Use this form for general report		rmation, must be	signed and sul	 	☐ Yes ☐ No her detailed forms			
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information								
1. Committee Information			MEUL					
a. Full Name			OCI 9	7 7025	c. ID Number			
Max For	City Cou	ncil	Beaufort (County, NC				
b. Mailing Address (include City, St	Elections	d. Date Filed						
810 E 7+3 S+	WUShing	aton no	278	7-18-2025 e. Phone Number				
919-592-8718								
2. Report Year 3. Period	Start Date (mm/dd/yy	(mm/dd/yy)	End Date	5. Treasurer Full	Name			
2025 71	18/2025	10/27	12025	loci Me	lamed			
6. Type of Committee (Check	One) 9.	Type of Report	man and the second seco	nly one type of report				
Candidate Campaign		unicipal	State/C		Referendum			
PAC Independent	Referendum	Organizational		Organizational	Organizational			
Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum			
7. Type of Fund (if applica	ble, check one)	Pre-primary		First	Final			
Booster Fund"	<u>\</u>	-		Second	Supplemental Final			
Building Fund		Pre-runoff Semi-annual	IH	Third Fourth	Annual Special			
		Mid Year	. 📙	Semi-annual	Special			
Other:		Year End		Mid Year	10. Special Report Name			
		Final		Year End				
8. Number of Fundraisers th	is Report	Special		Final				
0				Special				
11. Account Information			11. Account	Information				
a. Financial Institution Full Name			a. Financial Ins	titution Full Name				
	ME				C-1			
b. Purpose c.	Account Code		b. Purpose		c. Account Code			
CUMPAIGN BANK: a. COUNT s	f(e-68)	32						
130 mm d.	Period Begin Balance				d. Period Begin Balance			
Ullouit s	25.49				\$			
CERTIFICATION								
	nat no funds are commend that I have been tra	ningled with proh	ibited or other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report			
	Name of Signer	Si	ignature of Appoli	nted Treasurer	Date			
FOR OFFICE USE ONLY					Daliyany Mathad			
Date Received:		Employee:			Delivery Method Normal Mail			
Date Postmarked:		Employee:			Registered Mail Hand Delivered			
Date Scanned:		Employee:			Electronically Filed Signer has not received			
Date Data Entered:		Employee:			mandatory training			
		of books informat	ion, or accoun	t information.	ess, treasurer, assistant treasurer,			

Amendment

August 2008

Detailed SummaryUse 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
Max For City Council	Disc1050	ve	Beaufort Con
Start of Election Cycle: January 1,	2025	Total this Reporting Perio	od Election Cycle
4) Cash on Hand at Start		\$ 25.44	\$ 1167.76
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150	\$ 150
6) Contributions from Individuals	(CRO-1210)	s 200	\$ 200
7) Contributions from Political Party Committees	(CRO-1220)	s ()	s 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ O
9) Loan Proceeds	(CRO-1410)	s 0	s 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	s 0	s ()
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 6
11b) Contributions from Not-for-Profit Organizatio	ns <i>(CRO-1250)</i>	s 0	\$ 6
11c) Outside Sources of Income	(CRO-1250)	s 0	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	s <i>O</i>	s 6
11 e) Exempt Purchase Price Sales	(CRO-1265)	s 0	s 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	, 11d and 11e)	\$ 350	\$ 350
EXPENDITURES			
13) Disbursements		A contract of the second	Strain and the second
13a) Operating Expenditures	(CRO-1310)	\$ 1187.7	16 \$ 1187,76
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$ 0	\$ \$\mathcal{D}\$
13c) Coordinated Party Expenditures	(CRO-1310)	s O	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ O
15) Loan Repayments	(CRO-1420)	s 0	\$ O
16) Refunds/Reimbursements From the Committee	(CRO-1320)	s O	s 0
17) In-Kind Contributions	(CRO-1510)	\$ 813,2	5 8 813.28
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 75,49	\$ 25,619
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s O	
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$ <i>O</i>	
22) Debts and Obligations owed By the Committee	(CRO-1610)	s <i>O</i>	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	s ()	\$ O
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	s 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	s O	\$ 0

Aggregated Contributions from Individuals

Page

___ of __

n		
ndment)	
Yes		No
		Yes

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Co	ommittee Full Na	me (and Fun	d if applicable)	电影伊度斯拉斯发展	2.01D/	Number No
			y council			Elections
	ontributor Inform					
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	1	116		0/2/	6 / 6
	Remove	1	(0)4		4126/25	\$ 50
	Add	1	1011		0/20/20	6 (0
	Remove	1	(0)4		4127/25	\$ 50
	Add	i	C11/1		0/2/11	0 (2)
	Remove		6434		9/26/25 9/25/25 9/25/25	*)0
	Add					\$
Ц_	Remove					Ψ
	Add					\$
\square	Remove					
H-	Add	-				\$
<u> </u>	Remove					
H	Add Remove					\$
H	Add	-	 			
H	Remove	+				\$
H	Add					
H	Remove	1				\$
H	Add					
Ħ	Remove	1				\$
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	Remove	1				\$
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	Add					\$
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	Add	4				\$
Ц_	Remove	-				
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<u> </u>	Remove	-				
	Add	-				\$
4 =	Remove				6	150
CONTRACTOR CONTRA	otal only this	A Production of the Control of the C			\$	130
	otal of ALL C				\$	150
(Th	is line must be on lin	e 5 of Detailed Su	ummary Page CRO-1100)			V J C

Contr	ibutions fror	n Individuals		Pg	of		Amendment Yes No		
Use this f	form to report indi	vidual contributions o	ver \$50	or contributions unde		O 1205 is no			
1. Comm	ittee Full Name (and Fund if applicat	ole)			2. ID Num	ber CEILE		
Ma	x For	City-Cour	101	/			OCT 27 ac		
3. Contri	butor Informatio	on .		Add Rem	iove	Bea	iurou 2025		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	ard of Elenty, No		
(include	city, state, & zip)			CIOUD SECUCI	15/50185		ections		
Max	Peller	101+		c. Employer's Name/Spe					
810 F	74457	- Washington	NC	766110	(e Flection S	e. Election Sum to Date		
2788	2788 8 919-592-8778 ZSCAle Cyber security		. (1)						
	91	9-776-8/			security	\$ 8	13,25		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
		in-KinD	5	fickers	8/15/2	025	\$ 164,27		
		in-RIND	Di	oo(Hunye(s	9/1/20	25	\$ 254.04		
		in-ninn	5+10	CRCS 3514115	71761	2025	\$ 168.83		
3. Contri	butor Informatio	on the state of th		Add Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
The state of the s	city, state, & zip)			Cloud security	Sules				
MUX	elleault	nington ACZ	7500	COPITUITANT "					
			1088	c. Employer's Name/Spe	ecific Field				
919-5	92-8778	9		ZSCall(e. Election Si	ım to Date		
	010			cy Be (sec	ulity	s 8	13,25		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
		in-KinD	No	ame tays	7/26/2	2075	\$ 37,38		
		in-KinD	Bu	nnel	10/22/		\$ 100.34		
		in-KinD	-	eam IVNCh	10/20/2		\$ 6 9,39		
3. Contri	butor Informatio		П	Add Rem					
	ne, Mailing Address &			b. Job Title/Profession		d. Comments			
(include	city, state, & zip)			(etile)					
Dan	1 SMH4			c. Employer's Name/Spe	aiga Field				
1230	N MUCKET	51		c. Employer's Name/Spe	Cilic Field				
Wolfgin	N MUCKET	7.7869		(01')	00	e. Election St	ım to Date		
	-217-68	26		(etile		\$ [00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
		Check	augustings (SAIDA-C)		9/8/	2025	\$ 100		
						,	\$		
						5.	\$		
4. Total	only this Page	e				\$			
5. Total	of ALL CRO	-1210 Pages				•			
		Dotailed Summary Page C	RO_1100			\$			

3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comment	RECEIVED OCT 27 2025 In the state of the s
MAX FOC (1+Y LOUNCI) 3. Contributor Information	RECEIVED OCT 2.7 2025 Wort County, NC and of Elections
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Boll By Robe (500) 235 E Main 5 + Washing+on M C. Employer's Name/Specific Field c. Employer's Name/Specific Field CHICLD c. Election State Solution CHICLD c. Election State Solution Solution CHICLD C. Employer's Name/Specific Field CHICLD C. Employer's Name/Specific Field Solution S	of 27 2025 ufort County, NC ard of Elections
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Boll By Robe (500) 235 E Main S+ Washing+on Account Code h. Form of Payment i. In-Kind Description Boll Remove b. Job Title/Profession C+ (C) c. Employer's Name/Specific Field c. Employer's Name/Specific Field c. Election State State C+ (C) c. Employer's Name/Specific Field c. Election State state p. Date (mm/dd/yyyy)	of 27 2025 ufort County, NC ard of Elections
(include city, state, & zip) $ \begin{array}{c} \text{Bead} \\ \text{Boad} \end{array} $ $ \begin{array}{c} \text{Ceti(el)} \\ \text{C. Employer's Name/Specific Field} \end{array} $ $ \begin{array}{c} \text{C. Employer's Name/Specific Field} \end{array} $ $ \begin{array}{c} \text{C. Employer's Name/Specific Field} \end{array} $ $ \begin{array}{c} \text{C. Election Single Const.} \end{array} $	ufort County, NC ard of Elections
c. Employer's Name/Specific Field	otions
252-945-9695 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	um to Date
252-945-9695 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	um to Date
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	
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□ Check	k. Amount
	s 100
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3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments	s
(include city, state, & zip)	
c. Employer's Name/Specific Field	80
e. Election S	um to Date
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f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k. Amount
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	\$
3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip)	S
(include city, state, & zip)	
c. Employer's Name/Specific Field	
e. Election St	um to Date
S S	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k. Amount
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	\$
	CONT
	\$
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	\$

Contributions from Individuals

Disbursem	ents			Pg	of	Yes No
			tee	for; operating expenses,	contributions to	candidate/political
	coordinated party ex full Name (and Fun					2 ID N
- A - \	-01 (i+9	COUNTIL				2. ID Number
3. Type of Disb	ursement (Plea		RO	0-1310 forms for each t	vpe of Disbursem	ent,) RECEIVED
Operating I				lates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation		A	\dd	Remove	061 27 7025
	ing Address & Phone		b	. Coordinated Committee N	ame	d. Comments
(include city, state,						Board of Elections
JUSON SI	igns th st was	10,1100	C	. Level Registered (Specify)		
2063 W, S	74 ST WUS	41/197011		Federal	County:	
MC 2784	29]	State	Municipality:	e. Election Sum to Date
	8-0724					\$ 3413,74
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	I i A. A.	
1. Account Code	1 ^	ii. Y ui pose coue		1. Date (IIIII/dd/yyyy)	j. Amount	k. Required Remarks Campaign +14+5
(Call	F		10/1/208	\$ 85,4	
1	(d()	B		10/06/2020	\$75074	SiYNS & Cal Maynet
4. Payee Inform			T	Add . Coordinated Committee N	Remove	d. Comments
(include city, state,	ing Address & Phone		-	. Coordinated Committee iv	anic grand and a second	u. Comments
11 11/00	MILLIONS		1			
Mowens	1111 0175	0	c	. Level Registered (Specify)		
311 WMa	Mill Dizz	ington ne		Federal	County:	
27864	- ()			State	Municipality:	e. Election Sum to Date
252-83	3-0144					\$ 30.77
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	0400	0		110/2015 200	\$ 7 77	WACH FOC Voting Support ted A
T.	caro	U		10/25/2025	\$ 30,77	voting support team
					\$	
4. Payee Inforn	nation		- /	Add	Remove	
	ing Address & Phone		T	. Coordinated Committee N	Administration with the personner was belowed	d. Comments
(include city, state,						
1			C	Level Registered (Specify)		
				Federal State	County: Municipality:	e. Election Sum to Date
			-	State	within cipality.	
						\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only th	is Page					\$ 374,51
6. Total of ALL	CRO-1310 Pages			计学位于图图图55		
	line 13a of Detailed Sun			Operating Expenses) Contrib to Candidates/Politic	cal Comm)	\$
				Contrib to Canaidates/Poutic Coordinated Party Expenditu		
	es (List detailed ex		_			
A* - Media	B* - Printing	C* - Fun	dra	ising	D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politi K* - Offi		PARTICULAR DESCRIPTION OF THE PARTIC		Public Office Expenses n to Legal Expense Fund
O* - Other	G - 1 Charties	R -011			2 Domatio	
* Codes requir	e detailed explanati	ion in required r	em	arks field (k)		

Use CRO-1215 if In-Kind Contributions were or will be refunded				e comr	nittee or fund.
1. Committee Full Name (and Fund if applicable)				2. ID	Number
MAX FOR CITY COUNCIL					RECEIVED
	Remove				OCT 2.7 2025
a. Full Name, Mailing Address & Phone	b. Type	of C	Contributor		nments
(include city, state, & zip)			vidual	E	Beaufort County, NC Board of Elections
Vista Pant			didate		or Elections
95 HUYDEN AVE, LENINYTON, MODER	7 H	Party PAC			
866-207-4955		Referendum		d. Elec	ction Sum to Date
000-201-1133		Othe	er Receipt Source	\$	813,25
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
CUMPUIYN Sticke(S			8/15/2	2025	\$ 16-1,27
DOOC +14119e(S			9/1/202	.5	\$ 254.04
cumpaign Stickers Signs			7/26/20	126	\$ 168,83
	Remove				
a. Full Name, Mailing Address & Phone			Contributor	c. Con	nments
(include city, state, & zip)			vidual didate		
Max peccenult		Part			
810 E 7 th St WOS 4, 10000 MC		PAC			
27689			erendum	d. Elec	ction Sum to Date
919-592-8778		Othe	er Receipt Source	\$	813,25
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
LEAM LUNCY FOR VOFING Sta	144		10/20/2	025	s 88,39
					\$
					\$
	Remove				
a. Full Name, Mailing Address & Phone	HETEROSCHOOL STATES	WWW.	Contributor vidual	c. Con	iments
(include city, state, & zip)			didate		
JUST 5, 475	, <u> </u>	Party			
7 USON Signs 2063 W STU St Wasnington AC 2788	¶ 🗆 -	PAC			
252-833-0144			rendum	d. Elec	ction Sum to Date
6)7-01-1		Othe	er Receipt Source	\$	813,25
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Campaign Bannec					\$ 100,34
					\$
					\$
4. Total only this Page				\$ /	11 2 778,97
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	813,75

In-Kind Contributions

Use CRO-1215 if In-Kind Contributions were or will be refunded			ne com	intice of fund.	
1. Committee Full Name (and Fund if applicable)			2. ID	Number	
Max For City Council				RECEIVED	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Cor	nments CT 27 2025	
(include city, state, & zip)		lividual ndidate		Beaufort County, NC Board of Float	
ZUZZIE 1200 CHESNUT ST MENIO PACK CU 14025	Par	•		Board of Elections	
CA 94025		ferendum	d. Ele	ction Sum to Date	
1-888-892-9953	Oth	ner Receipt Source	\$	413,25	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
campaign name tags		7/26/20	25	\$ 37,78	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	costs -	Contributor	c. Cor	nments	
(include city, state, & zip)		ividual			
	Par				
		ferendum	d Flo	d. Election Sum to Date	
		ner Receipt Source	CHANGS INC.	Chon Sum to Date	
		ier receipt source	\$		
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	TOTAL CONTRACTOR OF THE PARTY O	Contributor	c. Cor	nments	
(include city, state, & zip)		ividual			
	Par	ndidate			
	PA	•			
		ferendum	d. Ele	ction Sum to Date	
	Oth	Other Receipt Source			
e. Description		f. Date (mm/dd/y	yyy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page		phoenicol (e	\$	37178	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	813, 25	

In-Kind Contributions

Amendment

Yes