Di	sclos	ure	Rei	oort	Cover
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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 Ir	ıformațion									
a. Full Name	WALD R.SADI	LALFOR	MAY	OR					c. ID Number	
l								•		
b. Mailing Address	(include City, State	and Zin Cod	ie)						d. Date Filed	
		p cpt								
145 AT	um viz								7-14-25	
! .									e. Phone Number	
11/2011.1	CTONINC2	7889							252-623-9332	
2. Report Year	3. Period Start	Date (mm//	d/yv)	4. Period F	nd Dat	e (m	n/dd/yy)	5. Treasu		
	l			1.					\$	
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6. Type of Com				ype of Reposicipal	ort (Ch		only one e/County	type of rep	ort from one category) Referendum	
Candidate Cam		y erendum		ucipal Organizational	1		Organizati	onal	Organizational	
☐ PAC☐ Independent Ex		t Fundraiser		Thirty-five day		1—	Quarterly	·	Pre-referendum	
Legal Expense		with a 19CI		Pre-primary	,		First		Final	
gai Expense			17/	Pre-election		口	Seco		Supplemental Final	
7. Type of Fund	(if applicable,	check one)	一一	Pre-runoff		同	Third		Annual	
Booster Fund		/11	┨┻	Semi-annual			Four	-	Special	
Building Fund				Mid Year	٢		Semi-annu	ual		
<u> </u>	_				i		Mid	Year	10. Special Report Name	
Other:				Final			Year	End		
8. Number of F	undraisers this	Report #		Special			Final			
	☐ Special									
11. Account Information 11. Account Information										
	a. Financial Institution Full Name a. Financial Institution Full Name									
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b. Purpose		c. Account C	Luae		b. Purpo			<u>,</u>	C ACCOUNT COME	
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FULLDS	· · · · · · · · · · · · · · · · · · ·	Ι Ψ			<u> </u>					
CERTIFICATI									AD A COM COLO 15	
I certify that the	Committee or Fu	nd is in comp	pliance	with all appl	icable pr	rovisi	ions of Ar	ticle 22A, 2	2B & 22D-22M of Chapter 163	
of the NC Gene	ral Statutes and the	at no funds a	re con	nmingled with	prohibi	ted o	r other no	n-disclosed	funds. I further certify that this	
report is comple	ete, true and correc	et and that I h	nave be	een trained by	the NC	State	Board of	e Elections.		
	120-			1 ().	. 1/4	5 Å	- lout	/	10-20-25	
DONA		1=P_	_		neture of	<u> </u>	ointed Trea	Silter	Date	
	Printed Name of Sign	ici		Sig	maiure of	whbc	med Irea		Date	
FOR OFFICE	USE UNLY	1						7	elivery Method	
Date Receiv	/ed:			Employ	yee:			_ 끝	Normal Mail	
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Date Scanne	ed:			Employ	yee: .				_ ·	
Date Data E	Intered:			Emplo	yee:				Signer has not received	
						_			mandatory training	
Please No									ommittee address, treasurer,	
	assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									
	You must amend	the Stateme	ent of	Organizatio	n (CRO	1-210	IUA-E) to	make con	nmittee changes.	

Aggregated Contributions from Individuals

Page

	Amer	dment	,	
 of		Yes	W	N

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

1. Committee Full Name (and Fund if applicable) 2. ID Number										
DONALD T	DONALD & SADLER FOR MAYUR									
3. Contributor Inform	ation					i.				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Am	ount			
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		n Individuals vidual contributions o	ver \$5(Pg O or contributions unde	of er \$50 if form CR	O 1205 is no	Amendment Yes V No	
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\bigcap	DONALD R.	ADLER FOR MY	//\`D					
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		vidual contributions of and Fund if applica		or conti	ributions	unde	r \$50	if form CRO				
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Contri	ibutions fron	n Individuals			Pg _	of		□ Y	es No	
Use this f	orm to report indi	vidual contributions o	ver \$50) or contributions ι	under \$	550 if form CR	O 1205 is no	t used		
1. Comm	ittee Full Name (and Fund if applica	ble)				2. ID Num	ber		
\mathcal{I}	ONALGE SA	DLER FORMA	411Z							
3. Contri	butor Informatio	n		Add 🗌	Remov	/e		In the second se		
	ne, Mailing Address &	& Phone		b. Job Title/Profess	sion		d. Comments	S		
	city, state, & zip)		-	<u> </u> -						
MAU	DIE POWEL			c. Employer's Nam	e/Specif	ic Field	-			
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C#	ARLES CAL	DWELL		c. Employer's Nam	e/Specif	ic Field				
10	ARLES CAL 9 N BROWN	157					e. Election St	um to Date		
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		vidual contributions o							
1. Committee Full	Name (and Fund if applical	ole)				2. ID Num	ıber	
DONALD &	z Saz	VER FOR MY	HITZ_						
3. Contributor Inf	formatio	n		Add	☐ Rem	iove			
a. Full Name, Mailing		Phone		b. Job Ti	tle/Profession		d. Comments	9	
(include city, state, &				4		1			
MARK VA	NORA	7		c. Employ	yer's Name/Spe	ecific Field			
108 N.E	=LM S	37					e. Election Si	um to Date	
GREEKS	BORU,	NC274U							
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	es (List detailed ex							
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4. Payee Inform	ation		Add	đ	几	Re	move		
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	TON, NC 2788"		<u> </u>				ļ		
f. Account Code	g. Form of Payment	h. Purpose Code	- 1	. Date (mm/dd/yyyy	<i>'</i>)	j. A	mount	k. Required Remarks	
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E - Salaries I - Postage	F* - Equipment J - Penalties	K* - Offic		•			H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
O* - Other			-	•					
* Codes require	e detailed explanati	on in required re	mar	ks field (k)			ii.		

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			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)			
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures			
a. Fun Name, Maning Address & Library			
(include city, state, & zip)			
PAPA JUHN c. Level Registered (Specify) Federal County:			
831 WASH S9 MALL State Municipality: e. Election Sum to Date			
WASHINATONING 27669			
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks			
DCARD OR 10-3-25 \$ 33.25 CAMPAIGNALES	7.11C		
4. Payee Information			
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments			
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1304 JOHN SMALLAUE State Municipality: e. Election Sum to Date			
WASHINGTON, NC 27889			
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DCATED 00 10-3-25 \$ 26,98 CAMPAIGN MEET	nc-		
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State Municipality: e. Election Sum to Date			
11/204 12 2 1 12 0 - 11/16			
W#S#INGTON, NC 27889			
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5. Total only this Page \$			
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(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			
	H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (k)			

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committees and								
1. Committee Full Name (and Fund if applicable)								2. ID Number
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3. Type of Disbu	ursement <u>(</u>	lease use sepa	rate C	RO-1310 forms for e	ach ty	pe d	f Disbursem	ent.)
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