

# Disclosure Report Cover

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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  |   |   | c. ID Number            |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| ANDREA CAZALES FOR COUNCIL  |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Mailing Address (include City, State and Zip Code)   |   |   | d. Date Filed           |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 1304 COZART ST<br>UNIT 254<br>DURHAM, NC 27704  |   |   | 07/25/2025              |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |   | e. Phone Number         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2. Report Year  | 3. Period Start Date (mm/dd/yy)         | 4. Period End Date (mm/dd/yy)   | 5. Treasurer Full Name  |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2025  | 01/01/2025                              | 06/30/2025  | BRANDON A JOHNSON       |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 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 <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   | <table border="1"> <thead> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </tbody> </table> |                         |            | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <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 |  |
| Municipal   | State/County                            | Referendum  |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First          | <input type="checkbox"/> Final  |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election   | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special  |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <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        |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 7. Type of Fund (if applicable, check one)  |   | 10. Special Report Name   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 8. Number of Fundraisers this Report  |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 1   |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 3. Account Information  |   | 3. Account Information  |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| a. Financial Institution Full Name  |   | a. Financial Institution Full Name  |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| TRUIST BANK   |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Purpose  | c. Account Code                         | b. Purpose  | c. Account Code         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| ELECTION DONATIONS AND EXPENSES   | 01                                      |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | d. Period Begin Balance                 |   | d. Period Begin Balance |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | \$ 0.00                                 |   | \$                      |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>CERTIFICATION</b>  |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 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 |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| _____   |   | _____   |                         | 07/25/2025 |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Printed Name of Signer  |   | Signature of Appointed Treasurer  |                         | Date       |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| FOR OFFICE USE ONLY   |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received: _____  | Employee: _____                         | Delivery Method   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked: _____  | Employee: _____                         | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input checked="" type="checkbox"/> Electronically Filed   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned: _____   | Employee: _____                         | <input type="checkbox"/> Signer has not received mandatory training   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered: _____  | Employee: _____                         |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>  |   |   |                         |            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |  |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |

# Detailed Summary

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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                |                           |
|--|---------------------------|-----------------------------|---------------------------|
| ANDREA CAZALES FOR COUNCIL   | 2025 Mid Year Semi-Annual |                             |                           |
| Start of Election Cycle: January 1, <u>2025</u>                              |                           | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                           | \$ 0.00                     | \$ 0.00                   |
| <b>RECEIPTS</b>  |                           |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)                | \$ 575.00                   | \$ 575.00                 |
| 6) Contributions from Individuals  | (CRO-1210)                | \$ 2,200.00                 | \$ 2,200.00               |
| 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  |                           |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250)                | \$ 0.00                     | \$ 0.00                   |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)                | \$ 0.00                     | \$ 0.00                   |
| 11c) Outside Sources of Income   | (CRO-1250)                | \$ 0.00                     | \$ 0.00                   |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)                | \$ 0.00                     | \$ 0.00                   |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)                | \$ 0.00                     | \$ 0.00                   |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |                           | \$ 2,775.00                 | \$ 2,775.00               |
| <b>EXPENDITURES</b>  |                           |                             |                           |
| 13) Disbursements  |                           |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310)                | \$ 325.84                   | \$ 325.84                 |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)                | \$ 0.00                     | \$ 0.00                   |
| 13c) Coordinated Party Expenditures  | (CRO-1310)                | \$ 0.00                     | \$ 0.00                   |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)                | \$ 324.26                   | \$ 324.26                 |
| 15) Loan Repayments  | (CRO-1420)                | \$ 0.00                     | \$ 0.00                   |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)                | \$ 0.00                     | \$ 0.00                   |
| 17) In-Kind Contributions  | (CRO-1510)                | \$ 0.00                     | \$ 0.00                   |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                           | \$ 650.10                   | \$ 650.10                 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                           | \$ 2,124.90                 | \$ 2,124.90               |
| <b>ADDITIONAL INFORMATION</b>  |                           |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)                | \$ 0.00                     |                           |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)                | \$ 0.00                     |                           |
| 22) Debts and Obligations owed by the Committee                              | (CRO-1610)                | \$ 0.00                     |                           |
| 23) Debts and Obligations owed to the Committee                              | (CRO-1620)                | \$ 0.00                     |                           |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)                | \$ 0.00                     |                           |
| 25) Administrative Support   | (CRO-1710)                | \$ 0.00                     | \$ 0.00                   |
| 26) Forgiven Loans   | (CRO-1440)                | \$ 0.00                     | \$ 0.00                   |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)                | \$ 0.00                     | \$ 0.00                   |
| 28) Contributions to be Refunded   | (CRO-1215)                | \$ 0.00                     | \$ 0.00                   |