

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.

1. Committee Information

a. Full Name		c. ID Number
PARK FOR MAYOR		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
510 11TH AVENUE PL NW HICKORY, NC 28601		09/29/2025
		e. Phone Number
		(828) 244-6458

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/17/2025	09/23/2025	NANCY MILLER

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum					
<input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special					
7. Type of Fund (if applicable, check one)	10. Special Report Name						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
0							

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST CITIZENS BANK	
b. Purpose	c. Account Code
CHECKING ACCOUNT FOR CAMPAIGN	PAPI
d. Period Begin Balance	
\$ 0.00	
d. Period Begin Balance	
\$	

CERTIFICATION

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

NANCY MILLER
Printed Name of Signer

Nancy M. Miller
Signature of Appointed Treasurer

09/29/2025
Date

FOR OFFICE USE ONLY

Date Received:

RECEIVED	Employee:
SEP 29 2025	Employee:
By	Employee:

Date Postmarked:

Date Scanned:

Date Data Entered:

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

- Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee 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.

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) PARK FOR MAYOR	2. Type of Report 2025 Thirty-five-day	3. ID Number
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 0.00 \$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 311.08	\$ 311.08
6) Contributions from Individuals (CRO-1210)	\$ 1,950.00	\$ 1,950.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 300.00	\$ 300.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 1.11	\$ 1.11
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 2,562.19	\$ 2,562.19
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 78.28	\$ 78.28
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 66.08	\$ 66.08
17) In-Kind Contributions (CRO-1510)	\$ 66.08	\$ 66.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 210.44	\$ 210.44
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,351.75	\$ 2,351.75
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
PARK FOR MAYOR					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	PAPI	In-Kind	PRINTING FROM OFFICE DEPOT	08/22/2025	\$ 48.69
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	In-Kind	PRINTING FROM OFFICE DEPOT	08/27/2025	\$ 17.39
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Credit Card		08/18/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Credit Card		08/18/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Check		09/19/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Cash		07/24/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Credit Card		08/26/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Credit Card		08/27/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PAPI	Credit Card		08/18/2025	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page			\$ 311.08		
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>			\$ 311.08		

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 2

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) PARK FOR MAYOR		2. ID Number												
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip) COLLEEN BORST 3836 16TH ST NE HICKORY, NC 28601</td> <td>b. Job Title/Profession NO JOB TITLE OR PROFESSION</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field NOT EMPLOYED</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 100.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip) COLLEEN BORST 3836 16TH ST NE HICKORY, NC 28601	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments		c. Employer's Name/Specific Field NOT EMPLOYED				e. Election Sum to Date \$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) COLLEEN BORST 3836 16TH ST NE HICKORY, NC 28601	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments												
	c. Employer's Name/Specific Field NOT EMPLOYED													
		e. Election Sum to Date \$ 100.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	PAPI	Check		09/10/2025	\$ 100.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip) MITCHELL GOLD 3633 GLEN HOLLOW LN NE HICKORY, NC 28601</td> <td>b. Job Title/Profession EXECUTIVE</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field SURYA</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 1,000.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip) MITCHELL GOLD 3633 GLEN HOLLOW LN NE HICKORY, NC 28601	b. Job Title/Profession EXECUTIVE	d. Comments		c. Employer's Name/Specific Field SURYA				e. Election Sum to Date \$ 1,000.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MITCHELL GOLD 3633 GLEN HOLLOW LN NE HICKORY, NC 28601	b. Job Title/Profession EXECUTIVE	d. Comments												
	c. Employer's Name/Specific Field SURYA													
		e. Election Sum to Date \$ 1,000.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	PAPI	Credit Card		08/29/2025	\$ 1,000.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip) EVER NIRA-HERNANDEZ 6 CHILCOTT PL #3 JAMAICA PLAIN, MA 02130</td> <td>b. Job Title/Profession LOGISTICS</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field ACG</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 100.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip) EVER NIRA-HERNANDEZ 6 CHILCOTT PL #3 JAMAICA PLAIN, MA 02130	b. Job Title/Profession LOGISTICS	d. Comments		c. Employer's Name/Specific Field ACG				e. Election Sum to Date \$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) EVER NIRA-HERNANDEZ 6 CHILCOTT PL #3 JAMAICA PLAIN, MA 02130	b. Job Title/Profession LOGISTICS	d. Comments												
	c. Employer's Name/Specific Field ACG													
		e. Election Sum to Date \$ 100.00												
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount									
<input type="checkbox"/>	PAPI	Credit Card		08/18/2025	\$ 100.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
4. Total only this Page					\$ 1,200.00									
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,950.00									

Contributions from Individuals

Pg 2 of 2

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
PARK FOR MAYOR					
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession REAL ESTATE	d. Comments		
JAMES PRESSLY 9559 ARGYLE CT STATESVILLE, NC 28677		c. Employer's Name/Specific Field PRESSLY RESIDENTIAL GROUP	e. Election Sum to Date \$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PAPI	Check		09/05/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession REAL ESTATE	d. Comments		
TAMMY PRESSLY 632 DOGWOOD RD STATESVILLE, NC 28677		c. Employer's Name/Specific Field SELF	e. Election Sum to Date \$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PAPI	Check		09/12/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 750.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,950.00

Contributions from Political Party Committees Pg 1 of 1Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) PARK FOR MAYOR		2. ID Number		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEMOCRATIC WOMEN OF CATAWBA COUNTY PO BOX 1201 CONOVER, NC 28613		b. Comments		
		c. Election Sum to Date \$ 300.00		
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
PAPI	Check		09/20/2025	\$ 300.00
				\$
				\$
4. Total only this Page		\$ 300.00		
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)		\$ 300.00		

CRO-1220

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable) PARK FOR MAYOR		2. ID Number		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE PO BOX 441146 SOMERVILLE, MA 02144		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Expenditure Date 08/29/2025	
			i. Original Expenditure Amt \$ 10.50	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date	
		OVERCHARGE	\$ 12.67	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
PAPI	Electric Funds Tran		09/15/2025	\$ 1.11
4. Total only this Page				\$ 1.11
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 1.11

CRO-1240

NC State Board of Elections

December 2007

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)				2. ID Number		
PARK FOR MAYOR						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/18/2025	\$ 2.64	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/26/2025	\$ 0.53	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/27/2025	\$ 0.11	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/29/2025	\$ 10.50	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	O	09/18/2025	\$ 32.96	CHECK PRINTING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/18/2025	\$ 7.53	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/26/2025	\$ 1.33	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/27/2025	\$ 0.45	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PAPI	Electric Funds Tran	C	08/29/2025	\$ 22.23	TRANSACTION FEE
4. Total only this Page				\$ 78.28		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 78.28		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable) PARK FOR MAYOR			2. ID Number																
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA ALT 4008 N CENTER ST #200 HICKORY, NC 28601</td> <td>d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> <td colspan="3">g. Comments</td> </tr> <tr> <td></td> <td>e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="3">h. Original Receipt Date 08/22/2025</td> </tr> <tr> <td></td> <td></td> <td colspan="3">i. Original Receipt Amount \$ 48.69</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA ALT 4008 N CENTER ST #200 HICKORY, NC 28601	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments				e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 08/22/2025					i. Original Receipt Amount \$ 48.69		
a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA ALT 4008 N CENTER ST #200 HICKORY, NC 28601	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments																	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 08/22/2025																	
		i. Original Receipt Amount \$ 48.69																	
b. Job Title/Profession PROFESSOR		c. Employer's Name/Specific Field LENOIR RHYNE UNIVERSITY	f. Purpose Code P	j. Election Sum to Date \$ 0.00															
k. Account Code PAPI	l. Form of Payment Check	m. Required Remarks PRINTING	n. Date (mm/dd/yyyy) 08/27/2025	o. Amount \$ 48.69															
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA ALT 4008 N CENTER ST #200 HICKORY, NC 28601</td> <td>d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> <td colspan="3">g. Comments</td> </tr> <tr> <td></td> <td>e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="3">h. Original Receipt Date 08/27/2025</td> </tr> <tr> <td></td> <td></td> <td colspan="3">i. Original Receipt Amount \$ 17.39</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA ALT 4008 N CENTER ST #200 HICKORY, NC 28601	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments				e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 08/27/2025					i. Original Receipt Amount \$ 17.39		
a. Full Name, Mailing Address & Phone (include city, state, & zip) REBECCA ALT 4008 N CENTER ST #200 HICKORY, NC 28601	d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments																	
	e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 08/27/2025																	
		i. Original Receipt Amount \$ 17.39																	
b. Job Title/Profession PROFESSOR		c. Employer's Name/Specific Field LENOIR RHYNE UNIVERSITY	f. Purpose Code P	j. Election Sum to Date \$ 0.00															
k. Account Code PAPI	l. Form of Payment Check	m. Required Remarks PRINTING	n. Date (mm/dd/yyyy) 08/27/2025	o. Amount \$ 17.39															
4. Total only this Page \$ 66.08																			
5. Total of ALL CRO-1320 Pages (\$ This line must be on line 15 of Detailed Summary Page CRO-1100) \$ 66.08																			
6. Purpose Codes (List detailed disbursement code in (f) above)																			
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit															
P* - Reimbursement of In-Kind		O* Other																	
* Codes require detailed explanation in required remarks field (m)																			

In-Kind ContributionsPg 1 of 1Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
PARK FOR MAYOR		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
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NC State Board of Elections

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