$ 250,00		
		013	100	\$		
				\$		
3. Contributor		Add R	emove	National States of		
a. Full Name, Maili include city, stat)	ng Address & Phone		b.	Comments		
(medide city, stat	e, & zip)					
			c.	Election Sum to Date		
				\$		
I. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount		
				\$		
				\$		
				\$		
4. Total only	this Page			038,00		
5. Total of Al	LL CRO-1220 Page	es ·				
	on line 7 of Detailed Summa		4	1038.00		

D'-L			0	Amendmen	t	
Disbursements	Pg	of	2	☐ Yes	No.	
Use this form to report avanditures from the constitute form				11.4		_

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 Fun	d if applicable)		1			2. ID Number
Battan Bailey (Vote Fir Bailey)							TCQ722
3. Type of Dish		use separate Cl	RO-131	Jorms for	each type of Dis	sburse	ement.)
Operating Ex		ntributions to Candid	ates/Politi			oordina	ted Party Expenditures
4. Payee Inform				Add	Remove		
	Mailing Address & Ph	ione		b. Coordina	ted Committee Nar	ne	d. Comments
(include city, state	, & zip)	0-11.11					
Hulleg	Va Deagn N 256 Healy I	allthing H	nt		istered (Specify)		
36	256 Healy L	$\chi_{i} \cup$		Federal State	County:		e. Election Sum to Date
W.	-SINC 2710	3					\$ 501.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	(boh	B	2/1	9/2624	\$ 501.83		Signs & Stales
				2: %	\$		U
4. Payee Inform				Add	Remove		
	ing Address & Phone			b. Coordinat	ted Committee Nam	1e	d. Comments
(include city, sta	te, & zip)						
l Vi	Stathnt			c Level Peni	istered (Specify)		
l In	Uniden F	10		Federal	County:		
100	o arillia na h	KOLLOL		State	Municip		e. Election Sum to Date
l W	angtoniMA	02421					72 01
f. Account Code			r				\$ 110,00
n. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	16 4	k. Re	quired Remarks
0812	CHILL		218	2024	\$70.97	L	alm Mas
					\$	'	
4. Payee Inforn	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Nam	e I	d. Comments
(include city, stat	te, & zip)						
	DIGIL CON	1 .					
	Etsy.con	d			stered (Specify)		
	Hans	St.		Federal	County:		
				State	Municipa	ality:	e. Election Sum to Date
	Brookly, NY	11201					\$ 41.17
	g. Form of Payment		i. Date (n	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
13612	cara	BA	215	812524	\$ 41.17	100	magion shirts
				1	\$		in aug. t Single
5. Total only thi	is Page	100-00-00					6 /12/17
	CRO-1310 Pages						\$ 613.91
			0:00	41 - 37			
(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)					\$ 21580,94 1		
(This line goes in	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
	odes (List detailed						
A* - Media	B* - Printin			ndraising	D - To	Anoth	er Candidate
E - Salaries	F* - Equipm	nent		tical Party			Public Office Expenses
I - Postage	J - Penaltie	es :	K* - Of	fice Expens			n to Legal Expense Fund
O* Other	1 4 1 7						
T Codes require	e detailed explanation	on in required re	marks	field (k)			

Di	sh	11)	•S£	m	en	te
1/1	$\sigma \nu$	us	J.		СП	L3

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 Females)

1. Committee	Full Name (and Fun	d if applicable)				2.	ID Number
Batt	In Bailer 1	vote for E	Balle	1)			TCQ722
3. Type of Dis		e use separate C	RO-131	d forms for	each type of Dis	bursem	ent.)
Operating Ex		ntributions to Candid	lates/Polit	ical Committee	s 🔲 Co	ordinated	Party Expenditures
4. Payee Infor				Add	Remove	100	
a. Full Name, N	Mailing Address & Ph	one		b. Coordina	ted Committee Nam	e d.	Comments
(include city, state	e, & zip)		1				
Solich	in that Ich	mmons M	iner)				
200	141.20	- 1 - 10, C C	4.0.	-	istered (Specify)		
1.0.100	x 4634			Federal	County:		
Solisbu	& zip) uny Ast (Cle x 41e39 ny NC28146	Ś		L State	Municip	ality: e. l	Election Sum to Date
							034.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)		k. Requ	ired Remarks
1812	Cara	R	2	3/2024	\$254,75	1 Ro	hiertise media
		,		1	\$		
4. Payee Inform	mation			Add \square	Remove		
	ling Address & Phone		11		ed Committee Name	. 4	Comments
(include city, sta				Di Coordinat	cu committee i taxa	u. v	Comments
DUDANA	, Donan Mark	eting Ann	1				
Trocylia	TO CHICAGO	eau G Fruc	C	c. Level Regi	stered (Specify)		
3250	Helli Dr.	\cup		☐ Federal	County:		
11/25.1	Heary Dr.			☐ State	Municipa Municipa	lity: e. I	Election Sum to Date
10,011	VC de ID					\$	10000
.	T						95.72
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		1 0	ired Remarks
8312	1 (Vana	134			\$195.72	B	Churco
					\$		0.10
A Davis Inform				4 1 7 1			
4. Payee Inform	ling Address & Phone			Add	Remove		
(include city, sta				b. Coordinate	ed Committee Name	d. C	Comments
		h0.1 1:.	Λ.				
I PYUE	gna Doogn 50 Healy D 51NC 2011	Maketua	nut	a Lavel Paris	stered (Specify)	_	
21	EN LOON TO		2017-20	Federal	County:		
<i>20</i> 7	of themy b	· · ·		State		lity: e F	lection Sum to Date
l ₩·	SINC 2011)3					2
						\$	106.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Requi	red Remarks
	(ash	DA	2	MINIU	\$1,016.50	51	ons & Styles
				Huch			15 Comas
					\$		
5. Total only th	is Page					\$	14100.07
6. Total of ALI	CRO-1310 Pages						2080 QU
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expense	s)		Arch Out
(This line goes in	(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) \$ \(\text{\text{30}} \)						
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Coor	dinated Party	Expenditures)		
7. Purpose Co		expenditure code					
A* - Media	B* - Printin			indraising	D - To /	nother	Candidate
E - Salaries	F* - Equipm	•		itical Party			ublic Office Expenses
I - Postage	J - Penaltie			ffice Expens	ses O* - Do	nation	to Legal Expense Fund
O* Other					-		
* Codes require	a detailed evalenation	m in warning I -		C . 1.1 (1.5			

In-Kind Contributions	P	g	of A	2	Amendment Yes	□ No
Use this form to report non-monetary contributions, donations, good	ds or services pro	vided to	the commi	ittee o	or fund.	
Use CRO-1215 if In-Kind Contributions were or will be reful. Committee Full Name (and Fund if applicable)	nded within / d	ays.		12:	ID Number	0.00
Button 1 Pola 1/200 foc	20101	_		200 1	in Number	
2 July Davey Note 18	Darley)					
3. Contributor Information a. Full Name, Mailing Address & Phone		emove				
(include city, state, & zip)	b. Type of Contr	ibutor		c, C	Comments	
Britan 1 apileu	Candidate					
o mus of butter	Party					
1765 Becan Many Lave	PAC					
Louisille INC 27023	Referendum Other Receip	nt Source		d. E	lection Sum to	Date
		or Bouree		\$		
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market	t Amount
Funds for Campaign Acco	nt	1116	202	4	\$ 190.	00
1 0					\$	
					\$	
3. Contributor Information	Add 🔲 Re	move				Chiesell
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor		c. C	omments	
(include city, state, & zip)	Individual Candidate					
pithary ballay	Party					
Mes Rean Manortale	PAC					
Levisville, NC 27023	Referendum			d. El	lection Sum to I	Date
tennovince horse	Other Receip	t Source		\$		
e. Description		f. Date (1	nm/dd/yyy	(y)	g. Fair Market	Amount
Signs Estakes		2/	202	4	\$ 1016.	50
oigns & Stakes		211	9/20	24	\$ 501.	83
Brochwels		2/9	12021	1	\$ 195.	12
3. Contributor Information		nove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril Individual	butor		c. Co	mments	
(Candidate					- 1
	Party					
	☐ PAC					
	Referendum	G.		d. Ele	ection Sum to D	ate
	Other Receipt	Source		\$		
e. Description		f. Date (n	ım/dd/yyy	y) {	g. Fair Market	Amount
					\$	
					\$	
					\$	
4. Total only this Page		٠١١٤		\$	1,904	05
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summann Page CRO 1100)				\$	2,942	15

In-Kind Contributions		, <u>2</u> of _		No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refused.	ds or services prov nded within 7 da	vided to the commi	nittee or fund.	
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Britary Bailey Wate for Ba	dey)		TCQ722	
3. Contributor Info mation		move	TVFINE NO.	
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments	
(include city, state, & zip) Blue BX Photography 145 Stoneburg Rd. Dlemmins, Mc 27012	Individual Candidate Party			
145 Stoneburg Rd.	PAC Referendum		3 Election Sum to Date	
Clemmons, No 27012	Other Receipt	t Source	d. Election Sum to Date	
e. Description		f. Date (mm/dd/yy		
Photography Headshot		2/4/202	4 \$ 250.00	,
0 ' 0			\$	
			\$	
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Comments	
NC Democratic Party Municipal Vislabulder	Individual Candidate Party PAC			
V	Referendum Other Receipt	Source	d. Election Sum to Date	
			\$	
e. Description		f. Date (mm/dd/yyy		nt
A TA A A A A		1 1 1		
Vitebulder		1/3/2021	4 \$ 788.00	
Vitebuilder		1/31/2021	\$ 788.00	
Votebuilder		1/31/2021	4 3,188	
3. Contributor Information	Add Ren	1/3/2021	\$	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Ren		\$	
3. Contributor Information	Add Ren b. Type of Contrib Individual		\$ \$	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Ren b. Type of Contrib Individual Candidate		\$ \$	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Ren b. Type of Contrib Individual		\$ \$	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Ren b. Type of Contrib Individual Candidate Party PAC Referendum	outor	\$ \$	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Ren b. Type of Contrib Individual Candidate Party PAC	outor	\$ \$ c. Comments	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Ren b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt	outor	c. Comments d. Election Sum to Date	nt
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Ren b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt	Source	c. Comments d. Election Sum to Date	ut
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Ren b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt	Source	c. Comments d. Election Sum to Date \$ yy) g. Fair Market Amoun	nt
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) e. Description	Add Ren b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt	Source	d. Election Sum to Date yy) g. Fair Market Amour	nt
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Ren b. Type of Contrib Individual Candidate Party PAC Referendum Other Receipt	Source	c. Comments d. Election Sum to Date \$ yy) g. Fair Market Amour \$	nt