Amendmen	t 👘	
	<b>1327</b>	NI -

Disclosure Report Cover Amendment 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.

a. Null Name THE COMMITTEE TO ELECT DIMPLE AJMERA hIMIIng Address (include City, State and Zip Code) 623 MATLEA CT CHARLOTTE, NC 28215 CHARLOTTE,	1. Committee In	formation									
b. Milling Address (Include City, State and Zip Code) d. Date Filed d523 MATLEA CT CHARLOTTE, NC 28215 c. Phone Number c. Charlot Code c. Prove Number c. Charlot Code Committee Check Cone c. Prove Of Committee Check Cone c. Prove Charles c. Prove Check Cone c. Prove Charles c. Prove Check Cone c. Prove Check Check Cone c. Prove Check Cone c. Prove C	a. Full Name								c. ID Number		
6523 MATLEA CT CHARLOTTE, NC 28215       08/05/2023         2Report Year       3Poriod Start Date (mm/dd/yy)       4. Poriod End Date (mm/dd/yy)       5. Treasurer Pull Name         2023       07/01/2023       08/08/2023       DENYTRA LOGAN WHITNER         6.Type of Committee (Check One)       9. Type of Report       (check only one presenter of the present o	THE COMMIT	TEE TO ELE	CT DIMPLE A	JMER.	A						
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CHARLOTTE, NC 28215       c. Phone Number         22       Comparing the second start Date (num/dd/yz)       4. Period End Date (num/dd/yz)       5. Treasurer Dull Nume         2023       07/01/2023       08/08/2023       DENYTRA LOGAN WHITHER         6:Type of Committee (Check One)       9. Type of Report       (Check Only One Dype of Prior) of Remote Category)         1 Start Ruderlise       PAL       Organizational       Organizational       Prevendum         1 Start Spense Fund       Using Spense Fund       Deservedum       Final       Prevendum         2 Start Spense Fund       Boater Fund       Prevendum       Prevendum       Prevendum         1 Boating Fund       Prevendum       Prevendum       Prevendum       Prevendum         1 Boating Fund       Prevendum       Prevendum       Prevendum       Prevendum         2       Second       Prevendum       Prevendum       Prevendum         3. Account Conternuct       Second       Prevendum       Prevendum       Prevendum         3.									08/05/2023		
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Referendum       Legal Expense Fund       Image: Second Se		· · —	•								
2. Type of Find:       (I/opplicable, check one)       Pre-primary       First       First       First         Procedection       Scoond       Septemental Final       Supplemental Final       Supplemental Final         Pre-truction       Thirld       Annual       Septemental Final       Supplemental Final         Pre-truction       Year End       Year End       Septianual       Septianual         Other:       Year End       Year End       Year End       Special         2       Special       Special       Iteration         3. Account Information       Special       Special       Special         a: Number of Pundraisers this Report       Special       Special       Iteration         3. Account Information       Special       Special       Iteration         a: Report Name       Account Code       b. Purpose       c. Account Code         CANDIDATE ACCOUNT       01       d. Period Begin Balance       s         s       Supplemental Statutes and that no finds are commingled with prohibited or other non-disclosed       funds. I further certify that this report is complete, true and correct and that 1 have been trained by the NC State Board         Detered Institution Name       Of Chapter Of Softhe NC General Statutes and that no funds are commingled with prohibited or other non-disclosed				_	-			land			
<sup>1</sup> Booster Fund"           Pre-clection           Pre-clection           Scond           Supplemental Final             Prosidential Election Year Condidates Fund           Pre-cloction           Third           Supplemental Final             Prosidential Election Year Condidates Fund           Mid Year           Mid Year           Supplemental Final             Prosted contribution Second           Mid Year           Mid Year           Mid Year             2           Special           Supplemental Final           Special             Strend Information           S. Account Information           Strend Institution Pull Name           Strend Institution Pull Name             BANK OF AMERICA           D. Purpose           C. Account Code           L. Purpose           C. Account Code             CANDIDATE ACCOUNT           O1           L. Purpose           C. Account Code             S           S           S           S             Lectify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D				—	•						
Bailding Fund       Pre-runoff       Third       Annual         Presidential Election Year Candidates Fund       Mid Year       Fourth       Special         NC Public Campaign Financing Fund       Mid Year       Final       Fourth       Special         Other:       3: Account Laformation       3: Account Information       3: Account Information       3: Account Information         a. Financial Institution Full Name       3: Account Code       b. Purpose       c. Account Code       b. Purpose         Bailding Final       gecial       d. Period Begin Balance       gecial       d. Period Begin Balance         S       CERTIFICATION       G. Account Code       b. Purpose       c. Account Code         S       S       S       S       S         CERTIFICATION       G. Period Begin Balance       S       S         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         JUMALIAN       Jumalian       Jumalian       Binployee:       Date         FOR OFFICE USE ONLY       Employee:       Date       Date         Date Receiveed:	7. Type of Fund		le, check one)	=	•						
Presidential Election Year Candidates Fund       Semi-annual       Pourth       Special         NC Public Campaign Financing Fund       Wid Year       Mid Year       Mid Year         Other:       Pinal       Special       IO. Special Report Name         B:Number of funderisers (this Report       3. Account Information       Special       IO. Special Report Name         3. Account Information       3. Account Information       Special       Final       Special         3. Account Information       3. Account Information       Account Code       Final       Special         BANK OF AMERICA       Device       CACOUNT       OI       I. Purpose       C. Account Code         CANDIDATE ACCOUNT       OI       I. Purpose       C. Account Code       Special Special Special Special Special Special Special Special         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         Date Received:       MEEKLENBURG COUNTY       Employee:       Delivery Method         Date Received:       MEEKLENBURG COUNTY       Employee:       Delivery Method         Date Received:       ME	1 month	l.				1					
NC Public Campaign Financing Fund       Mid Year       Semi-annual       Image: Semi-annual         Other:       Semi-annual       Mid Year       Image: Semi-annual       Image: Semi-annual         B: Number of Fundraisers (his Report)       Special       Semi-annual       Image: Semi-annual       Image: Semi-annual         3: Account Information       3: Account Information       Special       Special       Image: Special         3: Account Information       a. Enancial Institution Full Name       BANK OF AMERICA       Image: Special       Image: Special         b. Purpose       c. Account Code       b. Purpose       c. Account Code       Image: Special         CERTIFICATION       01       d. Period Begin Balance       s       Special         s       S       Special       Special       Special         CERTIFICATION       01       d. Period Begin Balance       s         s       s       Special       Special       Special         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 finds. If urban confistences of Symptotic Transformation by the NC State Board         DAW Matche of Signer       Date Beceived:       Special       Special       Bala Date Dot Stat		lanting Var - Ch	distant Press 4	l L		,			line i		
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Cleer:       Pinal       Year End         3: Account Information       2         3: Account Information       3: Account Information         a. Ennancial Institution Full Name       a. Financial Institution Full Name         BANK OF AMERICA       a. Financial Institution Full Name         b. Purpose       c. Account Code         CANDIDATE ACCOUNT       01         d. Period Begin Balance       s         s       s         CERTIFICATION       01         1 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         DUN WALLOWM       Dun WALLOW         Date Postnarked:       Date         Date Postnarked:       Buployee:         Date Seauned:       Buployee:         Date Data Entered:       BOARD OF ELECTIONS         Date Data Entered:       BOARD OF ELECTIONS         Date Date Interder       Buployee:         Date Date Entered:       BOARD OF ELECTIONS         Date Date Entered:       BOARD OF ELECTIONS         Date Date Entered:       Buployee:       Significan suct received madatory trai	L NC Public Can	ubailar nuuncint	s rana								
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a. Ennancial Institution Full Name       a. Financial Institution Full Name         BANK OF AMERICA       b. Purpose       c. Account Code         b. Purpose       c. Account Code       b. Purpose       c. Account Code         CANDIDATE ACCOUNT       01       d. Period Begin Balance       d. Period Begin Balance         g. Purpose       c. Account Code       b. Purpose       c. Account Code         CERTIFICATION       d. Period Begin Balance       g.       g.         1 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         DUNIAR DOMAN WHANNEY       Description 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         DOMANNEY       Description of Sigier       08/05/2023         FOR OFFICE USE ONLY       Description of Sigier       Date         Date Postmarked:       Dusployee:       Description Mail         Date Scanned:       BOARD OF ELECTIONS       Employee:       Signer has not received mandatory training         Date Data Entered:		2					LI Special				
BANK OF AMERICA       b. Purpose       c. Account Code       b. Purpose       c. Account Code         CANDIDATE ACCOUNT       01       d. Period Begin Balance       d. Period Begin Balance       g.         CERTIFICATION       1       d. Period Begin Balance       g.       g.         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         Delvery Method       Delvery Method       08/05/2023         Printed Name of Signer       Signature of Appointed Treasurer       Date         FOR OFFICE USE ONLY       Employee:       Delvery Method       Mail         Date Received:       MECKLENBURG GOUNTY       Employee:       Delivery Method       Mail         Date Scanned:       Del 20 23       Employee:       Signar has not received mail       Biployee:       Signar has not received mail datoy training         Date Data Entered:       BOARD OF ELECTIONS       Employee:       Signar has not received mandatoy 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 Organizatio						3. Acc	ount Informati	lon			
b. Purpose       c. Account Code       b. Purpose       c. Account Code         CANDIDATE ACCOUNT       01       d. Period Begin Balance       d. Period Begin Balance         g.       g.       d. Period Begin Balance       g.         S       S       S       S         CERTIFICATION       1 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         Delvery Method       Delvery Method         Printed Name of Signer       Delvery Method         FOR OFFICE USE ONLY       Employee:       Delivery Method         Date Received:       MEEMED OF 2023       Employee:       Delivery Method         Date Scanned:       Employee:       Signer has not received mandatory training         Date Data Entered:       BOARD OF ELECTIONS       Employee:       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.	]		me			a. Mua	ncial Institutio	on Full Nam	ie		
CANDIDATE ACCOUNT       01         d. Period Begin Balance       d. Period Begin Balance         S       S         CERTIFICATION       Icertify 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         Delivery Method       08/05/2023         Printed Name of Signer       OB         FOR OFFICE USE ONLY       Employee:         Date Received:       MEGKLENBURG OOUNTY         Employee:       Delivery Method         Date Seanned:       Employee:         Date Data Entered:       BOARD OF ELECTIONS         Employee:       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.	BANK OF AM	ERICA									
d. Period Begin Balance       d. Period Begin Balance         g       d. Period Begin Balance         g       g         CERTIFICATION       Icertify 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         DWWALDAM WWAMA       Demotype and correct and that I have been trained by the NC State Board         DWWALDAM WWAMA       Demotype and correct and that I have been trained by the NC State Board         DWWALDAM WWAMA       Demotype and correct and that I have been trained by the NC State Board         DWWALDAM WWAMA       Demotype and correct and that I have been trained by the NC State Board         DWWALDAM WWAMA       Demotype and correct and that I have been trained by the NC State Board         Date Dot Signer       08/05/2023         Date       Delivery Method         Date Received:       MEGKLENBURG GOUNTY         Employee:       Medite of Signer         Date Postnarked:       Aug OG 2023         Date Scanned:       Employee:       Board Delivered         Date Data Entered:       BOARD OF ELECTIONS       Employee:       Signer has not received mandatory training         Please Note: This form cannot be used t	b. Parpose		c. Account Cod	C		b. Purp	lose		e. Account Code		
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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         Delivery Heat this report is complete, true and correct and that I have been trained by the NC State Board         Delivery Method       08/05/2023         Printed Name of Signer       08/05/2023         Printed Name of Signer       08/05/2023         Date       Date         FOR OFFICE USE ONLY         Date Received:       MECKLENBURG COUNTY         Employee:       Mill         Date Postmarked:       Aug. OF. 2023         Date Scanned:       Employee:         Date Data Entered:       BOARD OF ELECTIONS         Date Data Entered:       Employee:       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.			d. Period Begli	Balan	ce				d. Period Begin Balance		
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funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board         Detter Interview       Detter Interview         Detter Interview       Os/05/2023         Printed Name of Signer       Detter Interview         FOR OFFICE USE ONLY       Date         Date Received:       MEOKLENBURG COUNTY         Date Postmarked:       Detter Method         Date Scanned:       Aug. Ob 2023         Date Data Entered:       Employee:         Date Data Entered:       BOARD OF ELECTIONS         Date Received:       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.	Chapter 163 of	f the NC Gener	al Statutes and	that no	funds are	commi	ngled with prof	hibited or o	ther non-disclosed		
Description       Description       Object       Obj											
Printed Name of Signer       Normal Mail       Date         FOR OFFICE USE ONLY       Date Received:       MECKLENBURG OOUNTY       Employee:       Delivery Method         Date Received:       MECKLENBURG OOUNTY       Employee:       Delivery Method         Date Postmarked:       Aug OE 2023       Employee:       Delivery Method         Date Scanned:       Aug OE 2023       Employee:       Delivery Method         Date Data Entered:       BOARD OF ELECTIONS       Employee:       Discrete 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.       You make of Signer for the statement of Organization (CRO-2100A-E) to make committee changes.	tander Planter contry that this report is complete, the and concert and that I have been trained by the NC State Board										
FOR OFFICE USE ONLY         Date Received:       MECKLENBURG OOUNTY       Employee:       Delivery Method         Date Postmarked:       MECKLENBURG OOUNTY       Employee:       Delivery Method         Date Postmarked:       Aug 0.6 2023       Employee:       Delivery Method         Date Scanned:       Employee:       Delivery Method       Delivery Method         Date Data Entered:       Employee:       Delivery Method       Delivery Method         Date Data Entered:       Employee:       Delivery Method       Delivery Method         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.	_Jenyty	alooan	Whitner	1.	Ken	ythes	27 Whi	tan,			
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Date Received.       MEOKLENBURG OOUNTY       Employee:       Way       Way         Date Postmarked:       Aug 0.5 2023       Employee:       Hand Delivered         Date Scanned:       Employee:       Employee:       Booker Control         Date Data Entered:       BOARD OF ELECTIONS       Employee:       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.							0 11	Del	ivery Method		
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Date Data Entered:       BOARD OF ELECTIONS       Employee:       Imployee:       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.       Signer has not received mandatory training         You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.       Signer has not received mandatory training									Electronically Filed		
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You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.											
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## **Detailed Summary**

Amendment X No

Use this form to summar	ize all disclosure reporting forms	and to total monetary information

1. Committee Full Name (and Fund if applicable) THE COMMITTEE TO ELECT DIMPLE AJMERA	2. Type of Re 2023 Thirty		3.1	ID Nu	imber
		-nvc-uay	·	<i>.</i> •	
Start of Election Cycle: January 1,2022		Total this Reporting Per	iod	T.	Total this Dection Cycle
4) Cash on Hand at Start		\$ 58,270		\$	0.
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 48	3.00	\$	1,459.
6) Contributions from Individuals	(CRO-1210)	\$ 12,700	0.00	\$	112,864.
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	00,0	\$	2,710.
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	0.00	\$	13,140.
9) Loan Proceeds	(CRO-1410)	\$ C	.00	\$	0.
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	.00	\$	0.
1) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	.00	\$	0,
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)		.00	\$	0.
11c) Outside Sources of Income	(CRO-1250)	-	.00	\$	0.
11d) Legal Expense Fund - Other Sources	(CRO-1270)	***	.00	\$	0.
11e) Exempt Purchase Price Sales	(CRO-1265)		.00	\$	0.
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 12,748		\$	130,174.
EXPENDITURES				•	
3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1,031.	36	\$	\$5,096.2
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00	\$	. 250.0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00	\$	0.0
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 180.		\$	2,001.9
5) Loan Repayments	(CRO-1420)		00	\$	0.0
5) Refunds/Reimbursements from the Committee	(CRO-1320)	*		\$	0.0
7) In-Kind Contributions	(CRO-1510)	\$ 0,		\$	3,020.5
3) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1,212.	-	\$	60,368.6
) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 69,806.		\$	69,806.0
DDITIONAL INFORMATION					
) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	00		
) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	00		
) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	)0		
) Debts and Obligations owed to the Committee	(CRO-1620)	\$0,0	00		
) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	00		
) Administrative Support	(CRO-1710)	\$ 0.0	10 5	\$	0.0
) Forgiven Loans	(CRO-1440)	\$ 0.0	0 5	\$	0.00
	(CRO-2220)	\$ 0.0	0 \$	\$	0.00
) Contributions to be Refunded	(CRO-1215)	\$ 0.0	0 \$	5	0.00

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This report was filed electronically using the State's Campaign Finance software. All reports filed electronically with the North Carolina State Board of Elections can be found on their website at the following address. To view the entire report, click the link below and search for the candidates name:

http://www.ncsbe.gov/Campaign-Finance/Report-Search