

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 Easley for CMS	c. ID Number
b. Mailing Address (include City, State and Zip Code) 9414 Misty Arbor Way Charlotte, NC 28269	d. Date Filed 9/30/2025
	e. Phone Number 7047713111

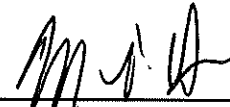
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 07/01/2025	4. Period End Date (mm/dd/yy) 09/23/2025	5. Treasurer Full Name Ryan Jeremy Golden
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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
"Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
Other:		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Truist		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code 202225	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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.

Ryan Jeremy Golden
Printed Name of Signer


Signature of Appointed Treasurer

9/30/2025
Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: CB Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: SEP 30 2025 Employee: _____ Hand Delivered

Date Data Entered: Board of Elections Employee: _____ Electronically Filed

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.

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
Easley for CMS		35 Day		
Start of Election Cycle:	January 1,	2023	Total this Reporting Period	Total this Election Cycle
		-		
4)	Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS				
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$ 250	\$ 250
6)	Contributions from Individuals	(CRO-1210)	\$ 1450	\$ 1450
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
11 e)	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)		\$ 1700	\$ 1700
EXPENDITURES				
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	\$ 858.86	\$ 858.86
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)	\$ 62.98	\$ 62.98
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)		\$ 921.84	\$ 921.84
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 778.16	\$ 778.16
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

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
Easley for CMS						
3. Contributor Information						
Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Melissa Easley 9414 Misty Arbor Way Charlotte, NC 28269			Owner			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	202225	Check		07/21/2025	\$ 100	
					\$	
					\$	
3. Contributor Information						
Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Laura Meier 3239 Pinchurst Place Charlotte, NC 28209			County Commissioner			
			c. Employer's Name/Specific Field			
			Mecklenburg County		e. Election Sum to Date	
					\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	202225	ActBlue		08/05/2025	\$ 250	
					\$	
					\$	
3. Contributor Information						
Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rob Keast 720 McDonald Avenue Charlotte, NC 28203			Consultant			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
					\$ 250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	202225	ActBlue		08/15/2025	\$ 250	
					\$	
					\$	
4. Total only this Page					\$ 600	
5. Total of ALL CRO-1210 Pages					\$ 1450	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
Easley for CMS							
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Scott Coronet 15006 Alexander Place Drive Huntersville, NC 28078			Manager		e. Election Sum to Date \$ 100		
			c. Employer's Name/Specific Field				
			Bank of America				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
	202225	ActBlue		08/24/2025	\$ 100		
					\$		
					\$		
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Amanda Dumas 8621 Summerfield Lane Huntersville, NC 28078			Not employed		e. Election Sum to Date \$ 250		
			c. Employer's Name/Specific Field				
			Not employed				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
	202225	ActBlue		08/25/2025	\$ 250		
					\$		
					\$		
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Cathy Fry 9100 Torrence Creek Court Huntersville, NC 28078			Part Owner		e. Election Sum to Date \$ 100		
			c. Employer's Name/Specific Field				
			Carolina Chair				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
	202225	ActBlue		08/26/2025	\$ 100		
					\$		
					\$		
4. Total only this Page						\$ 450	
5. Total of ALL CRO-1210 Pages						\$ 1450	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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	
Easley for CMS						
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeff Easley 3205 Bremerton Lane Aurora, IL 60504			Plant Supervisor			
			c. Employer's Name/Specific Field			
			Tank Holding			
					e. Election Sum to Date	
					\$ 300	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	202225	ActBlue		09/03/2025	\$ 300	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ayumi Durden 5836 Kinglet Lane Charlotte, NC 28269			Project and Data Manager			
			c. Employer's Name/Specific Field			
			Change Impact			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	202225	ActBlue		09/12/2025	\$ 100	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
					\$	
					\$	
					\$	
4. Total only this Page					\$ 400	
5. Total of ALL CRO-1210 Pages					\$ 1450	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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
Easley for CMS					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Signs on the Cheap 11525A Stonchollow Dr Ste 120 Austin, Texas 78758 (866) 661-9239					
			c. Level Registered (Specify)		
			Federal County: State Municipality:		
					e. Election Sum to Date
					\$ _____
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
202225	Credit Card	B	09/18/2025	\$796.66	Literature
					Print
				\$	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ActBlue PO Box 441146 Somerville, MA 02144 (617) 517-7600					
			c. Level Registered (Specify)		
			Federal County: State Municipality:		
					e. Election Sum to Date
					\$ <u>62.20</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
202225	Credit Card	C	09/23/2025	\$62.20	Fundraising
					Service Fee
				\$	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			Federal County: State Municipality:		
					e. Election Sum to Date
					\$ _____
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					\$ 858.86
6. Total of ALL CRO-1310 Pages					\$ 858.86
<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)					