Disclosure Repo	ort Cover						Amendment			
		informat	tion, must be	e signed	l and sub	nmitted along with	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. Fuli Name	c. ID Number									
Committee to Re-Elect	EC06X1									
b. Mailing Address (include	d. Date Filed									
112 Rockford Ct Kernersville, NC 27284	11/24/2025									
Kemersvine, NC 27264										
					_		e. Phone Number			
							336-407-3082			
2. Report Year 3. 1	Period Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Da	ate	5. Treasurer F	ull Name			
2025	07/01/2022		10/2	20/2025		Dawn H. Morg	an			
6. Type of Committee (Check One)	0 Tun	e of Report		dient zu					
Candidate Campaign	Party	Munici		14	State/C		ort from one category) Referendum			
PAC	Referendum		Organizational		_	Organizational	Organizational			
Independent	Joint Fundraiser		Thirty-five day		_	Quarterly				
Expenditure Legal Expense Fund		-	inney nive day	,	,	Quarterry	Pre-referendum			
The Control of the Co	applicable, check one)		Pre-primary			First	Final			
Booster Fund"	- Annual Control of the Control of t	=	Pre-election		lН	Second	Supplemental Final			
Building Fund			Pre-runoff			Third	Annual			
		_	Semi-annual			Fourth	Special			
Other:		\vdash	Mid Year			Semi-annual				
Guici.		Year End		1		Mid Year	10. Special Report Name			
8. Number of Fundraise	ors this Report	=	Special			Year End Final	-			
0			Special.			Special	D			
11. Account Informatio	n	WILL W	S. S. S. S. S.	11 A		nformation	20 27 22 27			
a. Financial Institution Full N		OF TAXABLE				tution Full Name	h 5 22			
Fidelity Bank							0 3 3			
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code			
Campaign	K2	l								
	d. Period Begin Balance						d. Period Begin Balance			
	\$ 610.04						s 8			
CERTIFICATION				N 19- 1						
is complete, true and corr	ect and that I have been	nmingle	d with prohi	ibited o	r other n	ion-disclosed fund	B, & 22D-22M of Chapter 163 of ds. I further certify that this report			
Dawn H. Morga	n		L D	aun	4.4	Morgan	11/24/2025			
FOR OFFICE USE ONLY	inted Name of Signer		Sig	gnature o	fAppointe	ed Treasurer	Date			
Date Received:		1	Employee:				Delivery Method			
Date Postmarked:		ı	Employee:				Normal Mail Registered Mail Hand Delivered			
Date Scanned:			Employee:				☐ Electronically Filed			
Date Data Entered:		I	Employee:				Signer has not received mandatory training			
	custodiai	of bool	ks information	on, or a	ccount i	nformation.	lress, treasurer, assistant treasurer,			
You	must amend the Statem	ent of O	rganization	(CRO-2	2100A-E	E) to make commi	ittee changes.			

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Amendment Yes No

1. Committee Full Name (and Fun	id if applicable) 2.	Type of Report	ornation.	3. ID N	umber
Committee to Re-Elect Dawn Morg	gan, Mayor P	re-election		EC06X	
Start of Election Cycle:	January 1,	2024	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 610.04	\$	610.04
RECEIPTS					计学是维想
5) Aggregated Contributions fr		(CRO-1205)	\$ 100.00	\$	100.00
6) Contributions from Individu		(CRO-1210)	\$ 2125.00	\$	2125.00
7) Contributions from Political		(CRO-1220)	\$ 0	\$	0
8) Contributions from Other Po	olitical Committees	(CRO-1230)	\$ 0	\$	0
9) Loan Proceeds	ARIAM .	(CRO-1410)	\$ 0	\$	0
10) Refunds/Reimbursements To	the Committee	(CRO-1240)	\$ 0	\$	0
11) Other Receipt Sources					
11a) Interest on Bank Account	The second of th	(CRO-1250)	\$ 0	\$	0
	-for-Profit Organizations		\$ 0	\$	0
11c) Outside Sources of Incom		(CRO-1250)	\$ 0	\$	0
11d) Legal Expense Fund – O		(CRO-1270)	\$ 0	\$	0
11 e) Exempt Purchase Price		(CRO-1265)	\$ 0	\$	0
12) TOTAL RECEIPTS (Add lines	5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1.	ld and 11e)	\$ 2225.00	\$	2225.00
EXPENDITURES 122					
13) Disbursements		·			
13a) Operating Expenditures		(CRO-1310)	\$ 2089.46	\$	2089.46
13b) Contributions to Candid		s (CRO-1310)	\$ 0	\$	0
13c) Coordinated Party Expe		(CRO-1310)	\$ 0	\$	0
14) Aggregated Non-Media Exper	nditures	(CRO-1315)	\$ 0	\$	0
15) Loan Repayments		(CRO-1420)	\$ 0	\$	0
16) Refunds/Reimbursements Fro	om the Committee	(CRO-1320)	\$ 0	\$	0
17) In-Kind Contributions		(CRO-1510)	\$ 125.00	\$	125.00
18) TOTAL EXPENDITURES (A			\$ 2214.46	\$	2214.46
19) Cash on Hand at End (Add lines		line 18)	\$ 620.58	\$	620.58
ADDITIONAL INFORMATI				EX PA	
20) Non-Monetary Gifts Given to		(CRO-1330)	\$ 0	Fig	S SIGNATURE OF THE SECOND
21) Outstanding Loans (incl. ones		(CRO-1430)	\$ 0		
22) Debts and Obligations owed B		(CRO-1610)	\$ 0		
23) Debts and Obligations owed T		(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
CRO-1100	NC State Board of Election				

Aggregated Contributions from Individuals

Page

<u>1</u> of

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

ommittee Full Name (and Fund if applicable)	2. II	2. ID Number		
mittee to Re-Elect Dawn Morgan, Mayor			EC06X1	
entributor Information				
end b. Account Code c. Form of Payment	d. In-Kind e. Date Description (mm/d	d/yyyy)	f. Amount	
Add K21 Check	08/	04/2023	\$ 50.00	
Remove R21 Cleck	00/	0 1/2025	\$ 50.00	
Remove K21 Check	08/	04/2023	\$ 50.00	
Add				
Remove			\$	
Add				
Remove			\$	
Add			+	
Remove			\$	
Add				
Remove			\$	
Add			Φ.	
Remove			\$	
Add			0	
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Remove			\$	
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Add			\$	
Remove			Ψ	
Add Remove			\$	
Add			*	
Remove			\$	
Add				
Remove			\$	
tal only this Page		\$	100.00	
tal of ALL CRO-1205 Pages		\$	100.00	
line must be on line 5 of Detailed Summary Page CRO-1100)		, p	100.00	

Use this	form to report inc	dividual contributions	over \$5	0 or contributions ur	ider \$50 if form CI	RO 1205 is	not used	
1. Comp	nittee Full Name	(and Fund if applica	ible)			2. ID No	umber	
2		awn Morgan, Mayor					EC06X1	
	ributor Informati			Add R	temove		The Party of	
	me, Mailing Address	& Phone		b. Job Title/Professio		d. Comme	ents	
	e city, state, & zip)			Retired				
David Cl				Restaurant Owner				
	ibley Lane			c. Employer's Name/S				
Kernersville, NC 27284				Retired, former O		Flaction	O to Date	
				1-Stop Food Store	2S		n Sum to Date	THE DELET
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	/ууу)	k. Amount	
	K21	check			10/16/2		\$	100.00
							\$	
							\$	
	ibutor Informatio			Add Re	emove			
	me, Mailing Address d	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Retired				
Susan Cla				Marketing Coordi				
	bley Lane			c. Employer's Name/S				
Kernersy	rille, NC 27284			Kilpatrick Stockto				
				Marketing Coordi	nator for law	e. Election	Sum to Date	
f. Prior	A					\$	100.00	
I. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy		k. Amount	
	K21	check			08/16/2	:025	\$	100.00
							\$	
							\$	
	ibutor Informatio			Add 🗌 Re	emove	III III Bo		10 500
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen	ats	
	city, state, & zip)			Mayor				
Dawn H. 1 112 Rock	_			Attorney				
	ille, NC 27284		1	c. Employer's Name/S		4		
Kellicisvi	IIE, INC 2/204		1	Town of Kernersvi	ille	week ab.	W .	
				local government		e. Election a	Sum to Date	
f. Prior	g. Account Code	The second	1 W_ 10			\$	1925.00	
l. I Ito	*	h. Form of Payment	i. in-m	ind Description	j. Date (mm/dd/yy		k. Amount	
	K21	check			10/16/20	025	\$	1800.00
			-				\$	
1 77 4 1				2. 37mf Angle 170, 170			\$	
	only this Page					\$		2000.00
5. Total	A 1 2 2	12 (27 (27 m)) (m)						
	of ALL CRO-	-1210 Pages Detailed Summary Page Ch	20-1100)			\$		2125.00

Contributions from Individuals

Amendment

Yes

No

		m Individuals				g <u>2</u>	of	Amendmo		
Use this	s form to report inc	dividual contributions	over \$5	0 or contribu	tions ur	ider \$50 if form				
		(and Fund if applica	able)				2. ID !	Number		
Commit	ttee to Re-Elect Da	awn Morgan, Mayor						EC06X1		
	ributor Informat	STREET, STREET		Add [] R	emove				
	ame, Mailing Address	& Phone		b. Job Title	Professio	n	d. Com	nents		
	e city, state, & zip)			Mayor						
	I. Morgan ckford Ct			Attorney	8 W.Y. 7	C Left works				
	ville, NC 27284			Town of l		Specific Field				
				local gove			e. Electi	on Sum to Date		
							\$	1925.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	 Kind Descriptic	nn -	j. Date (mm/de		k, Amount		
		cash		ng Fee			07/23	\$	20.00	
			-							
		cash	Filir	ng Fee		07/	07/25	\$	20.00	
		check	New	spaper Ad		08/	23/25	\$	85.00	
	ributor Informati			Add [] Re	emove		W Tayla	1000000	
	me, Mailing Address	& Phone		b. Job Title/	Professio	n de la companya de l	d. Comn	d. Comments		
(incrua)	e city, state, & zip)									
				a Paralament	- BY 10	5 5.00 No. 2 N				
				c. Employer'	s Name/S	specific rieig				
							e. Electio	on Sum to Date		
							\$	The second of the second		
f. Prior	g. Account Code	h. Form of Payment	i In I	Lind Descriptio		2 Th. 4 . 6 12.2				
	3	and a datase of a adjustment	A. ARLTE	ruid Describito	III.	j. Date (mm/dd	уууу)	k. Amount		
								\$		
								\$		
								\$		
	ibutor Informati			Add	Re	move				
	ne, Mailing Address	& Phone		b. Job Title/F	rofession		d. Comm	ents		
(incinne	city, state, & zip)									
				c. Employer's	Name/S	necific Field	-			
						X * * * * * * * * * * * * * * * * * * *				
							e. Electio	n Sum to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	1	j. Date (mm/dd/	уууу)	k. Amount		
								\$		
								\$		
								\$		
4. Tota	only this Pag	e		1 3 24 1-4	E18-18-1		\$	Ψ	125.00	
	of ALL CRO						ф		123.00	
		Detailed Summary Page C	RO 1100				\$		2125.00	

Amendment

Disbursements Pg 1 of 1 Amendment Yes No

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

	Full Name (and Fur				2. ID Number
Committee to l	Re-Elect Dawn Morg	an, Mayor			EC06X1
3. Type of Dist	oursement (Plea	ise use separate (CRO-1310 forms for each	type of Disbursen	nent.)
Operating	Expenses		andidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
finclude city, state High Point Ent Paxton Media	erprise		c. Level Registered (Specify)		Ad for 4 th July
P.O. Box 1200	_		Federal	County:	-
Paducah, KY 42002-1200			State	Municipality:	c. Election Sum to Date
					\$ 85.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K21	check	A	09/03/2024	\$85.00	Newspaper Ad
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
Salem One 1155 Distributi			c. Level Registered (Specify)		Postcards Postage
Kernersville, N			Federal	County:	
336-299-0800			State	Municipality:	e. Election Sum to Date
				The state of the s	\$ 2004.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K21	check	B,I	10/16/2025	\$2004.46	Mailer for Election
				\$	
4. Payee Inform	The state of the s		Add	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone & zip)		b. Coordinated Committee N	ame	d. Comments
			c. Level Registered (Specify)		-
			Federal	County:	1
			State	Municipality:	e. Election Sum to Date
				1 2	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th			Some Media Constantia sunciti		\$ 2089.46
(This line goes in (This line goes in (This line goes in	line 13c of Detailed Sum	mary Page CRO-110 mary Page CRO-110	0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 2089.46
7. Purpose Cod A* - Media	es (List detailed exp			WIS LINE LAND	
E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties		cal Party ce Expenses		er Candidate Public Office Expenses n to Legal Expense Fund
* Codes requir	e detailed explanati	on in required re	emarks field (k)	E STREET	LE IN-1, IV. S. L. STATES AND LESS

In-Kind Contributions								Amendment
Use this form to report non-monetary	z contri	butions don	nations o	roods or	servi	Pg 1 (of the com	1 Yes No
Use CRO-1215 if In-Kind Contributi	ons we	re or will be	refunde	d within	7 da	ys.	uie com	innuce of fund.
1. Committee Full Name (and Fund						180	2. II	D Number
Committee to Re-Elect Dawn Morga	an, May	/or						EC06X1
3. Contributor Information		Add		Remov	e			
a. Full Name, Mailing Address & Phone				b. Ty	pe of (Contributor	c. Co	mments
(include city, state, & zip)					Indi	vidual		
	Dawn H. Morgan					didate		
Kernersville, NC 27284	112 Rockford Ct				Part	•		
Kernersvine, IVC 27284				PAC		erendum	A 178.	and an Date
				18		er Receipt Source	G. EN	ection Sum to Date
					- Cui	or Receipt Source	\$	125.00
c. Description						f. Date (mm/dd/y	ууу)	g. Fair Market Amount
Filing Fee						07/07/20	23	\$ 20.00
Paxton Media Ad						08/23/20	25	\$ 85.00
for July 4 Filing Fee						00/23/20		\$ 65.00
						07/07/20	25	\$ 20.00
3. Contributor Information		Add		Remove				
a. Full Name, Mailing Address & Phone				b. Typ		Contributor	e. Co	mments
(include city, state, & zip)				4 📙		vidual		
					Party	didate		
					PAC			
				١Ħ		rendum	d. Ele	ection Sum to Date
					Othe	er Receipt Source	\$	
e. Description				4		f. Date (mm/dd/y	luuu	g. Fair Market Amount
						is armee familiately	3333	\$
								\$
	Second 1	***	Atomata .	3311			4	\$
3. Contributor Information a. Full Name, Mailing Address & Phone		Add		Remove			The same and	
(include city, state, & zip)				b. Typ		ontributor ridual	c. Cor	nments
(micros or 14 states, to 21p)						lidate		
					Party			
					PAC			
					Refe	rendum	d. Ele	ction Sum to Date
					Othe	r Receipt Source	\$	
e. Description						f. Date (mm/dd/y	ууу)	g. Fair Market Amount
								\$
								\$
								\$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

\$

\$

125.00

125.00