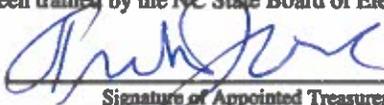


Disclosure Report Cover

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	
Committee to elect Joanne Levitan				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2106 Talmage Dr. Leland NC 28451			1/8/25	
			e. Phone Number	
			9149073255	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	7-2-23	9-26-23	Frank Cole	
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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <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		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<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		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
TRUIST				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
FUR ALL Campaign Expenses				
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 100.00		\$	
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 of Elections.				
FRANK COLE				1/8/25
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	1/8/25	Employee:	NP	
Date Postmarked:		Employee:		
Date Scanned:	1/14/25	Employee:	NP	
Date Data Entered:		Employee:		
Delivery Method				
<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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)	2. Type of Report	3. ID Number	
Committee to elect Joann P. Pugh	35 Day Report		
Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 6148	\$ 6288.38
7) Contributions from Political Party Committees (CRO-1220)		\$ 500	\$ 500
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
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)		\$ 6648	\$ 6788.38
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 505	\$ 505
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$ 40.38
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 505	\$ 545.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6243	\$ 6243
ADDITIONAL INFORMATION			
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)		\$	\$

Aggregated Non-Media Expenditures

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

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) Comm. to Elect Jeanne LeVitan 2. ID Number _____

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	1	Deduct	O	9/27/23	\$.38	ACT BLUE PROCESSING Fee
<input type="checkbox"/> Remove		From CC PAY	O	10/7/23	\$ 1.50	
<input type="checkbox"/> Add	1	Deduct	O	10/10/23	\$.38	
<input type="checkbox"/> Remove		From CC	O	10/12/23	\$.38	
<input type="checkbox"/> Add	1	Deduct	O	10/12/23	\$.38	
<input type="checkbox"/> Remove		From CC	O	10/18/23	\$.50	
<input type="checkbox"/> Add	1	Deduct	O	10/2/23	\$.38	
<input type="checkbox"/> Remove		From CC	O	10/2/23	\$.38	
<input type="checkbox"/> Add	1	Deduct	O	9/27/23	\$.78	Stripe Fee
<input type="checkbox"/> Remove		From CC	O	9/30/23	\$.78	
<input type="checkbox"/> Add	1	Deduct	O	10/2/23	\$.78	
<input type="checkbox"/> Remove		From CC	O	10/3/23	\$.78	
<input type="checkbox"/> Add	1	Deduct	O	10/7/23	\$ 2.43	
<input type="checkbox"/> Remove		From CC	O	10/8/23	\$.89	
<input type="checkbox"/> Add	1	Deduct	O	10/12/23	\$.78	
<input type="checkbox"/> Remove		From CC	O	10/12/23	\$.78	
<input type="checkbox"/> Add	1	Deduct	O	10/12/23	\$.78	
<input type="checkbox"/> Remove		From CC	O	10/17/23	\$ 5.19	
<input type="checkbox"/> Add	1	Deduct	O			
<input type="checkbox"/> Remove		From CC	O			
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add						
<input type="checkbox"/> Remove						

4. Total only this Page \$ 11.52 / 16.71 (PC)
 5. Total of ALL CRO-1315 Pages \$ 11.52 / 16.71 (PC)
 (This line must be on line 14 of Detailed Summary Page CRO-1100)

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)