Disclosure	Report	Cover
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Amendme	ent	
□ Yes	X	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.

L-Committee Information				
a, Full Name				c, ID Number
LEIGH ALTMAN FOR	COUNTY COMMI	SSION		
b. Mailing Address (includ	e City State and 7i	n Code)		3. D. 4. E1. 3
PO BOX 33412	c City, State And Zu	p Coue)		d. Date Filed
CHARLOTTE, NC 2823	13			01/15/2025
CHARLOTTE, NC 2022	.5			e. Phone Number
2. Report Year 3. Period.	Start Date (mm/dd/	yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer Full Name
2024	10/20/2024		12/31/2024	MELINDA TILLITSKI
6. Type of Committee (Che		9. Type of Repor		type of report from one category)
X Candidate Campaign Joint Fundraiser	Party	Municipal	State/County	
	PAC Legal Expense Fund	Organizatio	}	<del></del> -
Lapple of Fund - (fapple)		☐ Thirty-five ☐ Pre-primar		Pre-referendum Final
"Booster Fund"	icubic, caleck anej	Pre-election	·  —	<del> </del>
Building Fund		Pre-runoff	Third	Annual
Presidential Election Year	Candidates Fund	Semi-annua		; <del></del>
NC Public Campaign Finan		☐ Mid Ye	[ <b>-</b>	,— ·
		Year E	nd Mid Y	ear 10. Special Report Name
Other:		Final	Year E	
8. Number of Fundraisers	this Report	Special	Final	
0			☐ Special	ļ
Account Information				
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INOIOT (FORMEREE DE	3&1)			
. Purpose.	c. Account Code		b. Purpose	c. Account Code
LEIGH ALTMAN FOR	D	вт		
COUNTY COMMISSION	D.			
	d. Period Begin	Balance		d. Period Begin Balance
	s	6,267.59		S
	1	3,20,700		L <sup>o</sup>
ERTIFICATION				
				of Article 22A, 22B & 22D-22M of
Chapter 103 of the NC Ger	neral Statutes and t	hat no funds are o	commingled with prol	ibited or other non-disclosed
ianus. Turiner cenny in	it this report is com	plete, true and co	rrect and that I have	been trained by the NC State Board
MolandaDT	7414-100	NO.	(). O. V.	01/19/2025
Printed Name o	f Signer	Signa	ture of Appointed Treas	
OR OFFICE USE ONLYM				a new again was a registrage system was a secondary
	ecklenburg Cr	) Linte	0cm	Delivery Method
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	IAN 1 - non-			☐ Registered Mail
Date Postmarked:	JAN 1 5 2025		ee:	☐ Hand Delivered
Date Scanned: BO				☐ Electronically Filed
- Date Scarified. DQ	ard of Election	Employe NS		
Date Data Entered:		Employe		☐ Signer has not received
		imploye		mandatory training
Please Note: This form	cannot be used to	amend committee	information such as	the committee address, treasurer,
			ormation, or account	
			RO-2100A-E) to make	

## Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes X No

Use this form to summarize all disclosure reporting forms a  1. Committee Full Name (and Fund if applicable)	2. Type of Re			Number
LEIGH ALTMAN FOR COUNTY COMMISSION	2024 Year E	End Semi-Annual		
Start of Election Cycle: January 1, 2023		Total this Reporting Per	od l	Total this Bection Cycle
4) Cash on Hand at Start		\$ 26,209		\$ 21,832.38
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 60	.00	\$ 200.00
6) Contributions from Individuals	(CRO-1210)	\$ 375	.00	\$ 5,393.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	.00	\$ 0.00
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)	\$ 0	.00	\$ 0.00
11) Other Receipt Sources	menden a meneral de la ferida de del filma de de agraphi de pagariga pagari			
11a) Interest on Bank Accounts	(CRO-1250)	s o	.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0	.00	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 500		\$ 509.40
11d) Legal Expense Fund - Other Sources	(CRO-1270)			8 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	.00 9	B 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	11d and 11e)	\$ 935.		
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 231.	05 \$	19,835.23
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00 \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00 \$	0.00
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 8.	50 \$	3 136.51
15) Loan Repayments	(CRO-1420)	\$ 0.	00 \$	0.00
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00 \$	0.00
(7) In-Kind Contributions	(CRO-1510)	\$ 0.	00 \$	0.00
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 239.	55 \$	19,971.74
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 26,905.	26 \$	
ADDITIONAL INFORMATION			402	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.	00	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.	00	
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.	00	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	00	
4) Account Transfers Within the Committee	(CRO-1720)	\$ 0.	)0	
5) Administrative Support	(CRO-1710)	\$ 0.0	00 \$	0.00
6) Forgiven Loans	(CRO-1440)	\$ 0.0	00 \$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0		0.00
8) Contributions to be Refunded	(CRO-1215)	\$ 0.0	00 \$	0.00

		butions from I	-		1	Amendmo	ent <b>X</b> No
			From Individuals of \$	50 or less			
1. Committe	e Full Name (and	Fund if applicable)			2, ID 1	Number	
LEIGH AL	TMAN FOR COL	INTY COMMISSIO	N				
3. Contribu	tor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/уууу)	f. Amount	
☐ Add ☐ Remove	BBT	Debit Card		11/01/2024		\$	50.00
□ Add □ Remove	ВВТ	Credit Card		11/07/2024		\$	10.00
4. Total o	nly this Page				\$		\$60.00
A CONTRACTOR OF STATE	f ALL CRO-12 nust be on line 5 of L	205 Pages Detailed Summary Page	CRO-1100)		\$		\$60.00
CRO-1205		N	C State Board of Elections				April 2007

		rom Individuals		Pg			☐ Yes	X No
		ndividual contribution		ontributions ur	nder \$50 if form CRO			
		e (and Fund If applicab R COUNTY COMMIS				2, 11	) Number	
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	tributor Informati			l Add 🗀 Re				
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t .	RLOTTE, NC 282			NOT EMPLO		1 _		
	<del>_</del> ,			1.,02	0122	e. D	lection Sun	n to Date
						\$		125.00
f. Prior	lg. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	13-31	k, Amount	
	BBT	Credit Card	*   750.050.050.050.050.050.050.050.050.050.	Maria Carlos Company	11/05/2024		\$	125.00
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							\$	
						<del></del>		
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	vibutor Informati				move - 1999			
A CHARLES TO SERVICE CONTRACTOR	Name, Mailing Add			b. Job Title/Pr	ofession	d. Co	omments	
	udė city, state, & zi P. MINOD	<u>(b)</u>		SELF	,			
	R MINOR EAGLE LAKE DR	D		c. Employer's	Name/Specific Field	1		
	LOTTE, NC 282			SELF				
	•		•		,	e. Ele	ection Sum	a to Date 🤏
			j			\$		250.00
f. Prior	2. Account Code	h. Form of Payment	i. In-Kind Desc	 crintion	j. Date (mm/dd/yyyy)		s. Amount	
	BBT	Credit Card	M. 000 (6.00 processes)	MARK TOWN	11/01/2024		\$	125.00
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	PHIPPS ERSEY CT.		!	c. Employer's ?	Name/Specific Field	i		
	LOTTE, NC 2821	.13	1		& MARSAL, LLC	í		
	-		J		,	e. He	ection Sum	to Date
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		6 of Detailed Symmes Pe	- COO TION	200		\$		375.00

Amendment

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Other Receipt					of _		☐ Yes	X No
Use this form to repo	·		omi. i.e. interest	tincom	e, not fo	r prof	t contribu	itions etc.
L. Committee Bull No	ime (and Fund if a	policable)				2.	ID Numb	r.
LEIGH ALTMAN F	OR COUNTY CO	OMMISSION						
3. Type of Receipt So		e separate CRO-,						
Interest	Contrib	utions from Not-for	-Profit Organizat	ions 🛚 🛣	Outside	Source	s of Incom	e
4. Centributor Inform	nation		Add 🔲 Re	move				
a. Full Name, Mailing			b. Not-for-Pro	fit Fede	ral ID#	d. (	Comment	S
(include city, state,	& zip)							
CHARLOTTE-MEC	KLENBURG HO	SPITAL			~~~			
AUTHORITY - ATI	RIUM HEALTH I	EMPLOYEES	c, Outside Sou	irce Exp	lanation	100		
PAC						277.00	Audio dina andra diagraph	
228 S WASHINGTO						e.	nection 2	um to Date
ALEXANDRIA, VA	. 22314					\$		500.00
f. Account Code g. Fo	rm of Payment	h. In-Kind Descri	ption	i. Date	(mm/dd	уууу)	j. Amour	it
ввт	Check			11	/29/202	4	\$	500.00
							\$	
5. Total only this	Page	Fig. 180 St., 187 Style 180 St.		1		\$	<u> </u>	500.00
6. Total of ALL C	RO-1250 Pag	es						
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(This line goes in line				ft Contr	(button)	\$		500.00
(This line goes in line								
CRO-1250	· Tr	NC State Bo	oard of Elections				Ī	December 2007

Die	burs	ama	ante
1715	1111113	CHI	

				Am	Amendment					
Pg	1	of	1		Yes	X	No			

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	odz <mark>eme (and O</mark> nd							2. ID Ni	imber
LEIGH ALTM	IAN FOR COUNTY	COMMISSION							
3. Lype of Dist	ursement <i>(Please</i>	use senarate CR	03 3 11	forms for enc	i type	of Disbu	rseme	mi.)	
M Operating Ex	NAME OF TAXABLE PROPERTY OF TAXABLE PARTY OF TAXABLE PARTY.	tributions to Candida				_=_	ordinat	ed Party E	Expenditures
4. Payer inform				Add 🔲					
a. Fun Name, M (include city, sta	ailing Address & Pl	ione		b. Coordinate	a Com	mittee N	ame =	d. Comn	ienis
MAILERLITE									
548 MARKET				c. Level Regis					
PMB98714	300 01 04101 64	^.		Federal State	L	County  Municir			on Sum to Date
SAN FRANCIS	SCO, CA 94104-54	01		<u>Li</u> State	L	1 Manter	rainy.		
								\$	450.00
	g. Form of Payment		1				<u> </u>	guired R	
BBT	Debit Card	A	1	0/28/2024	\$	50.00	COM	MUNIC	CATION
BBT	Debit Card	A	1	1/26/2024	\$	50.00	COM	IMUNIC	ATION
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	ailing Address & Ph	one		b. Coordinate	d Com	mittee N	me.	d, Comm	ients 🔑
(include city, sta USPS	ite, & zip)						1		
201 N. MCDO\	WELL ST.			c. Level Regist	cred (	Specify)			
	NC 28204-9700			Federal		County:			
(800) 275-8777				State		Municip	ality:	e. Electio	n Sum to Date
								\$	56.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	marks
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					\$				
d. Payee Inform	ation "			Add	Remo	ve			
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(include city, sta	ie, & zip)								
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WALTHAM, M				☐ Federal			#[page 1967   1000]		
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					\$				
s: Total only this	Parre							\$	231.05
	RO-1310 Pages							Ф	231.03
	line 13a of Detailed S	ummary Page CRO-	1100 If	Operating Expen	ses)				221.55
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O* Other				· · · · · · · · · · · · · · · · · · ·	5439217318	. ~	~	sove	
<ul> <li>Codes require</li> </ul>	detailed explanation	i in required rem	arks fii	eld(k)					

	Amendn	me nt			
Page 1 of 1	☐ Yes	X	No		

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

Optional form used to report INC INOII-iniedia Expenditures of \$50 or less.								
1. Committee Full Name (and Fund if applicable)						2. ID Number		
LEIGH ALTMAN FOR COUNTY COMMISSION								
3. Payee Information								
a, Amend I	b. Account Code	c. Form of Payment	d, Purpose Code	e. Date (mm/dd/yyyy)	f, Amo	ount	g. Required Remarks	
☐ Add	BBT	Debit Card	С	11/01/2024	S	6.47	SERVICE FEE	
☐ Remove				11/01/2021	φ	0.47		
Add	BBT	Debit Card	С	12/01/2024	s	2.03	SERVICE FEE	
Remove				12/01/2021	J	2.03		
4. Total only this Page						\$ 8.50		
5. Total of ALL CRO-1315 Pages								
(This line must be on line 14 of Detailed Summary Page CRO-1100)					\$		8.50	
6. Purpose Codes (List detailed expenditure code in (d) above)								
						othor Cor	didata	
E - Salark					To Another Candidate - Holding Public Office Expenses			
L-Postage J-Penalties K*-Office Expenses Q*-Donations to Legal Expense O*-Other								
* Codes require detailed explanation in required remarks field (g)								
CRO_1315 NC State Board of Elections December 2000								

CRO-1315

NC State Board of Elections

December 2009