

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 LELAND FOR LELAND TOWN COUNCIL NC	c. ID Number
b. Mailing Address (include City, State and Zip Code)	d. Date Filed 1/30/2026
	e. Phone Number 415-419-6576

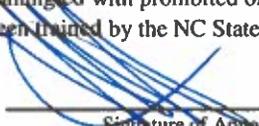
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 10/21/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name LELAND HYER
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input checked="" type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name TRUIST	a. Financial Institution Full Name	b. Purpose CAMPAIGN TRANSACTIONS	b. Purpose
b. Purpose	c. Account Code LFL	c. Account Code	c. Account Code
	d. Period Begin Balance \$ 1100.02		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 of Elections.

LELAND HYER  **1/30/2026**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **2/10/26** Employee: **CL** Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____

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	
LELAND FOR LELAND TOWN COUNCIL, NC	SEMI-YEAR END		
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1100.02	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0	
6) Contributions from Individuals (CRO-1210)	\$ 5,550.00	\$ 9,905.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 5550.00	\$ 9,905.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2913.83	\$ 6113.81	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2913.23	\$ 6113.81	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

Disbursements

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	
LELAND FOR LELAND TOWN COUNCIL, NC							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
KAYLEE MCGEE 1110 MILKWEED DR, #111 LELAND NC 28451							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LFL	TRANSFER	E	11/14/25	\$ 250.00	GET OUT THE VOTE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
RILEY SIMS 1110 MILKWEED DR, #101 LELAND NC 28451							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 375.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LFL	TRANSFER	E	11/14/2025	\$ 375.00	GET OUT THE VOTE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WILMINGTON CAPE FEAR HOME BUILDERS ASSOC. 3801 WRIGHTSVILLE AVE, #5 WILMINGTON NC 28403							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 550.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LFL	TRANSFER	O	11/20/2025	\$ 550.00	MEMBERSHIP		
				\$			
5. Total only this Page						\$ 1,175.00	
6. Total of ALL CRO-1310 Pages						\$ 2913.83	
<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>							
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)							

Disbursements

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	
LELAND FOR LELAND TOWN COUNCIL, NC							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input 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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
SHUTTER STOCK 350 FIFTH AVE NY, NY 10118							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 26.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LFL	TRANSFER	A	11/26/25	\$ 26.69	GRAPHIC ART		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
LOWE'S FOODS 1152 E. CUTLER CROSSING LELAND NC 28451							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 129.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LFL	TRANSFER	O	12/5/25	\$ 129.25	FOOD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
STEELBERAY 21 GREGORY DRIVE, STELLA S. BULLINGTON, VT 05403							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LFL	TRANSFER	A	12/8/2025	\$ 600.00	ORNAMENTS		
				\$			
5. Total only this Page						\$ 755.94	
6. Total of ALL CRO-1310 Pages						\$ 2913.83	
<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>							
7. Purpose Codes <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

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
LELAND FOR LELAND TOWN COUNCIL NC						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input 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 <small>(include city, state, & zip)</small>			b. Coordinated Committee Name		d. Comments	
STARBUCKS 3572 LELAND TOWN CTR. DR. LELAND NC 28451						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 65.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LFL	TRANSFER	0	12/8/2025	\$ 65.00	FOOD (COFFEE)	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Coordinated Committee Name		d. Comments	
PIVOT PARKING 20 SOUTH SECOND ST. WILMINGTON NC 28401						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 15.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LFL	TRANSFER	0	12/12/2025	\$ 15.00	PARKING	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>			b. Coordinated Committee Name		d. Comments	
NORTH BROWNSWICK REPUBLICAN CLUB P O BOX 281 LELAND NC 28451-0281						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input 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	
LFL	TRANSFER	0	12/8/2025	\$	MEMBERSHIP / XMAS PARTY	
				\$		
5. Total only this Page					\$ 120.00	
6. Total of ALL CRO-1310 Pages					\$ 2913.83	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						
7. Purpose Codes <small>(List detailed expenditure code in (h.) above)</small>						
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

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
LELAND FOR LELAND TOWN COUNCIL NC						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
ANEDOT 1340 POYRAS ST. #1770 NEW ORLEANS, LA 70112						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 22.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LFL	TRANSFER	C	11/07/2025	\$ 22.60		
LFL	TRANSFER	C	10/20/2025	\$ 66.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (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: <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 (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: <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						\$ 22.60
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 2913.83
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)						

Contributions from Individuals

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	
LELAND FOR LELAND TOWN COUNCIL NC							
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		d. Comments	
JOHN DUKES 1421 TWIN OAKS DRIVE N. MYRTLE BEACH, SC 29502				REAL ESTATE			
				c. Employer's Name/Specific Field			
				COOLHAND PROPERTIES			
						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"/>	LFL	TRANSFER		11/7/2025	\$ 500.00		
<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		d. Comments	
BERNETTE CHAPLIN 320 SHERMAN AVE SAVANNAH GA 31405				WAITRESS			
				c. Employer's Name/Specific Field			
				WAFFLE HOUSE			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	LFL	TRANSFER		10/31/2025	\$ 50.00		
<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		d. Comments	
D. ISBELL LOGAN 60 GREGORY RD, STE 1 BELVILLE NC 28451				EXECUTIVE			
				c. Employer's Name/Specific Field			
				LOGAN HOMES			
						e. Election Sum to Date	
						\$ 5000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	LFL	TRANSFER		11/04/2025	\$ 5000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 5,550.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 5,550.00	

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
LELAND FOR LELAND TOWN COUNCIL NC					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
LELAND HYER 5515 LUPINE DR #111 LELAND NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/14/2025	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 117. ⁰⁰	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 117. ⁰⁰	
b. Job Title/Profession	c. Employer's Name/Specific Field		g. Comments		k. Account Code
EDUCATOR	BLADEN COUNTY PUBLIC SCHOOLS				LFL
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
TRANSFER	CHECK/ILA BREAKFAST EVENT REIMBURSE		11/14/2025	\$ 117. ⁰⁰	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
LELAND HYER 5515 LUPINE DR #111 LELAND NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/04/2025	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 230.36	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 347.36	
b. Job Title/Profession	c. Employer's Name/Specific Field		g. Comments		k. Account Code
EDUCATOR	BLADEN COUNTY PUBLIC SCHOOLS				LFL
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
TRANSFER	PRINT MEDIA REIMBURSEMENT		11/14/2025	\$ 230.36	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
LELAND HYER 5515 LUPINE DR #111 LELAND NC 28451		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/03/2025	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 442.90	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 790.26	
b. Job Title/Profession	c. Employer's Name/Specific Field		g. Comments		k. Account Code
EDUCATOR	BLADEN COUNTY PUBLIC SCHOOLS				LFL
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
TRANSFER	LAMAR BILLBOARD REIMBURSEMENT		11/14/2025	\$ 442.90	
4. Total only this Page				\$ 790.26	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 790.26	
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)					