Disclosure Ro		nformation must be	rianad and sub	mitted along with	Amendment  Yes  No
	eneral report and committee in to update information	mormanon, must be s	signed and subi	miled along with	onici detalied forfils.
1. Committee Info					
a. Full Name					c. ID Number
Committee to Elec	ct John Higdon				5GX28U
b. Mailing Address (inc	clude City, State and Zip Code)				d. Date Filed
2232 Croydon Roa					10/3/2023
Charlotte, NC 2820	07				e. Phone Number
					704-651-5726
2. Report Year	3. Period Start Date (mm/	dd/vv)	End Date	5. Treasurer l	Full Name
2023	07/01/2023	(mm/dd/yy)	26/2023	Gregory J. Sh	umaker
6. Type of Commi	ttee (Check One)	9. Type of Repor	t (check o	only one type of rea	port from one category)
Candidate Camp		Municipal		County	Referendum
PAC	Referendum	Organization		Organizational	Organizational
Independent Expenditure Legal Expense I	Joint Fundraiser	Thirty-five da	ay	Quarterly	Pre-referendum
. Type of Fund	(if applicable, check one)	Pre-primary		First	☐ Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Year En		Semi-annual Mid Year	10. Special Report Name
Other:		Final		Year End	10. Special Report Name
Number of Fund	draisers this Report	Special		Final	
. Number of Fund	araisers this report	] specim	占	Special	
1. Account Inform	nation		11. Account	Information	
. Financial Institution				stitution Full Name	
Truist Bank					
. Purpose	c. Account Code		b. Purpose		c. Account Code
	BR	2549			
	d. Period Begin Balanc	ce			d. Period Begin Balance
	\$ 278.54				\$
NC General Statute	mmittee or Fund is in compli s and that no funds are common correct and that I have been to Shumaker	ningled with prohibite rained by the NC State	d or other non- e Board of Elec	disclosed funds. I ctions.	
OD OFFICE LICE	Printed Name of Signer	/	Signature of App	inted Treasurer	Date
FOR OFFICE USE	UNLY				Delivery Method
Date Received:		Employee:			Normal Mail
Data Baston sele	ad.	Employees			Registered Mail
Date Postmarke	ea:	_ Employee:			Hand Delivered

**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.

Date Scanned:

Date Data Entered:

Employee:

Employee:

Electronically Filed

Signer has not received mandatory training

### **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					
Committee to Elect John Higdon	35 day report		5GX28U			
Start of Election Cycle: January 1,	2023	Total this	Total this			
•	2023	Reporting Period				
4) Cash on Hand at Start RECEIPTS		\$ 278.54	\$ 5626.03			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 6626.03			
6) Contributions from Individuals	(CRO-1210)	\$	\$ 0020.03			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$	\$ 1000.00			
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 Organizat	tions (CRO-1250)	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$			
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$			
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$	\$ 7626.03			
<b>EXPENDITURES</b>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	\$ 2424.33			
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$			
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$			
17) In-Kind Contributions	(CRO-1510)	\$	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	\$ 2424.33			
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ubtract line 18)	\$	\$ 5201.70			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig		\$ 6814.97				
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)	\$	\$			

				Amendm	ent	
Disbursements	Pg	<u>1</u>	of <u>2</u>	Y	es 🖂	No

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

	ull Name (and Fund	d if applicable)				2. ID Number
Committee to E	lect John Higdon					5GX28U
3. Type of Disbu	arsement (Plea	se use separate C	RC	0-1310 forms for each typ	e of Disburseme	ent.)
Operating Ex	xpenses	Contributions to Car	ıdid	ates/Political Committees	Coo	rdinated Party Expenditures
4. Payee Inform	ation		Α	.dd	Remove	
a. Full Name, Maili	ng Address & Phone		b	. Coordinated Committee Nam	ie	d. Comments
(include city, state,	• •					
John Crowell	<del> </del>		1			
308 #30 Queens	Road		c. Level Registered (Specify)			
Charlotte, NC 2				_ ``	County:	
charlotte, 110 2	0201		╽╞		Municipality:	e. Election Sum to Date
					within cipanity.	c. Election Sum to Date
						\$ 1000.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	i Amount	k. Required Remarks
1. Account Code	g. Form of Fayment	in rui pose coue		i. Date (iiiii/uu/yyyy)	j. Amount	k. Required Remarks
BR549	online	Е		07/21/2023	\$1000.00	
					\$	
4 D T C			_	11	D	
4. Payee Inform			_		Remove	1.0
· ·	ng Address & Phone		b.	. Coordinated Committee Nam	ie	d. Comments
(include city, state,	& zip)		ļ			
John Higdon						
1100 Ashley Cr			c.	c. Level Registered (Specify)		
Charlotte, NC 2	8105			Federal County:		
				State	Municipality:	e. Election Sum to Date
						\$ 300.61
		1	L	1		\$ 500.01
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BR549	online	K		08/03/2023	\$300.61	Kick off dinner
BRSHA	omme	TX.		00/03/2023	ψ500.01	reimbursement
					\$	
					Ψ	
4. Payee Inform	ation		Α	.dd 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee Nam	ie	d. Comments
(include city, state,	& zip)					
Mecklenburg Co	ounty Bd of Elect					
			c.	Level Registered (Specify)		
				Federal	County:	
			ΙĒ	State	Municipality:	e. Election Sum to Date
					• •	
						\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
						filing fee
BR549	online	Н		07/20/2023	\$25.00	
					\$	
5. Total only thi	is Page					\$ 1325.61
	CRO-1310 Pages					\$ 10 <b>20</b> .01
	line 13a of Detailed Sum	ımary Page CRO-1100	0 if	Operating Expenses)		-
			-	Contrib to Candidates/Political	Comm)	\$
	-		-	Coordinated Party Expenditure		
	es (List detailed ex		_			
A* - Media	B* - Printing	C* - Fund			D - To Anothe	er Candidate
E - Salaries	F* - Equipment			8		Public Office Expenses
I - Postage J - Penalties K* - Office Expenses					ı to Legal Expense Fund	
O* - Other						
* Codes requir	e detailed evnlanati	ion in required re	am	arks field (k)		

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 Committee to Elect John Higdon 5GX28U 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 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Penny Higdon 1100 Ashley Creek Dr. c. Level Registered (Specify) Matthews, NC 28105 Federal County: State Municipality: e. Election Sum to Date 246.13 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks reimb Staples BR549 online K 09/19/2023 \$246.13 printing job \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) VistaPrint c. Level Registered (Specify) Federal County: State e. Election Sum to Date Municipality: \$ 823.34 h. Purpose Code f. Account Code g. Form of Payment k. Required Remarks i. Date (mm/dd/yyyy) j. Amount BR549 K \$823.34 09/29/2023 online \$ 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks C \$ \$ 5. Total only this Page \$ 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) C\* - Fundraising A\* - Media **B\*** - Printing D - To Another Candidate E - Salaries F\* - Equipment G - Political Party H\* - Holding Public Office Expenses I - Postage K\* - Office Expenses J - Penalties Q\* - Donation to Legal Expense Fund O\* - Other \* Codes require detailed explanation in required remarks field (k)

					Amen	dment		
Contributions from Individuals	Pg	1	of	8_		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contributions	s under	\$50 if for	rm CRO	1205 is no	t used			
1. Committee Full Name (and Fund if applicable)			2	2. ID Num	ber			

1. Comm	ittee Full Name (	and Fund if applical	ole)				2. ID Number			
Committe	ommittee to Elect John Higdon							5GX28U		
3. Contri	ibutor Informatio	n		Add	Rem	love				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Titl	tle/Profession		d. Comments	,		
	city, state, & zip)									
-	umar Patel									
16619				c. Employ	yer's Name/Spe	cific Field				
Victorvill	le, CA 92395						- Flortion Cu	- 4- Data		
							e. Election Su	im to Date		
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount		
$\boxtimes$	BR549	check				09/21/20		\$	500.00	
			Ī					\$		
								\$		
3. Contri	ibutor Informatio	n		Add	Rem	ove				
	ne, Mailing Address &	k Phone		b. Job Titl	tle/Profession		d. Comments	;		
	city, state, & zip)			4						
Nikhil R.				- 1	10					
9016 Tan				c. Employer's Name/Specific Field						
Charlou,	Charlott, NC 28277					e. Election Su	um to Date			
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount		
	BR549	check				09/21/20	)23	\$	500.00	
								\$		
								\$		
	ibutor Informatio			Add	Rem	ove				
	ne, Mailing Address &	k Phone		b. Job Titl	tle/Profession		d. Comments	<b>;</b>		
	city, state, & zip)			4						
	dra M Patel			- Employ	.t- Name/Cue	·e 17: -1.1				
625 Beaul	haven Ln NC 28173			c. Employ	yer's Name/Spe	cific Field				
w axiiaw,	NC 201/3						e. Election Su	um to Date		
							\$	500.00.		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount		
	BR549	check				09/21/20		\$	500.00	
								\$		
								\$		
4. Total	l only this Page	e					\$		1500.00	
	of ALL CRO	e e e					\$			
(This line	must be on line 6 of l	Detailed Summary Page C	'RO-1100	)						

## Contributions from Individuals Pg 2 of 8 Yes Lise this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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 Committee to Elect John Higdon 5GX28U 3. Contributor Information  $\boxtimes$ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Vasant B. Patel 2766 Lake Wylie Dr. c. Employer's Name/Specific Field Rock Hill, SC 289732 e. Election Sum to Date 500.00 g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ BR549 09/21/2023 500.00 check \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Agrawal Brothers LLC 5310 Tilley Manor Dr. c. Employer's Name/Specific Field Matthews, NC 28105 e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount BR549 75.00 check \$ \$ Remove 3. Contributor Information Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Mahendra I. Patel TTEE c. Employer's Name/Specific Field MP and PMP Joint Revocable Trust3 3519 Pleasant Rd. Fort Mill, SC 29708 e. Election Sum to Date \$ 501.00 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code BR549 \$ check 501.00 \$ \$ 4. Total only this Page \$ 1076.00 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100)

						Amei	ıdment	
Contributions from Individuals		Pg	3	of	8_		Yes	No
	A = 0		Φ=0 · C C	OD O	1005			

Use this i	orm to report mar	vidual contributions o	ver \$50	or contrib	unons under	r \$30 II IOIIII CK	J 1203 IS 1101	usea			
1. Comm	Committee Full Name (and Fund if applicable)							2. ID Number			
Committe	ee to Elect John Hi	igdon						5GX28U			
3. Contri	butor Informatio	n		Add [	Rem	ove					
a. Full Nam	ne, Mailing Address &	¿ Phone		b. Job Title	/Profession		d. Comments				
	city, state, & zip)										
Jagruti Pa				Т.	1 NT /C	· e· Tə· 11					
	tucky Derby Dr. NC 28173			c. Employe	r's Name/Spe	citic Field					
waxnaw,	110 20175						e. Election Su	ım to Date			
							\$	500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	ion	j. Date (mm/dd/yy		k. Amount			
	BR549	check				09/21/20		\$	500.00		
								\$			
								\$			
3. Contri	butor Informatio	n		Add	Rem	ove					
	ne, Mailing Address &			b. Job Title	/Profession		d. Comments				
	city, state, & zip)										
Ravi C. P											
	Well House Rd.			c. Employe	r's Name/Spe	cific Field					
Charlotte,	, NC 28226						e. Election Su	ım to Date			
							\$	500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	ion	j. Date (mm/dd/yy)	yy)	k. Amount			
	BR549	check				09/21/20	)23	\$	500.00		
								\$			
								\$			
3. Contri	butor Informatio	n		Add [	Rem	ove					
	ne, Mailing Address &	<b>Phone</b>		b. Job Title	/Profession		d. Comments				
(include of Mansa R.	city, state, & zip)										
	Snan 52 <sup>nd</sup> St., Apt 551			c Employe	r's Name/Spe	cific Field					
	le, FL 32607			c. Employe	1 s (tame/spe						
	,						e. Election Su	ım to Date			
							\$	75.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	ion	j. Date (mm/dd/yy)	yy)	k. Amount			
	BR549	Check				09/21/20	)23	\$	75.00		
								\$			
								\$			
4. Total	only this Page	e					\$		1075.00		
5. Total of ALL CRO-1210 Pages					\$						
(This line must be on line 6 of Detailed Summary Page CRO-1100)						Φ					

# Contributions from Individuals $P_g$ 4 of 8 $V_{es}$ 8 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

1. Comm	littee Full Name (	(and Fund if applical	ble)				2. ID Number			
Committe	ee to Elect John H	igdon						5GX28U		
3. Contri	ibutor Informatio	n	$\boxtimes$	Add [	Rem	ove				
a. Full Nam	ne, Mailing Address &	k Phone		b. Job Title	e/Profession		d. Comments	5		
(include	city, state, & zip)									
Pratik Pat	tel									
	er Walk Ct.			c. Employe	e. Employer's Name/Specific Field					
Waxhaw,	NC 28173									
							e. Election Su	ım to Date		
							\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	tion	j. Date (mm/dd/yyy	yy)	k. Amount		
	BR549	check				09/21/20	)23	\$	75.00	
								\$		
								\$		
3. Contri	ibutor Informatio	n		Add [	Rem	ove				
	ne, Mailing Address &	k Phone		b. Job Title	e/Profession		d. Comments	š		
	city, state, & zip)									
Amol H.	Talap									
c. Employer's Name/Specific Field					cific Field					
Charlotte,	, NC						e. Election Su	um to Doto		
							e. Election St	iii to Date		
							\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descript	tion	j. Date (mm/dd/yyy	yy)	k. Amount		
	BR549	check				09/21/20	)23	\$	75.00	
								\$		
								\$		
3. Contri	ibutor Informatio	n		Add [	Rem	ove				
	ne, Mailing Address &	& Phone		b. Job Title	e/Profession		d. Comments	3		
	city, state, & zip)									
Prashant.				ъ. т		· 6: F: 11				
6827 Cref	ail, NC 28079			c. Employe	er's Name/Spe	cific Field				
mulan 11	all, NC 28079						e. Election Su	um to Date		
							\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	tion	j. Date (mm/dd/yyy	yy)	k. Amount		
	BR549	check				09/21/20	)23	\$	75.00	
								\$		
								\$		
4. Total	l only this Page	e					\$		225.00	
5. Total	5. Total of ALL CRO-1210 Pages				\$					
(This line	e must be on line 6 of .	Detailed Summary Page C	RO-1100	)			Ψ			

					Amer	ıdment	
Contributions from Individuals	Pg	_5	of	8		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 Committee to Elect Jpohn Higdon 5GX28U 3. Contributor Information  $\boxtimes$ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Ankit V. Kumbhani 2802 Beltline Rd. c. Employer's Name/Specific Field Apt. 107 Garland, TX 75044 e. Election Sum to Date 250.00 g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ BR549 09/21/2023 250.00 check \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Dinish R. Patel 6235 Hermsley Rd c. Employer's Name/Specific Field Charlotte, NC 28278 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 BR549 09/21/2023 250.00 check \$ \$  $\boxtimes$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Nilesh R. Patel c. Employer's Name/Specific Field 10610 Bere Island Dr. Charlotte, NC 28278 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 BR549 09/21/2023 \$ check 100.00 \$ \$ 4. Total only this Page \$ 600.00 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100)

## Contributions from Individuals Pg 6

Ame	ndment		
	Yes	$\boxtimes$	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			
Committee to Elect John Higdon											
3. Contributor Information				Add		Rem	ove				
	ne, Mailing Address &	2 Phone		b. Job Ti	tle/Profe	ession		d. Comments			
(include city, state, & zip)											
Harikrish	na Nagabandi			- Fl	!- NI-	/C	.:e: . T: .1.1				
				c. Emplo	yer's Na	me/Spe	cific Field				
								e. Election Sum to Date			
								\$ 75.00			
f. Prior	g. Account Code	h. Form of Payment	i In_K	ind Descri	ntion		j. Date (mm/dd/yy)		k. Amount		
	BR549	check	1, 111-10	ina Descri	ption		09/21/20		\$	75.00	
	Bit is						03/21/20	,23		75.00	
									\$		
									\$		
	butor Informatio			Add		Rem	ove				
	ne, Mailing Address &	2 Phone		b. Job Ti	tle/Profe	ession		d. Comments			
	city, state, & zip)										
BM Mart				- El-	!- N-	/C	-:e: - E: -1.1				
	ncaster Hwy NC 28134			c. Employer's Name/Specific Field							
rilleville,	NC 20134							e. Election Sum to Date			
							\$ 500.00				
e n :		LE CD		. 10 .			: D ( /II/				
f. Prior	g. Account Code	h. Form of Payment	1. In-K	n-Kind Description			j. Date (mm/dd/yyy		k. Amount		
	BR549	check					09/21/20	023	\$	500.00	
									\$		
									\$		
3. Contributor Information				Add	Add Remove						
a. Full Name, Mailing Address & Phone				b. Job Title/Profession			d. Comments				
(include city, state, & zip)											
Mahesh B. Dongre 1907 Christiana Meadows				c Emplo	ver's Na	me/Sne	cific Field				
Bear, DE 19701				c. Employer's Name/Specific Field			7				
, —						e. Election Sum to Date					
								\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	BR549	check					09/21/20	)23	\$	75.00	
									\$		
									\$		
4. Total only this Page							\$		650.00		
5. Total of ALL CRO-1210 Pages							\$				
(This line must be on line 6 of Detailed Summary Page CRO-1100)							φ				

					Amendment			
Contributions from Individuals	Pg	7	of	8_		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contribution	s under	\$50 if for	m CRO	1205 is no	t used			

1. Committee Full Name (and Fund if applicable)								2. ID Number			
Committee to elect John Higdon								5GX28U			
				A 11 D							
3. Contributor Information				Add Remove b. Job Title/Profession			d. Comments				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession			u. Comments				
Sanjeet P											
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							e. Election Sum to Date				
							\$	250.00			
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Nimish P	atel										
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Dilip Pate	el				• N. 10	· e · T · 1 1					
				c. Employer's Name/Specific Field							
							e. Election Su	ım to Date			
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	BR549	online				09/23/20	)23	\$	250.00		
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4. Total only this Page									750.00		
5. Total of ALL CRO-1210 Pages							\$				
(This line must be on line 6 of Detailed Summary Page CRO-1100)											

### Amendment **Contributions from Individuals** No Pg 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 Committee to elect John Higdon 5GX28U 3. Contributor Information $\boxtimes$ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Jerambhai Patel c. Employer's Name/Specific Field e. Election Sum to Date 250.00 g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ BR549 09/21/2023 250.00 online \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Paralegal Penny Higdon 1100 Ashley Creek Dr c. Employer's Name/Specific Field Matthews, NC 28105 e. Election Sum to Date 1000.03 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount BR549 09/21/2023 \$ 0.03 online \$ BR549 online 7/21/2003 1000.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip)