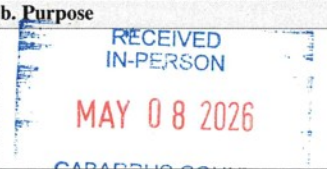
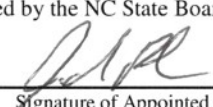


# Disclosure Report Cover

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.

| <b>1. Committee Information</b>   |  |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
|---|--|--|---|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|---------------------------------------|---------------------------------|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|---|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| a. Full Name<br><i>21st CT John Paul</i>  |  | c. ID Number   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| b. Mailing Address (include City, State and Zip Code)<br><i>John Paul<br/>4817 Brockton CT<br/>Concord NC 28027</i>   |  | d. Date Filed<br><i>05-08-2026</i>   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
|   |  | e. Phone Number  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| 2. Report Year<br><i>2025</i>   | 3. Period Start Date (mm/dd/yy)<br><i>10-21-25</i> | 4. Period End Date (mm/dd/yy)<br><i>12-31-2025</i>   | 5. Treasurer Full Name<br><i>John Paul (Self)</i> |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>6. Type of Committee (Check One)</b><br><input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund   |  | <b>9. Type of Report (check only one type of report from one category)</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |   | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input checked="" type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| Municipal   | State/County                                       | Referendum   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational            | <input type="checkbox"/> Organizational  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly                 | <input type="checkbox"/> Pre-referendum  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First                     | <input type="checkbox"/> Final   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election   | <input type="checkbox"/> Second                    | <input type="checkbox"/> Supplemental Final  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third                     | <input type="checkbox"/> Annual  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth                    | <input type="checkbox"/> Special   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year   | <input type="checkbox"/> Semi-annual               |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End   | <input type="checkbox"/> Mid Year                  |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input checked="" type="checkbox"/> Final   | <input type="checkbox"/> Year End                  |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special  | <input type="checkbox"/> Final                     |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
|   | <input type="checkbox"/> Special                   |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:   |  | <b>10. Special Report Name</b>   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>8. Number of Fundraisers this Report</b>   |  |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>11. Account Information</b>  |  | <b>11. Account Information</b>   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| a. Financial Institution Full Name<br><i>Wells Fargo</i>  |  | a. Financial Institution Full Name   |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| b. Purpose<br><i>Campaign</i>   | c. Account Code<br><i>1</i>                        | b. Purpose   | c. Account Code                                   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
|   | d. Period Begin Balance<br>\$ <i>526.55</i>        |    | d. Period Begin Balance<br>\$                     |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>CERTIFICATION</b><br>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. |  |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <i>John Paul</i><br>Printed Name of Signer  |  | <br>Signature of Appointed Treasurer  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
|   |  | <i>05-08-2026</i><br>Date  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>FOR OFFICE USE ONLY</b>  |  |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received: <i>5-8-26</i>  | Employee: <i>VAN</i>                               | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked: _____  | Employee: _____                                    |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned: <i>5-11-26</i>  | Employee: <i>VAN</i>                               |  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered: _____  | Employee: _____                                    | <input type="checkbox"/> Signer has not received mandatory training  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |   |                                   |  |                                  |                                |  |  |                                  |  |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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                     |  |
|--|------------------------------------|----------------------------------|--|
| <i>Elect John Paul</i>   | <i>End of year 2025</i>            |                                  |  |
| Start of Election Cycle: <b>January 1, <u>2025</u></b>                       | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start   | \$ <i>526.55</i>                   | \$                               |  |
| <b>RECEIPTS</b>  |                                    |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$                                 | \$                               |  |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ <i>200.00</i>                   | \$ <i>1775.00</i>                |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  | \$                                 | \$                               |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  | \$                                 | \$                               |  |
| 9) Loan Proceeds (CRO-1410)  | \$                                 | \$ <i>610.00</i>                 |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       | \$                                 | \$                               |  |
| 11) Other Receipt Sources  |                                    |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    | \$                                 | \$                               |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              | \$                                 | \$                               |  |
| 11c) Outside Sources of Income (CRO-1250)                                    | \$                                 | \$                               |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           | \$                                 | \$                               |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  | \$                                 | \$                               |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ <i>200.00</i>                   | \$ <i>2385.00</i>                |  |
| <b>EXPENDITURES</b>  |                                    |                                  |  |
| 13) Disbursements  |                                    |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       | \$                                 | \$ <i>1208.45</i>                |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             | \$ <i>117.00</i>                   | \$ <i>117.00</i>                 |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               | \$                                 | \$                               |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             | \$                                 | \$                               |  |
| 15) Loan Repayments (CRO-1420)   | \$ <i>609.55</i>                   | \$ <i>609.55</i>                 |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     | \$                                 | \$                               |  |
| 17) In-Kind Contributions (CRO-1510)   | \$                                 | \$ <i>450.00</i>                 |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ <i>726.55</i>                   | \$ <i>2408.40</i>                |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ <i>0</i>                        | \$ <i>0</i>                      |  |
| <b>ADDITIONAL INFORMATION</b>  |                                    |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  | \$                                 |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           | \$                                 |                                  |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   | \$                                 |                                  |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   | \$                                 |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        | \$                                 |                                  |  |
| 25) Administrative Support (CRO-1710)  | \$                                 | \$                               |  |
| 26) Forgiven Loans (CRO-1440)  | \$                                 | \$                               |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    | \$                                 | \$                               |  |
| 28) Contributions to be Refunded (CRO-1215)                                  | \$                                 | \$                               |  |

# Contributions from Individuals

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

|   |                        |                           |                               |  |                  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |                  | <b>2. ID Number</b>            |  |
| Elect John Paul   |                        |                           |                               |  |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>                             |                  | <b>d. Comments</b>             |  |
| Shannon Lancaster<br>4901 Phoenix circle<br>CONCORD NC 28025-6627   |                        |                           |                               | ADMINISTRATIVE   |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Lancaster Comp |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$ 200.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  | 1                      | check                     |                               | 12/04/2005   | \$ 200.00        |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>                             |                  | <b>d. Comments</b>             |  |
|   |                        |                           |                               |  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                   |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$                             |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                        |                           |                               | <b>b. Job Title/Profession</b>                             |                  | <b>d. Comments</b>             |  |
|   |                        |                           |                               |  |                  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b>                   |                  |                                |  |
|   |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |                  | \$                             |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |                  | \$ 200.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                               |  |                  | \$ 200.00                      |  |

# Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|   |                           |  |                             |  |   |                                     |  |
|---|---------------------------|--|-----------------------------|--|---|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |  |                             |  |   | <b>2. ID Number</b>                 |  |
| DAVID CONRAD For Commissioner   |                           |  |                             |  |   |                                     |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>     |                           |  |                             |  |   |                                     |  |
| <input type="checkbox"/> Operating Expenses   |                           | <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees |                             |  | <input type="checkbox"/> Coordinated Party Expenditures |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |  |                             |  |   |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(Include city, state, &amp; zip)</i>                   |                           |  |                             | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                  |  |
| DAVID CONRAD<br>1389 Lloyd Place<br>CONRAD NC 28027   |                           |  |                             |  |   |                                     |  |
|   |                           |  |                             | <b>c. Level Registered (Specify)</b>   |   | <b>e. Election Sum to Date</b>      |  |
|   |                           |  |                             | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: |   |                                     |  |
|   |                           |  |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality:        |   |                                     |  |
|   |                           |  |                             |  |   | \$ 77.00                            |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b>                              |                                     |  |
| 1   | Debit                     | C  | 12/31/25                    | \$ 77.00   | General Campaign  |                                     |  |
|   |                           |  |                             | \$   |   |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |  |                             |  |   |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(Include city, state, &amp; zip)</i>                   |                           |  |                             | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                  |  |
|   |                           |  |                             |  |   |                                     |  |
|   |                           |  |                             | <b>c. Level Registered (Specify)</b>   |   | <b>e. Election Sum to Date</b>      |  |
|   |                           |  |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:            |   |                                     |  |
|   |                           |  |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality:        |   |                                     |  |
|   |                           |  |                             |  |   | \$                                  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b>                              |                                     |  |
|   |                           |  |                             | \$   |   |                                     |  |
|   |                           |  |                             | \$   |   |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                      |                           |  |                             |  |   |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><i>(Include city, state, &amp; zip)</i>                   |                           |  |                             | <b>b. Coordinated Committee Name</b>   |   | <b>d. Comments</b>                  |  |
|   |                           |  |                             |  |   |                                     |  |
|   |                           |  |                             | <b>c. Level Registered (Specify)</b>   |   | <b>e. Election Sum to Date</b>      |  |
|   |                           |  |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:            |   |                                     |  |
|   |                           |  |                             | <input type="checkbox"/> State <input type="checkbox"/> Municipality:        |   |                                     |  |
|   |                           |  |                             |  |   | \$                                  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>   | <b>k. Required Remarks</b>                              |                                     |  |
|   |                           |  |                             | \$   |   |                                     |  |
|   |                           |  |                             | \$   |   |                                     |  |
| <b>5. Total only this Page</b>  |                           |  |                             |  |   | \$ 77.00                            |  |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |  |                             |  |   | \$                                  |  |
| <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>       |                           |  |                             |  |   | 117.00                              |  |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>                                 |                           |  |                             |  |   |                                     |  |
| A* - Media  |                           | B* - Printing  |                             | C* - Fundraising   |   | D - To Another Candidate            |  |
| E - Salaries  |                           | F* - Equipment   |                             | G - Political Party  |   | H* - Holding Public Office Expenses |  |
| I - Postage   |                           | J - Penalties  |                             | K* - Office Expenses   |   | Q* - Donation to Legal Expense Fund |  |
| O* Other  |                           |  |                             |  |   |                                     |  |
| * Codes require detailed explanation in required remarks field (k)  |                           |  |                             |  |   |                                     |  |

**Disbursements**

Amendment  
 Yes  No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|  |                    |                      |                                     |   |                     |                         |
|--|--------------------|----------------------|-------------------------------------|---|---------------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable)  |                    |                      |                                     |   | 2. ID Number        |                         |
| ELECT Chris Measmer  |                    |                      |                                     |   |                     |                         |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  |                    |                      |                                     |   |                     |                         |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                    |                      |                                     |   |                     |                         |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                      |                                     |   |                     |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                      |                                     | b. Coordinated Committee Name   |                     | d. Comments             |
| Chris Measmer<br>19 Paddington Dr SW<br>Concord NC 28025   |                    |                      |                                     | c. Level Registered (Specify)   |                     | e. Election Sum to Date |
|  |                    |                      |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                         |
|  |                    |                      |                                     |   |                     | \$ 40.00                |
| f. Account Code  | g. Form of Payment | h. Purpose Code      | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks |                         |
| 1  | Debit              | C                    | 12/31/25                            | \$ 40.00  | General Campaign    |                         |
|  |                    |                      |                                     | \$  |                     |                         |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                      |                                     |   |                     |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                      |                                     | b. Coordinated Committee Name   |                     | d. Comments             |
|  |                    |                      |                                     | c. Level Registered (Specify)   |                     | e. Election Sum to Date |
|  |                    |                      |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                     |                         |
|  |                    |                      |                                     |   |                     | \$                      |
| f. Account Code  | g. Form of Payment | h. Purpose Code      | i. Date (mm/dd/yyyy)                | j. Amount   | k. Required Remarks |                         |
|  |                    |                      |                                     | \$  |                     |                         |
|  |                    |                      |                                     | \$  |                     |                         |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |                      |                                     |   |                     |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                      |                                     | b. Coordinated Committee Name   |                     | d. Comments             |
|  |                    |                      |                                     | c. Level Registered (Specify)   |                     | e. Election Sum to Date |
|  |                    |                      |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                     |                         |
|  |                    |                      |                                     |   |                     | \$                      |
| 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  |                    |                      |                                     |   |                     | \$ 40.00                |
| 6. Total of ALL CRO-1310 Pages   |                    |                      |                                     |   |                     | \$ 117.00               |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(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)   |                    |                      |                                     |   |                     |                         |

# Loan Repayments

Use this form to report payments on an existing loan.

|  |                        |                           |                             |   |  |
|--|------------------------|---------------------------|-----------------------------|---|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |                             | <b>2. ID Number</b>                         |  |
| 2122T John Paul  |                        |                           |                             |   |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                        |                           |                             |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                        |                           |                             | <b>b. Comments</b>                          |  |
| John Paul<br>4817 Brackton CT<br>Concord NC 28027  |                        |                           |                             |   |  |
|  |                        |                           |                             | <b>c. Original Loan Date</b>                |  |
|  |                        |                           |                             | <b>d. Original Loan Amount</b><br>\$ 610.00 |  |
| <b>e. Remaining Loan Balance</b>   | <b>f. Account Code</b> | <b>g. Form of Payment</b> | <b>h. Date (mm/dd/yyyy)</b> | <b>i. Repayment Amount</b>                  |  |
| \$ 0   |                        | Debit                     | 12/31/25                    | \$ 609.55                                   |  |
| \$   |                        |                           |                             | \$  |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                        |                           |                             |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                        |                           |                             | <b>b. Comments</b>                          |  |
|  |                        |                           |                             |   |  |
|  |                        |                           |                             | <b>c. Original Loan Date</b>                |  |
|  |                        |                           |                             | <b>d. Original Loan Amount</b><br>\$        |  |
| <b>e. Remaining Loan Balance</b>   | <b>f. Account Code</b> | <b>g. Form of Payment</b> | <b>h. Date (mm/dd/yyyy)</b> | <b>i. Repayment Amount</b>                  |  |
| \$   |                        |                           |                             | \$  |  |
| \$   |                        |                           |                             | \$  |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                        |                           |                             |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                        |                           |                             | <b>b. Comments</b>                          |  |
|  |                        |                           |                             |   |  |
|  |                        |                           |                             | <b>c. Original Loan Date</b>                |  |
|  |                        |                           |                             | <b>d. Original Loan Amount</b><br>\$        |  |
| <b>e. Remaining Loan Balance</b>   | <b>f. Account Code</b> | <b>g. Form of Payment</b> | <b>h. Date (mm/dd/yyyy)</b> | <b>i. Repayment Amount</b>                  |  |
| \$   |                        |                           |                             | \$  |  |
| \$   |                        |                           |                             | \$  |  |
| <b>4. Total only this Page</b>   |                        |                           |                             | \$ 609.55                                   |  |
| <b>5. Total of ALL CRO-1420 Pages</b><br><small>(This line must be on line 15 of Detailed Summary Page CRO-1100)</small> |                        |                           |                             | \$ 609.55                                   |  |

# Forgiven Loans

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Use this form to report any loan which has been forgiven by the lender.  
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

|  |  |                                |  |
|--|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  | <b>2. ID Number</b>            |  |
| 21st John Post   |  |                                |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>b. Comments</b>             |  |
| John Post<br>4817 Brockton CT<br>CONCORD NC 28027  |  |                                |  |
| <b>c. Original Loan Date (mm/dd/yyyy)</b>  |  | <b>f. Election Sum to Date</b> |  |
| 07-22-2025   |  | \$                             |  |
| <b>d. Original Loan Amount</b>   |  | <b>g. Date (mm/dd/yyyy)</b>    |  |
| \$ 610.00  |  | 12-31-2025                     |  |
| <b>e. Remaining Loan Balance</b>   |  | <b>h. Forgiven Amount</b>      |  |
| \$   |  | \$ .45                         |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>b. Comments</b>             |  |
|  |  |                                |  |
| <b>c. Original Loan Date (mm/dd/yyyy)</b>  |  | <b>f. Election Sum to Date</b> |  |
|  |  | \$                             |  |
| <b>d. Original Loan Amount</b>   |  | <b>g. Date (mm/dd/yyyy)</b>    |  |
| \$   |  |                                |  |
| <b>e. Remaining Loan Balance</b>   |  | <b>h. Forgiven Amount</b>      |  |
| \$   |  | \$                             |  |
| <b>4. Total only this Page</b>   |  | \$                             |  |
| <b>5. Total of ALL CRO-1440 Pages</b><br><i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i> |  | \$ .45                         |  |
| The lender information should contain the same information as supplied on the original loan proceed statement.   |  |                                |  |



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

|  |                       |
|--|-----------------------|
| <b>Name of Lender:</b>                 | <i>John Paul</i>      |
| <b>Committee receiving loan:</b>       | <i>21st John Paul</i> |
| <b>Date of loan:</b>                   | <i>07-22-2025</i>     |
| <b>Amount of original loan:</b>        | <i>610.00</i>         |
| <b>*Amount of loan to be forgiven:</b> | <i>0.45</i>           |

I, *John Paul*, do not wish to be reimbursed for the amount of the loan indicated above\* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer