Disclosure Re	eport Cover neral report and comm	ittaa informa	tion must be	cioned and subr	nitted along with o	Yes X No			
	neral report and comm to update information		non, must be	signed and suoi	inuca along with c	The dealest forms.			
1. Committee Infor	mation				ence				
a. Full Name	c. 1D Number								
Lacey for Clerk					_	01			
b. Mailing Address (inc	d. Date Filed								
804 E Graham St Shelby NC 28150	07/01/2023								
						e. Phone Number			
						704/473/5622			
2. Report Year	3. Period Start Date	(mm/dd/yy)	4. Period I (mm/dd/yy)	End Date	5. Treasurer Full/Name				
2023	01/01/202	3	06/3	0/2023	Johnnie Cline In				
6. Type of Commit			pe of Report			rt from one category)			
Candidate Camp		Munic		State/Co		Referendum			
PAC Independent	Referendum		Organizational		Organizational	Organizational			
Expenditure Legal Expense F	Joint Fundra	iser 📗	Thirty-five day	′ '	Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one,		Pre-primary		First	☐ Final			
Booster Fund"			Pre-election		Second	Supplemental Final			
Building Fund		□	Pre-runoff	ᅵ닏	Third	Annual Special			
			Semi-annual Mid Year	.	Fourth Semi-annual	Special			
Other:		lä	Year End	· -	Mid Year	10. Special Report Name			
		Ιö	Final		Year End				
8. Number of Fund	lraisers this Report		Special Final						
	-			:	Special				
11. Account Inform	nation	<u></u>	;!	11. Account	Information				
a. Financial Institution Full Name				a. Financial Inst	itution Full Name	-1			
Fidelity Bank					<u> </u>				
b. Purpose	e. Account Code	<u> </u>	**	b. Purpose		c. Account Code			
Campaign Fin 01									
	d. Period Begin	Balance]		d. PCPCUPP BUNECOUNTY BO			
s 1114.54						S JUL 14'23 AH10:00			
CERTIFICATION									
I certify that the Co	mmittee or Fund is in	compliance v	vith all applica	te provisions	of Article 22A, 22	B, & 22D-22M of Chapter 163 of			
the NC General Sta	tutes and that no funds	are comming	gled with prof	libited or other	non-disclosed fund	ds. I further certify that this report			
	d correct and that I hav	ve been traine	a by the	state Board of F	All I AN I A	07/10/2023			
LACEY	NGLE ANGE Printed Name of Signer	<u>——</u> -	— ₩	ignature of Appoin	ted Treasurer	Date			
FOR OFFICE USE		- 							
Date Received	→ /IU / c	2023	Employee:	· Em	na Spean	Delivery Method Normal Mail			
Date Postmark	ed:		Employee:			Registered Mail Hand Delivered			
Date Scanned:			Employee:	<u> </u>	<u>.·</u> .	☐ Electronically Filed ☐ Signer has not received			
Date Data Ente	red:	<u> </u>	Employee:	,	<u> </u>	mandatory training			
lm stalle					لح حمدونسسم مراد	drace transitron assistant transitron			

Amendment

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.

Amendment ☐ Yes No

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

1. Committee Full Name (and Fund if applicable) 2. T	ype of Report	3.	ID Number
Lacey for Clerk		0.	1
Start of Election Cycle: January 1, 2	2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1204.54	\$
RECEIPIS	2 - 2 - 2 - 1 - 1	a	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$ 4450.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11c	d and 11e)	\$	\$ 4450.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 90.00	\$ 3335.46
13b) Contributions to Candidates/Political Committees	s <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	SCLEVELAND COUNTY E
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	<u>-</u>	\$ 90.00	\$ 3335.46
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	· · · · · · · · · · · · · · · · · · ·	\$ 1114.54	\$ 1114.54
ADDITIONALINFORMATION		и	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	8 .
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
	(CRO-1440)	·	- s
26) Forgiven Loans			-
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

							Amei	ndmei
Disbursements			Pg	I	o	f <u>1</u>		Yes
			-				 	

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

2. ID Number 1. Committee Full Name (and Fund if applicable) 01 Lacey For Clerk (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Paramount LLC PO Box 855 c. Level Registered (Specify) Federal X County: Boiling Springs NC 28017 State Municipality: e. Election Sum to Date \$ 90.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Storage Bldg 0 \$90.00 01 CHECK 05/17/23 \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone: (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: \$ h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount \$ \$ X Remove 4. Payee Information Add b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone CLEVELAND COUNTY BOS (include city, state, & zip) TIL 14'23 AM 10:00 c. Level Registered (Specify) Federal X County: Municipality: e. Election Sum to Date State \$ h. Purpose Code k. Required Remarks f. Account Code i. Date (mm/dd/yyyy) j. Amount g. Form of Payment \$ \$ 90.00 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 90.00 \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising A* - Media_ B* - Printing F* - Equipment G - Political Party H* - Holding Public Office Expenses E - Salaries I - Postage O* - Donation to Legal Expense Fund J - Penalties K* - Office Expenses O* - Other * Codes require detailed explanation in required remarks field (k)

Ø

No