Amendment

Disclosure Report Cover

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	CANADA MARIENTANIA PERSONALA SAN			CONTRACTOR CONTRACTOR		A STATE OF THE STA
Re-elect E	ddle	Holbn	MCDI	EGEI	VE	Number
b. Mailing Address (include City, State and Zip Code)				JAN 287	ا لادن	. Date Filed
all Troon p)/.					
shelby, NC			Ву_	ненировальный породительный менанизменту и МОСОС — гот. Объеминенти менанизменти по менанизменти по менанизменти менанизменти менанизменти менанизменти менанизменти м	e	. Phone Number
2. Report Year 3. Period Star	et Data ()	. It D : 1	E ID	1.5 T.		C. II Nome
•	2019			020 Br		y Beam
6. Type of Committee (Check	The state of the s	COLUMN TWO IS NOT THE OWNER, NAMED AND POST OFFICE ADDRESS.	THE PERSON NAMED IN COLUMN 2 I	THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PARTY.	CONTRACTOR AND ADDRESS OF THE PARTY.	from one category)
Candidate Campaign Pa	1	Municipal		ite/County		eferendum
☐ Independent Expenditure ☐ Joi	eferendum int Eundenisar	OrganizationThirty-five d.	1	Organizational Overtarly	-	Organizational Pre-referendum
Legal Expense Fund	int Pundraiser	Pre-primary	1y	Quarterly First	15	Final
		Pre-election		Second	_	Supplemental Final
7. Type of Fund (if applicable	c, check one)	Pre-runoff		Third		Annual
Booster Fund		Semi-annual		Fourth		Special
Building Fund		Mid Yea	ir	Semi-annual		
_		Year En	d 🔲	Mid, Year	10	. Special Report Name
Other:		Final		Year End		
8. Number of Fundraisers this	Report	Special		Final		
				Special	-	
11. Account Information			11. Accour	nt Information	NAME OF TAXABLE PARTY.	
a. Financial Institution Full Name	. ,		a. Financial I	Institution Full Na	ime	
Alvance Bar						
Di Burgose	c. Account Code		b. Purpose		c. A	ccount Code
1 Expendition						
1 Doundity M	d. Period Begin l	Rajance			d 0	eriod Begin Balance
+ txpria.						eriod begin barance
	\$ 577.	18			\$	7
CERTIFICATION						
I certify that the Committee or Fun	id is in compliant	ce with all applie	cable provisio	ons of Article 22.	A. 22B &	22D-22M of Chapter 163
of the NC General Statutes and tha	t no funds are co	mmingled with	prohibited or	other non-disclo	sed funds.	I further certify that this
report is complete, true and correct	and that I have I	been trained by t	the NC State	Board of Election	ns.	, ,
DYITIAN	am		NO			1/22/2020
Printed Name of Signe FOR OFFICE USE ONLY	· C	Sign	ature of Appoin	nted Feasurer		Date
Date Received:	22-19	Employe	e: (<u>Ch</u>	_)		<u>/ Method</u> mal Mail
Date Postmarked:		Employe	e:		Han	istered Mail d Delivered
Date Scanned:	Employee					tronically Filed
Date Data Entered:		Employe			man	er has not received datory training
Please Note: This form can						e address, treasurer,
assistant to You must amend th				or account info A-E) to make co		changes.

Detailed Summary		Yes No
Use this form to summarize all disclosure reporting forms	s and to total monetary informati	On
1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
De Flact Tiddia Halanoor	•	

tand tand it applicable)	2. Type of	Report	3. ID Number
Re-Elect Eddie Holbnox			
Start of Election Cycle: January 1,	_	Total this Reporting Period	Total this ed Election Cycle
4) Cash on Hand at Start		\$ 577.78	\$ \$
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 10666	SINEM
6) Contributions from Individuals	(CRO-1210)	\$ JAN 2	1111
7) Contributions from Political Party Committees	(CRO-1220)	(1111	\$ 2 1020
8) Contributions from Other Political Committees	(CRO-1230)	\$ By	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 218.45	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 359.33	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)		\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ O	\$
ADDITIONAL INFORMATION	- 70		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
	(CRO-1720)	\$	
	(CRO-1710)	\$	\$
	(CRO-1440)	\$	\$
,	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	· •	¢.

Disbursements	Pg	1	of		□ No	
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political						
committees and coordinated party expenditures	r g empense	o, conti	10 atio	ns to candidate/p	ontical	
. Committee Full Name (and Fund if applicable)	100000000000000000000000000000000000000			2. ID Numbe	or .	
				Z. ID I (dillio)		4000

1. Committee I	Full Name (and Fur	nd if applicable)				2.	. ID Number
Re-ele	ect Edd	ie Holbre	ONC				
3. Type of Dish		se use separate Ci	RO-131	forms for e	each type of Dis	sbursem	ent.)
Operating Exp	enses	ontributions to Candid	lates/Politi	cal Committees			Party Expenditures
4. Payee Inform				Add	Remove //	1115 11	
	Iailing Address & Pl	hone		b. Coordinat	ed Committee Nar	A 15 CO 15 C	Comments
(include city, state,					1411	JAN	00
Brittany	Beam			T D	1/0 /10		22 2020
769 V	vare Rd.			Federal State	Stered (Specify) County:		
Shelby	Beam vare Rd. , NC 2819	52		State	Municip		Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		ired Remarks
	Cash	•	12 -	9-19			in ed accinaries
	Casri	-	Ia		\$218.45		
					\$		
4. Payee Inforn				Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nan	ne d.	Comments
(include city, stat	te, & zip)						
i				a Level Pegie	stand (English)		
i				Federal	stered (Specify) County:		
i				State	Municip	_	Election Sum to Date
				State	Mumer		
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks
					\$		
		+	-			+	
					\$		
4. Payee Inform				Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nam	ie d. C	Comments
(include city, stat	e, & zip)						
					stered (Specify)		
				Federal State	County: Municip	-1i+ o I	El de Com to Data
				State	Municip	ality: e. I	Election Sum to Date
						\$	1
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Requ	ired Remarks
					\$		
			-			-	
					\$		
5. Total only thi	is Page					\$	218.45 BMM 218,45
6. Total of ALL	CRO-1310 Pages						2101/-
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					1016 albi15		
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coor	dinated Party	Expenditures)		
7. Purpose Co	odes (List detailed	expenditure code	e in (h.)	above)			
A* - Media	B* - Printi			ındraising	D - To	Another	Candidate
Figure American Control Contro			olitical Party H* - Holding Public Office Expenses				
I - Postage J - Penalties K* - Office			ffice Expens	ses Q* - D	onation	to Legal Expense Fund	
O* Other							
* Codes require	e detailed explanati	ion in required r	emarks	field (k)			

Loan Repayment	S		P	Amendment
Use this form to report pay	ments on an exis-	ting loan.	rg _ o	of Yes No
1. Committee Full Name	(and Fund if app	olicable)		2. ID Number
İ				
3. Lender Information		☐ Ad	id Remove	
a. Full Name, Mailing Address	& Phone	L Ac	The second	b. Comments
(include city, state, & zip)			DEGEN	V E Oliments
Eddie Ho	Ibnrsc		JAN QA	
			JAN 22 20	20 c. Original Loan Date
401 110011	ρι.		By_	
201 Trom Sheeby,	NC2815	U		d. Original Loan Amount
				512.80
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$			1/22/20	80 5359.33
S				S
3. Lender Information	-	☐ Add	Remove	THE RESERVE OF THE PROPERTY OF
a. Full Name, Mailing Address &	Phone	L Add	Remove	b. Comments
(include city, state, & zip)				o. Conditions
				c. Original Loan Date
				d. Original Loan Amount
				S
. Remaining Loan Balance	f. Account Code 2	. Form of Payment	h. Date (mm/dd/yyvy)	
S		and the state of t	n. Date (ninbdd/yyyy)	i. Repayment Amount
				\$
\$				\$
. Lender Information	The state of the s	☐ Add	☐ Remove	
. Full Name, Mailing Address & P	hone		Remove	b. Comments
(include city, state, & zip)				or comments
				c. Original Loan Date
				d. Original Loan Amount
				\$
Remaining Loan Balance f.	Account Code g.	Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
		2	30000	S S
Total only this Page				\$
	30 D			5 359.33
Total of ALL CRO-14 This line must be on line 15 of Deta	20 Pages	CRO Has		5 357.33
Dett	aneu Summary Page	CKU-1100)		001.20

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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Re-elect Eddie Holbrook
Treasurer Name:	Britany Beam
Treasurer Address:	769 Ware Rd.
(include city, state, & zip)	Shelby, NC 28152
	• •
Treasurer Phone:	704-472-836Z

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12-17-19	BBcan9
Date Signed	Signature