Disclosure Report Cover Use this form for general report and committee	a information m	ret he aimed and culmitted alor	Yes No	
Do not use this form to update information.	e miormation, mi	ist de signed and submitted aloi	ig with other detailed forms.	
1. Committee Information	A STATE OF THE STA		NAME OF STREET	
a. Full Name			c. ID Number	
T. FI + T L	١ ٨٨	1 1 10 1 14	/	
b. Mailing Address (include City, State and Zip Code	402 /VL	Cane Minning	d. Date Filed	
IN Berry Mradon Du		IC 27703	14/5cpt/21 e. Phone Number	100
			1- 184-464-0	178
2. Report Year 3. Period Start Date (mm/dd	/yy) 4. Period Ea	nd Dafe (mm/dd/yy) 5. Treasur	er Full Name	
2021 07/20/21	Aug-		nad lare	
6. Type of Committee (Check One) 15 10 200		rt (check only one type of repo		
Candidate Campaign Party	Municipal	State/County	Referendum	
PAC Referendum	Organizational	Organizational	Organizational	
Independent Expenditure I Joint Fundraiser	Thirty-five day	I—	Pre-referendum	
Legal Expense Fund	Pre-primary	First	Final	
	Pre-election	Second	Supplemental Final	
7. Type of Fund (if applicable, check one)	Pre-runoff	Third Fourth	Annual Special	
Booster Fund	Semi-annual Mid Year	-	Special	
Building Fund	Year End	Mid Year	10. Special Report Name	
Other:	Final	Year End	to, opecat Report Manie	
8. Number of Fundraisers this Report	Special	Final		
o, Number of Functaisers this report	Special	Special	Itimas \	
	lun.	11. Account Information	V JAMA STATE OF THE LAND	
11. Account Information a. Financial Institution Full Name		a. Financial Institution Full Name	4. 26 State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
THRICAL DISCOURTS FOR IVALE			The or other and early	
riest Citizens Bor	1 1			
b. Purpose c. Account C	ode	b. Purpose	c. Account Code	
Compagno 300	6			
d. Period Ber	in Ralance		d. Period Begin Balance	
	1722		\$	
\$ 9	1,00		1 P	
CERTIFICATION				
I certify that the Committee or Fund is in comp of the NC General Statutes and that no funds ar report is complete, true and correct and that I h	e commingled with	prohibited or other non-disclosed	PB & 22D-22M of Chapter 163 funds. I further certify that this	
Jahnmard Lare	1/1	1//	14/09/2/ Date	
Printed Name of Signer FOR OFFICE USE ONLY	Sign	nature of Appointed Treasurer	Date //// N	RSO
FOR OFFICE USE ONL!		D.	elivery Method	RSO
Date Received:	Employ	ee:	1 MOLIHAL IMAN	
Date Postmarked:	Employ	/ee:	Registered Mail Hand Delivered Flooring In Filed	⁴ 2021
Date Scanned:	Employ		Electronically File URHAN	BOE
Date Data Entered:	Employ	yee:	Signer has not received mandatory training	DOE
Please Note: This form cannot be use	d to amend comm	nittee information such as the co	mmittee address, treasurer,	l

assistant treasurer, custodian of books information, or account information.

Amendment

Detailed	Summary
-----------------	----------------

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mor		3. ID Number
Elect Johnmand Lanc.	Constant		
- " "	finance	Total this	Total this
Start of Election Cycle: January 1, 202		Reporting Period	
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$417.08
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 😜
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 0
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$ 0
11) Other Receipt Sources		X The state of	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$ 4 Q
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)	\$	\$ 27
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,			\$ 417.08
EXPENDITURES	- 1		1. 111102
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$ 0
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 12
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$ 383.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$ 4
15) Loan Repayments	(CRO-1420)		\$ 🛱
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$ @
17) In-Kind Contributions	(CRO-1510)	\$	\$ 70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1			\$ 383.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sul			\$ 383.00
ADDITIONAL INFORMATION	- 100 IMC 10	*	SAN
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	ΜΔΙ
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	141/ 11
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	SEP 0 2
23) Debts and Obligations owed to the Committee	(CRO-1620)		IN THE WARRE
24) Account Transfers Within the Committee	(CRO-1720)		DURHAM
25) Administrative Support	(CRO-1710)		\$ 70
26) Forgiven Loans	(CRO-1710)		\$ 20
	(CRO-2220)		\$ %
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$ %
28) Contributions to be Refunded	(UNU-1213)	\$	\$ ~

CRO-1100

NC State Board of Elections

AMIN

August 2008

D4.1					,	1	Amendment	
Disbursem					Pg	_ of	Yes No	
			ee for o	perating exp	enses, con	tributio	ns to candidate/political	
	coordinated party ex							-
1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number	
SA SERVICE SER	Jahn ma				1 Mar	Tax Change]
3. Type of Disb	ursement (Please	use separate CR	<i>O-1310</i>	forms for e	ach type ó	f Disbu	rsement.)	
Operating Expe		tributions to Candida	tes/Politic			Coord	linated Party Expenditures MM	4
4. Payee Inform				Add 🔲	Remove	Z. I.		
	ailing Address & Pho	one		b. Coordinat			d. Comments	1
(include city, state,	&zip) n+. Cor	y ·		released to the control of the cont	Witha	m Ma ify)	yard sums.	
l				State	1 -M	funicipali	ty: e. Election Sum to Date	1
							\$ 343.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	1	k. Required Remarks	1
TMAD761B	Credit Card		Aug /	23 /201	\$343	00.0		
E118	11		10	725-7	\$			1
4. Payee Inform	nation			Add \square	Remove	FEE		1
	ing Address & Phone			b. Coordinat		e Name	d. Comments	1
(include city, stat	_				Jahnma		Shunding	1
					Duham			
Impi.	nt.com			c. Level Regi	Name and Address of the Owner, where the Owner, which is the Owner, wh		Fastel"	
l '				Federal State		ounty: Iunicipali	ity: e. Election Sum to Date	-
				State		idincipan	ty. c. Diction Sum to Date	1
							\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
IMAD76			Aug	126/201	\$ 40-0	50		1
BE118					\$			
4. Payee Inform	nation			Add 🔲	Remove	2164	B.A.	N III
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committe	ee Name	d. Comments	AIL
(include city, sta	te, & zip)							1.
				c. Level Regi	stand (Cmaa	:e\	SEP	Q 2 2071
				Federal		ounty:		
				State		Tunicipal	ity: e. Election Sum to Date URH	M BOE
						-	\$	100
								1
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
					\$			
					\$			1
5. Total only th	is Page			No. 2 PM		2111	\$ 383,80	
	CRO-1310 Pages						1 200100	1
	line 13a of Detailed Sun	nmary Page CRO-11	IOO if One	ratino Evnens	(25)			
	line 13b of Detailed Sun					l Comm)	383.80	
	line 13c of Detailed Sun		-				201.00	_
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)				
A* - Media	B* - Printi			undraising	I) - To A	Another Candidate	1
E - Salaries	F* - Equip			litical Party			lding Public Office Expenses	1
I - Postage	J - Penalti	es	K* - C	office Exper	nses (Q* - Do	nation to Legal Expense Fund	1
O* Other			· ·	2.77				1
	re detailed explanat			2711				
CRO-1310		NC	State Boa	ard of Elections	3		December 200	9

Int

NC State Board of Elections

Contributions from Individuals		1 . 2	Amendment
Use this form to report individual contributions over \$50 or	Pg	of U	Yes No
	contributions under 5.		
1. Committee Full Name (and Fund if applicable)	Purna	m M9801	ID Number
Gan Tolert Johnson & MI	in large	2 × 1001	
3. Contributor Information	Add Remove	e	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		Comments
(include city, state, & zip)			
	Manylay	ied	
Pote Lavson	c. Employer Name/Sp	pecific Field	
166			Election Sum to Date
101107		e.	
52903	memplayi	r 2 :	250.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descr	iption j. D	ate (mm/dd/yyyy)	k. Amount
	Δ.	1 1	150000
Usa CreditCod	Au	4/10/202	\$ 250.00
)	 \$
			\$
3. Contributor Information	Add Remov	e	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d.	Comments
(include city, state, & zip)	100		
111 61. 0	CFO		
Allen Oliver	c. Employer's Name/Sp	pecific Field	
			Election Sum to Date
IM		e.	Election Sum to Date
1271011	Meredith	(omm	\$ 10.70 L
f. Prior g. Account Code h. Form of Payment i. In-Kind Descr		ate (mm/dd/yyyy)	k. Amount
	A	1.1.	1 6 70
Visa Creditara	A	18/201	\$10.70
	. <	1,0,	\$
			\$ 1
3. Contributor Information	Add Remov	re	IVIA
a. Full Name, Mailing Address & Phone	b. Job Title/Profession		Comments
(include city, state, & zip)	N. H. C. ALLEN A LUXBURUL		SEP 0 2 7
1	Norse		
Sonia towns.	c. Employer's Name/S	pecific Field	DURHAM
		e.	Election Sum to Date
130744	Emory		\$ 104.15
f. Prior g. Account Code h. Form of Payment i. In-Kind Description	ription j. D	Pate (mm/dd/yyyy)	k. Amount
Δ		1. /	
A mercian topics	IA	Vy/10/201	\$ 104.5
) ,	\$
_			ļ*
			\$
4. Total only this Page			\$ 364.85
5. Total of ALL CRO-1210 Pages			11.17
(This line must be on line 6 of Detailed Summary Page CRO-1100)			\$ 41108

		rom Individua			Pg 2 of	<u></u>	Amendment Yes	□ No
		ndividual contributione (and Fund if app		ontributions u	nder \$50 if form (D Number	sed
ارد				A -1	1.4	2.1	D I dillioci	
Ele		hamaud	Nllang	()(8)	am Nayo	1	-	
	ributor Inform ame, Mailing Addr			Add I I	Remove /	d. C	omments	
	le city, state, & zip)				· r			
M	elinda	Heil		c. Employer's	am/Specific Field			
	~~					e. El	ection Sum to	Date
RI	3211			cnem	DOILL	\$	<2.	23
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri		j. Date (mm/dd/y	уууу)	k. Amount	
		Wa Cord			Agy/10/	204	\$ 52.	23
					0		\$	
							\$	
3. Con	tributor Inform	ation		Add 🔲	Remove			X all S
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Pr	ofession	d. C	omments	
						e. E.	lection Sum to	Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/	уууу)	k. Amount	MA
							\$	SEP 0
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3. Con	tributor Inform	ation		Add	Remove			DURHA
	lame, Mailing Addı			b. Job Title/Pr	ofession	d. C	Comments	N
(inclu	de city, state, & zip)						
				c. Employer's	Name/Specific Field			SEP
						e. E	lection Sum to	Date
						\$		DUR
e Dui	a Account Cod	h Form of Downson	i In Vind December	intion	j. Date (mm/dd/		k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	Мпоп	J. Date (mm/dd/	yyyy)		
							\$	
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